

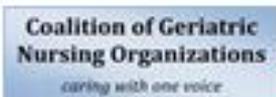
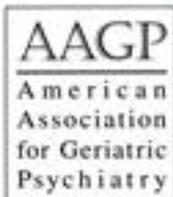
# ADVANCED DIRECT CARE WORKER ROLES

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A Practical Perspective on Front-Line HCBS Workers  
Improving Quality of Care for Older Americans

Amy M. York

September 2, 2015



ADVOCATING  
TEAM CARE  
FOR OLDER  
ADULTS



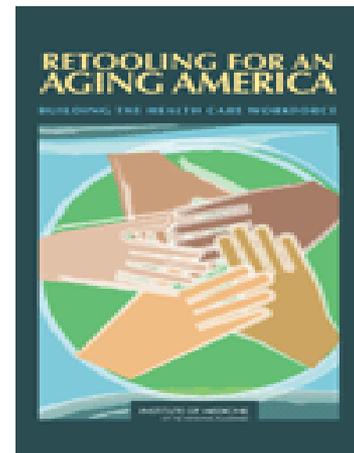
# EWA Supporters



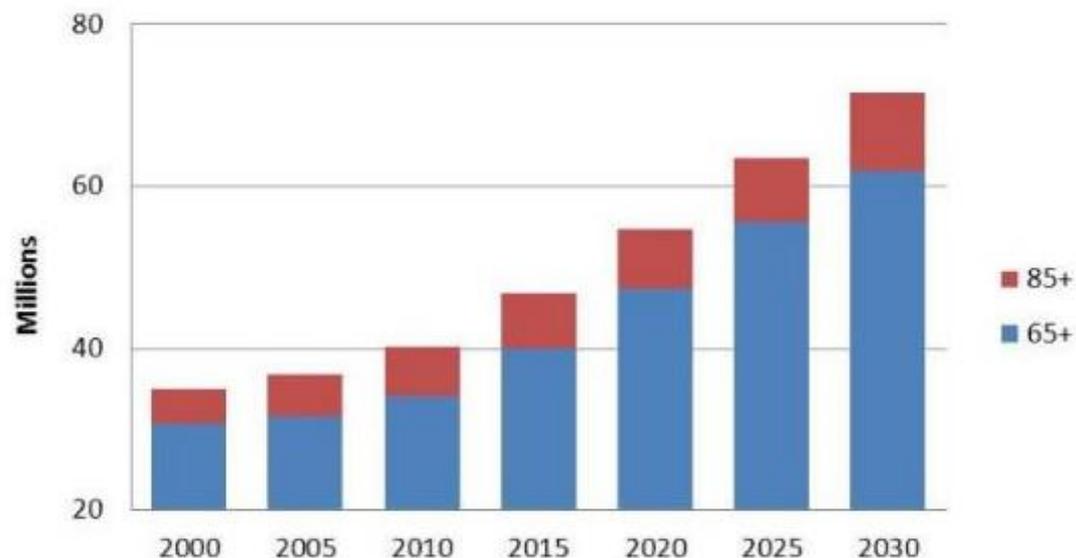
Founded in 1929, the John A. Hartford Foundation is a committed champion of health care training, research and service system innovations that will ensure the well-being and vitality of older adults. Its overall goal is to increase the nation's capacity to provide effective, affordable care to its rapidly increasing older population. To learn more about the John A. Hartford Foundation, visit [www.jhartfound.org](http://www.jhartfound.org).

# The Eldercare Workforce Alliance

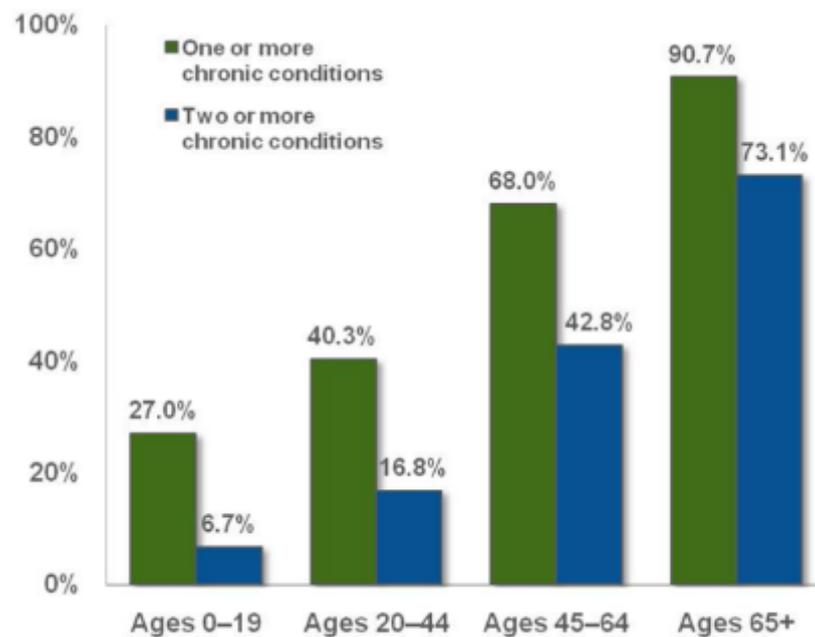
- Addressing the immediate and future workforce crisis in caring for an aging America
- Advancing Recommendations in 2008 IOM Report: *“Retooling for an Aging America: Building the Health Care Workforce”*



## Population of 65+ in United States



## Percentage of population with chronic conditions



*Chronic Conditions: Making the Case for Ongoing Care, February 2010, Robert Wood Johnson Foundation*

# Aging in place

- According to a 2010 AARP survey nearly **90 percent** of those over age 65 want to stay in their residence for as long as possible, and **80 percent** believe their current residence is where they will always live.<sup>1</sup>
- Direct-care workers provide an estimated 70 to 80 percent of the paid hands-on services and supports received by persons with disabilities or chronic care needs.<sup>2</sup>

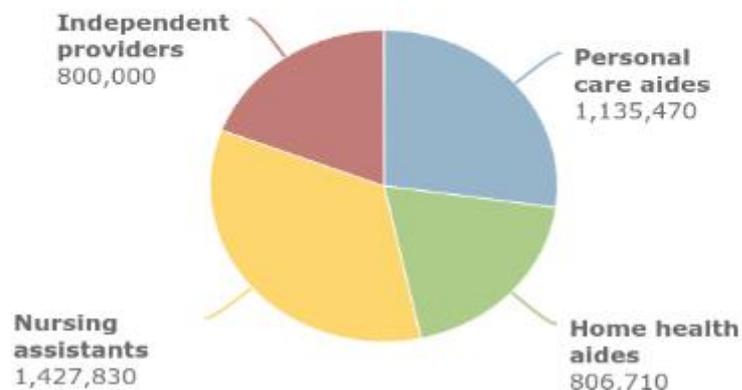
<sup>1</sup> Teresa A. Keenan, Ph.D., *Home and Community Preferences of the 45+ Population*, (Washington, D.C.: AARP, 2010), 4

<sup>2</sup> PHI, *Direct Care Workers at a Glance*. <http://phinational.org/direct-care-workers-glance>

# Direct Care Workforce

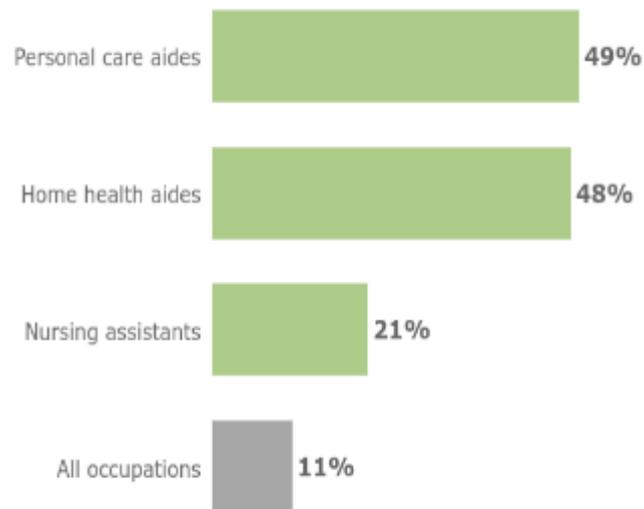
### United States: Size of Direct-Care Workforce, 2013

Total: 4,170,010



Source: PHInational.org

### United States: Occupational Growth Projections, 2012-2022



Source: PHInational.org

# Changing Health Care Landscape

Manage/Accountable Care



Integration and  
Care Coordination



Vacancy and  
Turnover Rates



# Methods & Background

- Roundtable Discussions with representatives from the direct care, nursing, social work, and physician workforces
- Online survey for family caregivers
- Focused on role in home-care setting
- Creates a ladder, not a replacement for direct care workers

# Findings

# Need for Improved Respect, Engagement and Training for All Direct Care Workers

All direct care workers should:

- Be integral members of the care team;
- Receive comprehensive training;
- Be supported.

# Advanced DCW Training & Support

## Training:

- Specific to geriatric syndromes and unique needs of older adults
- Communicating with the entire team
- Support competency needed for expanded role
- Person- and family centered care

## Support

- Ongoing support and appropriate supervision

# Observe, Record, Report

- Unique opportunity to improve quality
- Early detection of shifts in health, function, or status changes
- Communication with other team members

# Assist with Tasks

- Currently 46% family caregivers are performing medical and nursing tasks
- Subject to state scope of practice laws
- Perform tasks and procedures, with appropriate training and oversight
- Advanced Direct Care Workers can help alleviate family caregiver stress

# Provide Health Information & Resources

- Link to other team members and navigate system
- Provide health condition resources
- Share community and supportive services
- Care during transitions across settings
- Health promotion, preventive care, and maintenance of mobility and socialization

# Condition-Specific Roles

While maintaining a whole-person approach, could specifically address conditions such as:

- Mental health
- Advanced illness and palliative care needs
- Alzheimer's and dementia care

# Conclusion

## Potential next steps:

- Create demonstration projects
- Continue to raise the geriatrics and gerontology competence of all health care providers
- Continue to support the direct care workforce

# Thank you

If you have any questions, please visit our website

**[www.eldercareworkforce.org](http://www.eldercareworkforce.org)**

or contact

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# ADVANCED ROLES FOR DIRECT CARE WORKERS: ILLUSTRATING ADVANCED ROLES

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Arnetta Whittaker, Stand-By Aide, Home Care  
Partners – Washington, DC

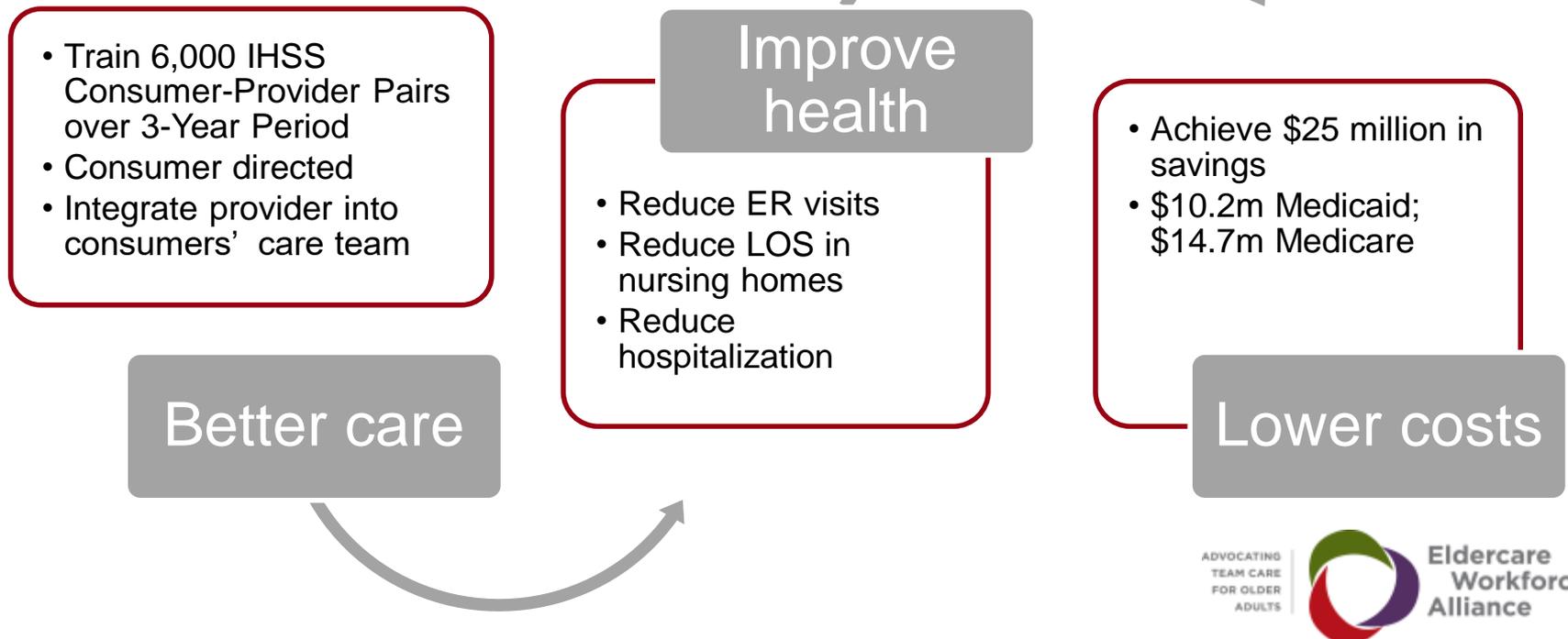
# ADVANCED ROLES FOR DIRECT CARE WORKERS: TRAINING FOR ADVANCED ROLES

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Corrine Eldrige, Executive Director, California Long  
Term Care Center – Los Angeles, CA

## CMMI Project: Care Team Integration of the Home-based Workforce

Health Care Innovation Award of \$11.8M



## Pivotal Role of Homecare Provider

- Consumer access
- Extension of the Consumer: Eyes & Ears
- Communicate, Monitor

## Path Forward, Challenges & Observations

- Training on Scale
- Greater Awareness of Role of Provider on Care Team
- Training to all members of Care Team
- Positive trend in preliminary analysis of utilization data
- Consumers report better QOL
- Providers better prepared & empowered in their role

## TRAINING AND INTEGRATION

- California is consumer directed model
- Train provider on Core Competencies and Soft Skills
- 63 hours, Attendance Requirements, Skills Demonstration
- Prepare for Role on the Interdisciplinary Care Team

## Measuring Program Goals

- Integration
- Cost analysis: Utilization data from Health Plans
- Focus Groups
- Consumer & Provider Surveys
  - Quality of Life Indicators
  - Workforce Satisfaction

# ADVANCED ROLES FOR DIRECT CARE WORKERS: NURSING INTERFACE WITH DIRECT CARE WORKERS

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Barbara Resnick, PhD, CRNP, FAAN, FAANP, Professor,  
University of Maryland School of Nursing – Baltimore,  
Maryland

# Nursing Oversight and DCWs in Home Settings

- States vary in terms of the oversight regulations and regulations associated with care provided by Direct Care Workers in home settings.
- In most states scope and oversight is under the direction of/delegation of tasks as delineated by nursing (LPN or RN).
  - This oversight role is the most traditional model
  - Alternatively the DCW might work independently providing a type of care and service that is consistent with the scope within the state (e.g., might be taking the individual to appointments, out shopping).

# Nursing and Direct Care Workers

- Registered Nurses are generally the individuals providing the basic education (as education is required by State regulations) of Direct Care Workers.
- Education might be done in community colleges; clinical settings; or within larger industry organizations.

# The Importance and Impact of Direct Care Workers and Their Roles



# Another Scenario



# The Importance of Direct Care Workers and Their Roles

These two scenarios demonstrate that direct care workers are critical to helping those in the community remain safely in their home settings.

Further there is a need to consider the advanced roles and scope for direct care workers across all states so that the level of care provider will meet the needs of the increasing population of older adults in America.

# ADVANCED ROLES FOR DIRECT CARE WORKERS: THE SOCIAL WORKER'S ROLE

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Robyn Golden, ASA Representative to EWA and  
Director of Population Health & Aging  
Rush University Medical Center – Chicago, Illinois

# Person-in-Environment Perspective

## Social and mental health needs of older adults

- Social factors influence health outcomes
- Imperative to have range of medical and social providers engaged
- Institute of Medicine recommendation: create “community links”

## Social work-led care models that engage HCBS providers

- Two models developed at Rush
  - Bridge Model: support through hospital to home care transitions
  - AIMS Model (Ambulatory Integration of the Medical and Social): primary care wrap-around
- Focus on psychosocial factors
- Collaboration with range of providers, such as home health, homemakers, PT, OT, behavioral health providers, PCP, hospitalists

# Engaging Direct Care Workers

In our experience with the Bridge Model...

- Bridge SW encourages/engages direct care worker, but doesn't manage
  - Home Health staff can also help engage
- Care coordination call – Bridge SW invites PCP, hospitalists, specialists, direct care worker, family caregiver
- Case example –
  - 69 yo male with several chronic conditions, relies on wheelchair outside of home
  - Homemaker coordinated with Bridge SW and rearranged schedule to accompany client to PCP appointment
  - Homemaker informed Bridge SW of client needing more in-home supports, so Bridge SW referred for assessment



# Advancing the DCW Role

Social workers can support advanced DCW role by engaging and supporting direct care workers' participation in medical teams

## Examples of advanced DCW's role

- Specialized role (e.g. dementia care, end-of-life care)
- Eyes and ears on the ground (e.g. suicide ideations)
- Employ approaches to non-medical stimulation and engagement (e.g. intellectual, artistic, spiritual areas)
- De-escalation of family tension, supporting family caregivers
- Surface-level case manager or patient navigator

## Opportunities for training and skill enhancement

- Communication skills
- Understanding of behaviors
- Engagement techniques (e.g. motivational interviewing)
- Understanding SW's role and how to identify triggers for when to refer to a SW
- Group training and supervision a way to prevent isolation DCWs may experience

# ADVANCED ROLES FOR DIRECT CARE WORKERS: IMPACT ON FAMILY CAREGIVERS

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Elizabeth Johnsen, Outreach and Public Programs  
Associate, Opportunity Agenda – New York, NY

# Elizabeth Johnsen



Elizabeth Johnsen and her mother, Joyce Celms, a 66-year-old C-4 quadriplegic.

Elizabeth helps to manage her mother's Personal Care Assistants (PCAs) in addition to providing direct care to her mother with her sister.

Joyce lives in Holbrook, MA with her daughter, Alexandra. She receives daily care from a team of five PCAs.

# Increased support and resources

Comprehensive training that covers independent living principles, individualized health needs of patients and identifying signs of medical emergency, safe practices on the job (i.e. proper lifting), and operational procedures (i.e. time records and payroll).

Expanded resources available for PCAs regarding workers' rights, who to turn to when issues arise on the job, changes in employment etc. (i.e. PCA Workforce Council, 1199SEIU)

More opportunity for working credentials/certification, which would create greater respect for their jobs (on all sides), heightened sense of self-worth, professionalism, performance motivation, and increased job competition.

***In an ideal world...*** PCAs would have a competitive salary, job benefits such as health care, paid sick and vacation leave, workers compensation, retirement or pension plan, and child care support options.

# Building value around their work

“All of us want our parents and grandparents to spend their aging years in dignity, receiving the care that they deserve. We want to see the same for those we love dealing with disability or illness.

But in order to ensure this, we as a society need to value the work that professional caretakers are doing and honor that value in a decent wage.”



*Joyce and her PCA, Tina, in New York City.*