



University of California
San Francisco

*Health Workforce Research Center
on Long-Term Care*

Updates from the UCSF Health Workforce Research Center

The UCSF Health Workforce Research Center has completed Year 1 in its four-year cooperative agreement with the National Center for Health Workforce Analysis (NCHWA), within the U.S. Bureau of Health Workforce. During this year we completed two reports, are near completion on two others, provided “quick turnaround” projects to NCHWA, and developed our communications platforms.

Year 1 Projects

Reports 1 & 2: Personal Care Assistant Workforce

The workers who provide the most care at home for older Americans and persons with disabilities, personal care aides (PCAs), are governed by few federal or state requirements for their training. In a pair of reports analyzing the national landscape of training requirements across state Medicaid-funded programs for PCAs, we have found wide variation in minimum training requirements across states and between programs within states. Most states’ PCA training programs are relatively undeveloped compared with standards for certified home health aides and nursing assistants. The main findings are presented in “The National Landscape of Personal Care Aide Training Standards.” In a companion research brief, “Leader States in Personal Care Aide Training Standards,” the authors describe seven “leader” states that have achieved both consistency and rigor in the training of these workers that enable older adults and individuals with disabilities to reside safely in their homes and participate in their communities. This research was conducted in collaboration with PHI (formerly the Paraprofessional Healthcare Institute).

See more at: <http://healthworkforce.ucsf.edu/news/read-our-first-reports#sthash.UYhLUHSK.dpuf>

Report 3: Trends in Long-Term Care Service Use and Workforce Demand Predictions

This project examines current patterns of long-term care (LTC) use, the workforce that is providing LTC services, and estimates the future need for LTC workers based on current utilization and demographic forecasts. An article submission is being prepared for *Health Affairs*.

Report 4: Sources of New Workers and Job Mobility in Long-Term Care

This project examines the pipeline of workers into the LTC industry, and the factors associated with workers leaving LTC employment. Using data from the U.S. Current Population Survey, we describe the demographic and socioeconomic profile of entrants into LTC occupations and settings; determine from which industries and occupations LTC draws workers; describe the demographic profile of people who leave LTC jobs; and identify the industries and occupations to which LTC workers go. This study was conducted in collaboration with Bianca Frogner, PhD, former Deputy Director of the George Washington University Health Workforce Research Center and now Director of the University of Washington Health Workforce Research Center. The report is scheduled for release by early January 2015.

Quick Turnaround Project 1: Job Titles of Community Health Workers

The first “quick turnaround” request we received from NCHWA was to create a summary of approximately 30 job titles associated with Community Health Workers (CHWs), in order to describe the numerous emerging roles of CHWs across care settings. Using data from BLS, website research, and our previous investigation of allied health occupations, we assigned these job titles to 5 categories, depending upon setting of care, job function, and education and certification requirements. We then estimated the strength of the information available for each of these titles and created an appendix of supporting documentation.

Quick Turnaround Project 2: Literature Search on the Impact of Geriatric Training on Patient Outcomes

We conducted a broad search of the literature to investigate the number and scope of published studies on the impact of training in geriatrics on patient care outcomes. We found very few published articles on how geriatric training programs affect patient outcomes. Of the articles found, many looked at geriatric practitioners’ evaluations of training programs and effects of school curriculum. We have classified and summarized the articles to provide information for the Bureau of Health Workforce’s programming in this area.

Year 2 Projects

We will conduct 4 new projects in the second year of our Cooperative Agreement, as well as a supplementary study that is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Alzheimer's Patient Care Manager Practices and Policies

As health systems continue to evolve toward more managed care models, care managers are playing an important role in ensuring that people with Alzheimer's disease or related dementias (ADRD) receive appropriate, well-coordinated, and cost-effective care. Research has shown that effective care management and referral to services and supports for patients with ADRD and their informal caregivers can decrease unnecessary medical services utilization, delay institutionalization, and improve the quality of life of both patients with ADRD and their informal caregivers. However, care managers are often unprepared to meet the needs of this challenging population. The goal of this project is to systematically review and analyze care manager policies and practices within health plans participating in CMS's demonstration programs for dual-eligible Medicare/Medicaid beneficiaries in 11 states, in order to: (1) describe the role and scope of practice of care managers in the dual-eligible demonstration projects; (2) identify any ADRD-specific training requirements of care managers; (3) examine best practices in care management of dual-eligible beneficiaries with ADRD and their caregivers; and (4) describe any changes impacting people with ADRD or their caregivers at the health system level.

The Licensed Practical Nurse Workforce in Long-Term Care

Licensed Practical and Vocational Nurses (LPNs and LVNs) are the second-largest health care occupation that requires postsecondary education, with about 611,710 people employed in the US. LPNs play a vital role in the delivery of long-term care services. The largest share of LPNs is employed in nursing homes and long-term care facilities, with more than one-third of LPNs working in that setting. Many LPNs also provide long-term care services in home health care, continuing care retirement communities, and assisted living facilities. This study will examine changes in LPN supply, educational attainment, demographics, geographic distribution, and employment settings over the past decade. Characteristics of LPNs employed in long-term care settings will be compared with characteristics of LPNs working in other health care settings.

Family Member Caregivers for Dual-Eligible Medicare/Medicaid Enrollees

This project examines the use of family members (e.g., spouses, children, siblings, and other relatives) to provide paid long-term care services in home and community-based settings. A handful of states have historically allowed family members to be reimbursed as personal care assistants through Medicaid Home and Community-Based Services (HCBS). The use of paid family members is growing

nationally as other states expand their consumer-directed personal care programs. Many of these allow beneficiaries to choose their preferred care providers. Paying for family caregivers helps offset the significant costs and burdens of uncompensated family caregiving, and boosts the potential long-term care workforce. While this creates the possibility of the government paying for something that is often provided for “free,” the potential financial return on investment comes from reducing unnecessary admissions to nursing facilities in those cases where there is a shortage of personal caregivers and family members would not be able to provide the service without receiving a payment to support themselves. If family members can be adequately compensated for providing personal care services, this may increase the number of available personal caregivers and the options for the frail elderly to receive long-term care services outside of institutional settings. What is unknown in this approach is whether paying family members to be personal caregivers actually increases the use of HCBS that offsets nursing home admissions, and the level of payment that makes a difference. The way in which California administers its payment rates for personal caregivers in the Medicaid program creates variation in hourly payment rates across the state’s 58 counties. This investigation provides a natural experiment to examine these questions. We will examine post-discharge utilization of long-term supports and services (LTSS) among dual-eligible Californians who were discharged from an acute inpatient hospital stay from 2006-2008.

Palliative Care Workforce: Team Composition Across Settings

Palliative care is specialized care for people with serious illness that focuses on improving quality of life for patients and their families. It provides patients of any age with relief from the symptoms, pain, and stress of a serious illness— whatever the diagnosis. Palliative care is provided by a team of physicians, nurses, social workers, pharmacists, chaplains, and other clinical and non-clinical specialists who work together with primary care providers to provide an extra layer of support. Palliative care can be provided along with curative treatment. A large share of U.S. hospitals offer palliative care services. In 2012, 61% of hospitals with 50 or more beds had a palliative care program. At present, little is known about the extent to which palliative care is available elsewhere, or the extent to which the workforce is prepared to meet palliative care needs. There has been little attention to the national palliative care workforce, apart from research on the supply of palliative care specialist physicians. This project will produce a detailed analysis of the data available on hospital-based programs, and also produce qualitative findings that could be used to guide a national survey of community-based programs. This study is being conducted in collaboration with the Center to Advance Palliative Care.

Peer Providers in Behavioral Health and Substance Abuse Treatment

A peer provider is someone who has experiential knowledge of the healing process of recovery from mental health or substance abuse challenges, either from their own experience, or as a parent or family member, and works with clients who have these challenges. Different factors have contributed to the development of paid peer staff—also called Peer Specialists and/or Peer Counselors—in the mental health and substance abuse treatment fields in the United States. As of 2012, 23 to 35 states were providing certification for Peer Support Specialists, and 4 or 5 states providing Family Support Specialist certification, primarily focused on mental health services. State certification titles and requirements vary across states. For this study, we will conduct case studies in 3 states that exemplify best practices in peer provider training, employment, and reimbursement for both Mental Health (MH) and Substance Abuse (SA) peer providers. We will examine: (1) which states have implemented CMS-approved billing for peer providers in MH and SA, and what billing approaches they use; (2) the models of care in states with successful practices in peer provider employment in MH and SA; (3) the skills and training required of peer providers to provide care, and for certification; (5) the roles and functions of the peer provider in MH and SA care teams; (6) the impact of implementing peer provided services on the roles and responsibilities of other members of the healthcare team; (7) how well accepted MH and SA peer providers are by other members of the healthcare team; and (8) how the implementation of peer provided services impacts the level of service integration.

UCSF HWRC Communications

Website

The UCSF HWRC has developed its own website to disseminate its reports, as well as to provide resources and information about the long-term care workforce. The website provides links to the websites of the National Center for Health Workforce Analysis, the Bureau of Health Workforce, other Health Workforce Research Centers, and other organizations engaged in LTC research.

Visit us at: <http://healthworkforce.ucsf.edu>

Social Media

We also have created a Twitter feed (@ucsfhwrc), a Facebook page, and a LinkedIn group. You can connect to these from our webpage.

Press Releases and Newsletters

The UCSF HWRC worked with the UCSF Public Affairs office to publish press releases announcing our reports. We also have our own mailing list, and our reports are featured in the newsletters of the UCSF Center for the Health Professions and the UCSF Philip R. Lee Institute for Health Policy Studies.

You can subscribe to our email list from our webpage, or by emailing any of the faculty or staff of the UCSF HWRC.

Presentations and Conferences

UCSF HWRC faculty presented our research at the American Association of Medical Colleges Health Workforce Conference (May 2014), the AcademyHealth Annual Research Meeting (June 2014), and the Gerontological Society of America Annual Conference (November 2014).

The Health Workforce Research Center Community

The UCSF HWRC benefits from its strong, collaborative relationship with NCHWA. Over the past year, the former Bureau of the Health Professions was merged with another Bureau within the Health Resources and Services Administration to create the Bureau of Health Workforce. During this same year, George Zangaro, RN, FAAN, was appointed the Director of NCHWA, and Michelle Washko, PhD was appointed as Deputy Director (Dr. Washko is also our Project Officer). These leaders have been great resources for our work.

NCHWA supports 4 other Health Workforce Research Centers:

George Washington University (Patricia Pittman, Director) – focus on flexible use of health workers to increase efficiency.

University of North Carolina at Chapel Hill (Erin Fraher, Director) – focus on flexible use of health workers to increase efficiency.

University at Albany (Jean Moore, Director) – focus on the oral health workforce.

University of Washington, Seattle (Bianca Frogner, Director) – focus on the allied health workforce.

NCHWA also supports the Health Workforce Technical Assistance Center (HWTAC) at the State University of New York at Albany.

Work with Us!

The UCSF Health Workforce Research Center is concertedly building relationships across the UCSF campus, as well as with colleagues at the University of California, Davis School of Nursing, the other Health Workforce Research Centers, and external organizations that conduct research on long-term care.

Each year, we welcome colleagues to suggest new research projects on the long-term care workforce. These are compiled and discussed with our Project Officer, who provides feedback from other Divisions at the Bureau of Health Workforce and her colleagues at NCHWA. We engage in an iterative process with our Project Officer and collaborators to refine ideas, develop written summaries, and finalize the new projects for our next year of work. Please keep us informed about new studies in long-term care, emerging workforce issues, and research ideas. We are eager to continue to work with our colleagues to conduct research both through the HWRC and also to pursue other sources of funding to leverage our collaborative community.