



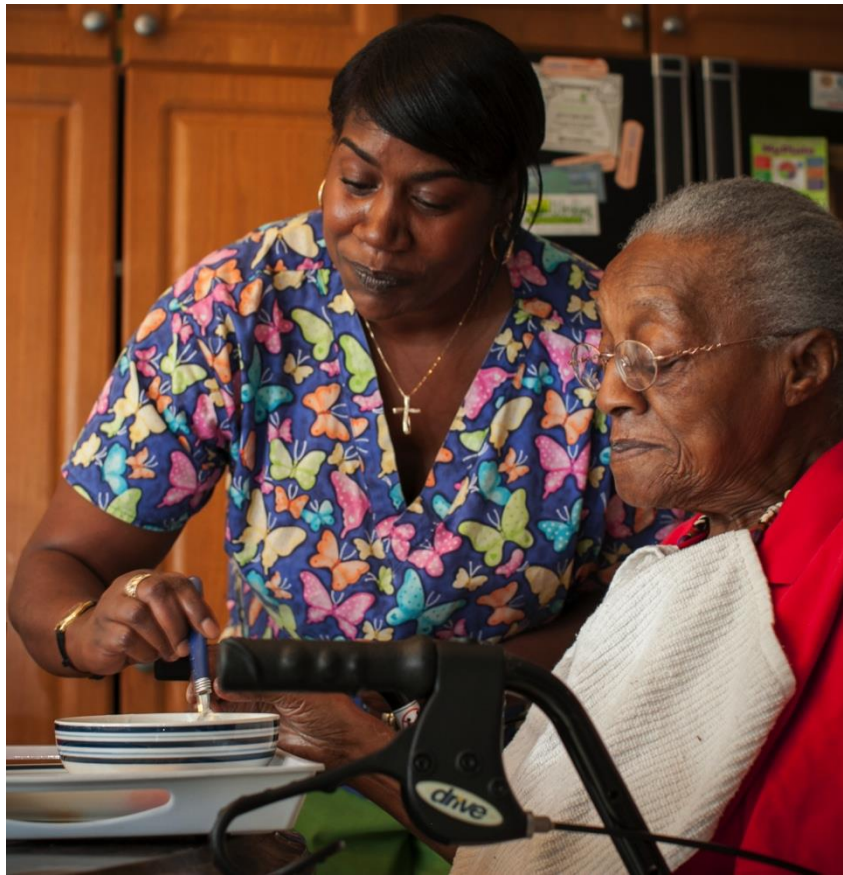
Crisis Into Opportunity: Advanced Home Care Aide Innovation

**Charissa Raynor, Executive Director
SEIU Healthcare NW Training Partnership**

HCBS Conference – NASUAD – Sept. 18, 2014

Two Crises Brewing

America's Top Job



Avoidable Care Crisis

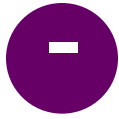


\$200 Billion Avoidable Care Crisis



Source:
Institute of
Medicine

Diagnosing America's Top Job



Low wage
(avg. \$9.57)

No career
pathway

High turnover



High touch
provider

High trust

Shared life
experience,
language,
community

77% care
for duals

\$200 Billion Avoidable Care Crisis

IMS Health Study Identifies \$200+ Billion Annual Opportunity from Using Medicines More Responsibly

IMS INSTITUTE
FOR
HEALTHCARE INFORMATICS

U.S. Report Finds Recent Improvements in Patient Adherence, Antibiotic Prescribing and Generics Use; Advances Observed in Stakeholder Collaboration and Incentive Alignment

PARSIPPANY, NJ, June 19, 2013 – Avoidable costs of more than \$200 billion are incurred each year in the U.S. healthcare system as a result of medicines not being used responsibly by patients and healthcare professionals, according to a new study released today by the IMS Institute for Healthcare Informatics. This represents 8 percent of

the cost of outpatient

The report's findings are based on a representative sample of polypharmacy patients, an estimated 100 million patients.

“As our spending continues to rise, those reaching models,

The IMS Institute for Healthcare Informatics is one of the leading sources of information among healthcare professionals. In 2009, IMS Institute for Healthcare Informatics

prescription alternatives to branded medications, when available, 95 percent of the time.

The report's key findings include the following:

- **Medication nonadherence drives the largest avoidable cost.** Patients not adhering to their doctors' medication guidance experienced complications that led to an estimated \$105 billion in annual avoidable healthcare costs. While the underlying reasons for nonadherence are varied and longstanding, the growing use of analytics and collaboration among providers, pharmacists and patients appear to be advancing both the

- **Medication nonadherence drives the largest avoidable cost.** Patients not adhering to their doctors' medication guidance experienced complications that led to an estimated \$105 billion in annual avoidable healthcare costs. While the underlying reasons for nonadherence are varied and longstanding, the growing use of analytics and collaboration among providers, pharmacists and patients appear to be advancing both the understanding and effectiveness of intervention programs.
- **Delays in applying evidence-based treatment to patients lead to \$40 billion in annual avoidable costs.** The study analyzed four disease areas where patients either are not diagnosed early or treatment is not initiated promptly. The largest avoidable impact is seen in diabetes, where such delays increased outpatient visits and hospitalizations. A reduction in this source of avoidable costs is possible if insurance coverage is expanded, and at-risk patients are able to receive appropriate screening and diagnostic testing.

Home Care is America's Top Job


 UNITED STATES DEPARTMENT OF LABOR

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Economic News Release

SHARE ON:  

Table 5. Occupations with the most job growth, 2012 and projected 2022

Table 5. Occupations with the most job growth, 2012 and projected 2022

(Employment in thousands)

2012 National Employment Matrix title	Employment		Change, 2012-22		Median annual wage, 2012(1)
	2012	2022	Number	Percent	
Total, all occupations.....	145,355.8	160,983.7	15,628.0	10.8	\$34,750
Personal care aides.....	1,190.6	1,771.4	580.8	48.8	19,910
Registered nurses.....	2,711.5	3,238.4	526.8	19.4	65,470
Retail salespersons.....	4,447.0	4,881.7	434.7	9.8	21,110
Home health aides.....	875.1	1,299.3	424.2	48.5	20,820
Combined food preparation and serving workers, including fast food	2,969.3	3,391.2	421.9	14.2	18,260
Nursing assistants.....	1,479.8	1,792.0	312.2	21.1	24,420

Advanced HCA Registered Apprenticeship

ADVANCED TRAINING

- 70 hours of Advanced Training
- 12 hours of Peer Mentoring
- U.S. Department of Labor Certification of Apprenticeship

ENTRY LEVEL

- 75 hours of Basic Training
- Washington State Department of Health certification

National Recognition

Ready to Work:
Job-Driven Training and
American Opportunity

July 2014



Training Partnership Leadership in Apprenticeships

Washington will need to train approximately 440,000 home care workers by 2030 to meet growing demand as Baby Boomers age. The SEIU Healthcare NW Training Partnership (Training Partnership) aims to work to fill this need. In total, the Training Partnership trains 40,000 students each year in Washington, making it the largest home care workforce training provider in the nation. The Training Partnership has also piloted the country's first DOL Registered Apprenticeship program for home care aides. ... In April, the White House highlighted the Training Partnership's plans to partner with several employers of home care workers in Washington ... and its stated goal of expanding its apprenticeship program for home care workers over the next five years from 300 to 3,000 apprentices per year.

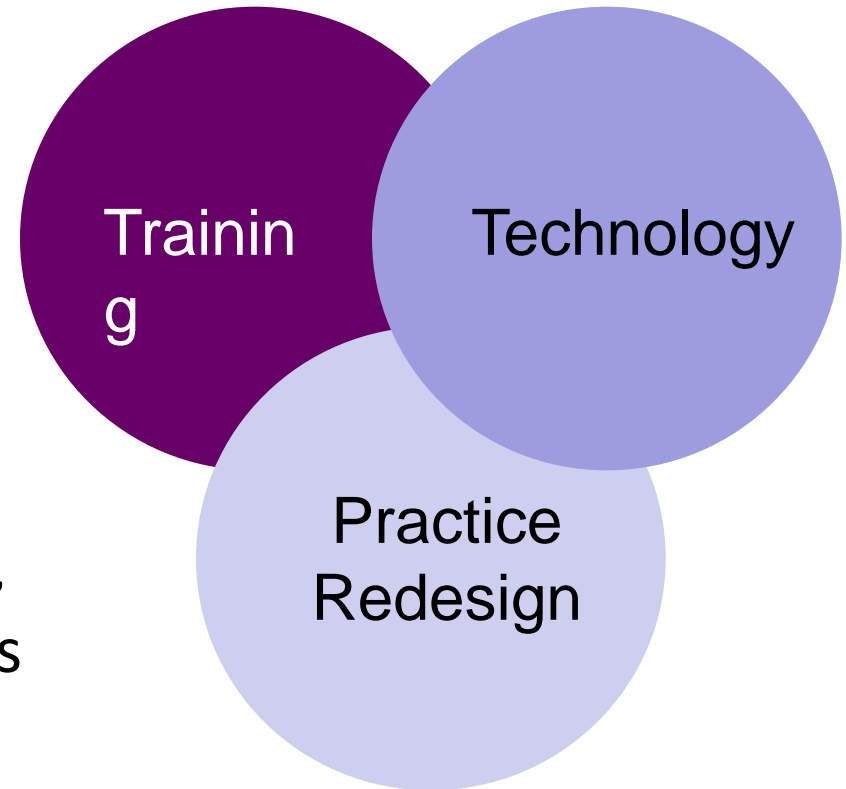


SEIU HEALTHCARE NW
TRAINING PARTNERSHIP



Demo and Evaluation

- 1,400 over 2 years
- Focus on dual eligibles
- Build on Community Health Worker research
- Target reduce avoidable ER, hospital, nursing home visits

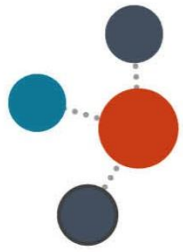




Current Partners

State of Washington
Regence
Addus Healthcare
United Healthcare
Snohomish County
SEIU 775

Full Life Care
ResCare HomeCare
Catholic Community
Services
SEIU Healthcare NW
Training Partnership
King County



COLLABORATIVE FOR INTEGRATED
**HOME CARE AIDE
INNOVATION**



Recruiting
Replication Sites:
Where Next?



SEIU HEALTHCARE NW
TRAINING PARTNERSHIP



SEIU
Krishna
Baitan
GRADUATE

The United States Department of Labor
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Certificate of Completion of Apprenticeship
for
KRISHNA BAITAN
Home Care Aide
SEIU Healthcare
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D. S. G. / J. V. L.

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SEIU HEALTHCARE NW
TRAINING PARTNERSHIP

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twitter.com/hca_training

Department of Social and Health Services Aging and Long-Term Support Administration

Training Programs for Advanced Home Care Aides in Washington: Return on Investment

Susan Engels, State Unit on Aging Chief
2014 HCBS National Conference
September 18, 2014



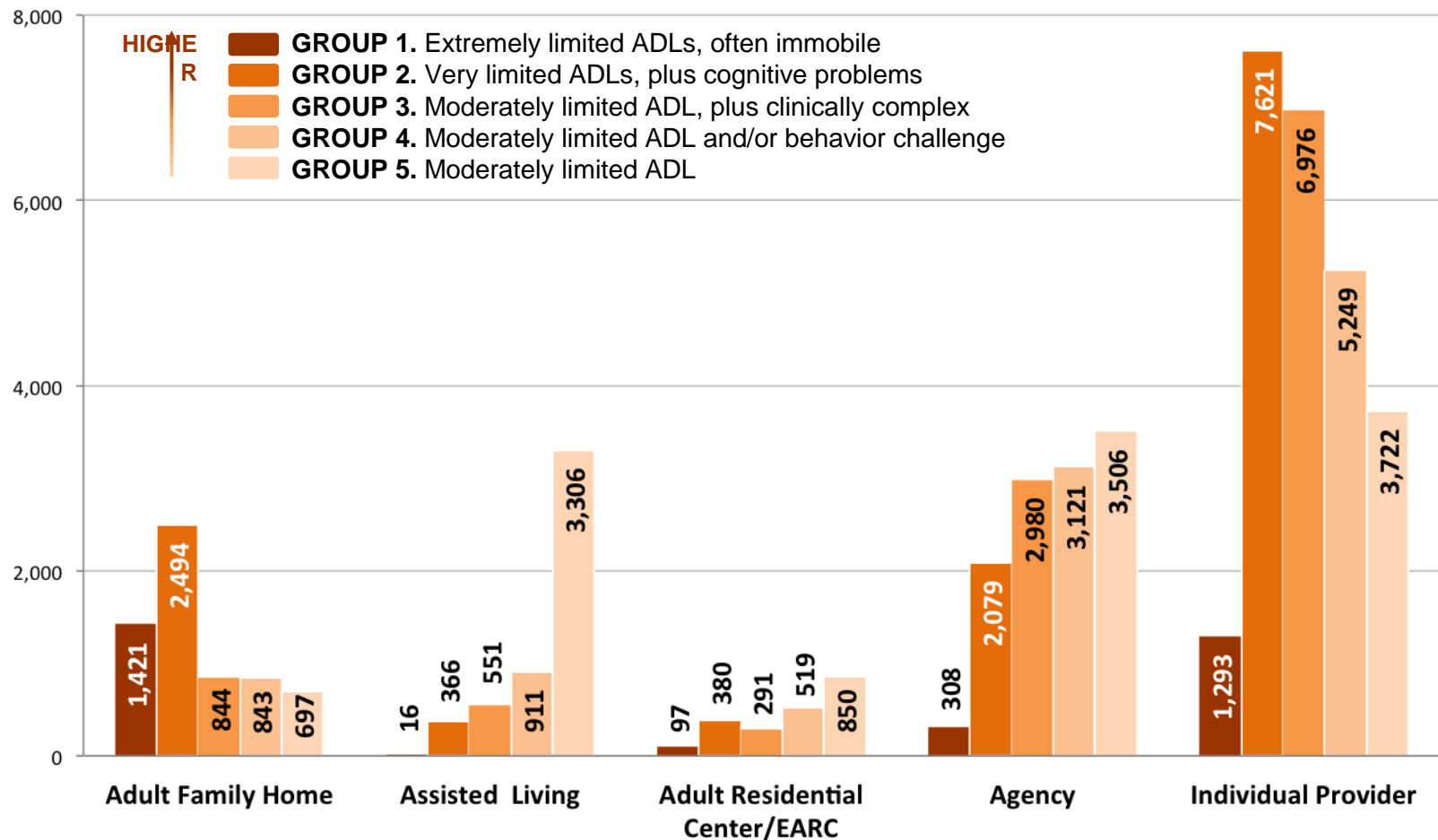
Benefits of Long-Term Care Worker Training

- There is a perception that people move from one setting to another as they age or become disabled; starting out at home, then moving to a residential facility, then to a nursing home.
- In Washington that isn't the case. People with significant health challenges and levels of disability are served in large numbers in all settings.
- This makes it increasingly important to reach the goal of aging in place.
- Creation of a sustainable, educated, capable in-home care workforce is critical to reaching this goal and accommodating the ever-increasing number of high risk/high cost Medicaid recipients receiving long-term care in their own homes.



Supporting people of all acuity levels in community-based settings is key to accommodating the growing population

Long Term Care Assessment by Setting and Acuity



Benefits of Long-Term Care Worker Training

- Most people want to receive care in their own homes by people they trust.
- Investing in training those who have the most contact with the consumer makes sense.
- Most caregivers are motivated to learn more, want more tools in their “caregiving toolbox” and want to be considered a professional part of the long-term care workforce.
- In WA, we can serve 3 people in-home for the cost of 1 person in a nursing facility.



■ ROI: In WA, we can serve 3 people in-home for the cost of 1 person in a nursing facility

FY 2012 Actual/Forecasted Data (Rounded)*

Community Service Setting	ALTA consumers	Total Funds Annual Cost (average)
In-Home Care (Individual Provider & home care agency)	35,000	\$17,000
Boarding Homes/Assisted Living (Assisted Living, avg. 53 beds/home)	6,700	\$14,000
Adult Family Home (up to 6 people per home)	5,400	\$21,000
Managed Care ** (PACE & WMIP)	800	\$23,000
Total Community Settings	48,000	\$17,500 (weighted average)
Institutions	ALTA consumers	Total Annual Cost (average)
Nursing Homes	10,000	\$57,000

Data is from ALTA forecasting (November 2012)

*Totals may not add due to rounding

** Per caps are driven by acuity of consumers served and scope of services included in the setting



Key Consumer Characteristics

Analysis of common health and behavioral challenges make it possible to target training and interventions to where they will make the most impact. Milliman analysis of assessment data from 77,000 consumers shows trends in diagnoses:

- Depression at 33.7% is the 2nd most common diagnosis (Hypertension #1). Anxiety is in the top 5 at 20%.
- Alzheimer's Disease/other Dementias are present in more than a quarter of persons with behavior issues.
- Behavior Issues are noted for 72.6% of all consumers. 17.4% are considered to have aggressive behaviors



Advanced Training as Part of the Solution

- As we reach deeper into the rebalancing equation, acuity and complexity characteristics increase, making successfully supporting these people in the community more challenging.
- Developing and embedding Advanced Training in the workforce is one of the keys to serving this population in the future.
- To do that effectively we will need to:
 - Continue collaboration with the Training Partnership to deliver effective Advanced Training to a stable workforce;
 - Target training to workers who support consumers with challenging behaviors or other significant complexity.
- Increase the number of people we are able to relocate from institutions or avoid institutional placement.



Advanced Training Opportunity for Return on Investment

- If the worker is trained to recognize medical and behavioral changes in the consumer and if they are in regular contact with the other people in the consumer's life (family, physicians, social workers, etc.) they cannot only identify problems, but can activate a team to solve those problems quickly and efficiently.
- An estimated initial investment of \$1,650 for tuition, plus ongoing costs of about \$1000 per year have the opportunity to bend the cost curve for participants whose medical costs are 1.5 times higher than average.
- The average "high risk/high cost" participant uses about \$15,000 per year more medical costs than average risk participants.
- Targeting the Advanced Training Certification to "High risk/high cost" participants hopes to optimize outcomes for these people and give the greatest ROI for the training.



The Role of the Advanced Home Care Aide Specialist

- **The curriculum will emphasize:**
 - Developing capacity and skills to recognize risks;
 - How to intervene with behavior supports to shape and promote positive behavior in the course of delivering personal care;
 - How to monitor changes in consumer's status and effectively communicate to the appropriate individual or care team;
 - How to support consumers to achieve their desired goals as stipulated in their Health Action Plans and care service plans.



A Trained Workforce = Return on Investment (ROI)

- A knowledgeable, capable workforce is a sustained, happy, healthy workforce. Healthy workforce capacity helps consumers achieve better outcomes and saves the state money by utilizing lower cost in-home care.
- Long-term care workers gain skills that allow them to assist consumers with their Health Action Plans and can coach and encourage consumers to:
 - Build and sustain self-management skills; and
 - Engage in activities that refocus behaviors to reduce stress and anxiety while recognizing and preserving consumer's rights.
- A knowledgeable workforce can act quickly to resolve changes in medical or behavioral conditions, potentially avoiding interventions that are costly to the consumer's overall health and wellbeing and more expensive for the state.





The SEIU Healthcare NW Training Partnership: Meeting the Demand for Trained Home Health Workers

September, 2014

Overview

Challenge: Diverse homecare workforce

Implications for Training

Outcomes to Date

Concluding Thoughts

Who Are Homecare Workers*

(a rough characterization)

	Nation	Washington
# workers employed	1.3 million	50,000 (incl IPs)
# Independent providers	800,000 (est.)	32,480
% female	84 %	85 %
African American	22 %	5 %
Hispanic	20 %	9 %
Asian	6.5 %	14 %
Foreign Born	24 %	+ 20 %
Age	Median 44.2 yrs	50% are 55+ yrs
Education	58 % HS or less	41% HS or less

*Sources not strictly comparable and include 2009, 2011, 2012 and 2013 #s. Sources include U.S. BLS, and studies from Brookings, SEIU Healthcare 775NW, Georgetown, Univ. of Washington and PHI.

Implications for Training: **Reduce Barriers**

Challenge: Home care workers' have limited resources to invest in training

Innovations:

- Multiple locations
- On-line options
- Language
- ****FREE**** (no fees, may earn \$ for attending req'd courses)

Implications for Training: **Adult-learner principles**

Challenge: Home care workers are working adults, may have limited education, may not have been in class for many years.

Innovations:

- Problem-solving, role-playing, simulation
- Engage their experience of work
- Encourage connection to fellow homecare aides

Implications for Training: **Strong Communications**

Challenge: Home care workers are diverse in terms of age, race, ethnicity, language and culture. Varied channels and multiple messages are needed.

Innovations:

- Call Center—one-stop problem solving for workers operating in a complex system
- Multiple-languages—in classes, on-line, in call center
- Reach out—through call center, magazine, electronic means—don't wait for the problem to happen

“Doing this class and meeting these people and hearing their stories was helpful. The personal stories and the different types of solutions I hear from other home care workers is helpful. I’m going to take note of that and take it home. Now I don’t feel alone when I’m frustrated. You come here and know that frustration is a normal reaction and you know you’re not alone.”

-Home care aide describing the value of training.

Outcomes to Date

- **Scale of Service:** Started training 2010, now train over 40,000 home care workers per year statewide
- **Relatively modest cost:** In 2013 spent ~\$12.6 million or about \$316 per home care worker.
- **Credential receipt:** Pass rates among English speakers very high-->80%
- **Robust data system:** identifies issues that need to be addressed (e.g. challenge for non-English speakers)
- **Strong staff**

Summary

- **Industry-embedded:** staff; training settings; curricula
- **Worker focused:** cognizant of the barriers, assets and motivations of the workforce
- **Plan for scale:** statewide goal encouraged a focused, lean approach
- **Continuous improvement:** Strong data and staffing, as well as clear goals.