

Workforce Development for Long Term Care

Commission Workgroup
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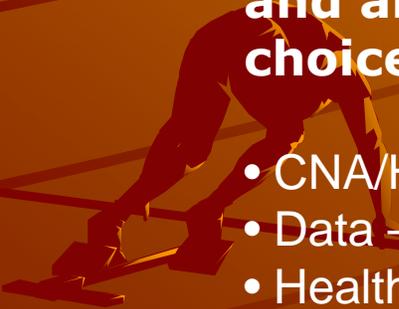
LTCSS Advisory Commission Retreat

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Workforce Development Workgroup & Issue Subcommittees

Michigan should build and sustain culturally competent, highly valued, competitively compensated and knowledgeable long term care workforce teams that provide high quality care within a supportive environment and are responsive to consumer needs and choices.

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- CNA/Hospice Aide Training – Jules Isenberg-Wedel
 - Data – Rosemary Ziemba
 - Health Care – Tameshia Bridges
 - LPN/RN – John King
 - Michigan Works Agency – Jean Peters & Janie McNabb

Context

- ✦ DCW workforce—nursing aides, home health aides, and personal care attendants— now outnumber RNs & LPNs, K-12 teachers, and all law enforcement/public safety workers.
- ✦ All jobs in LTC sector expected to grow 20.3% by 2016—rest of state industries/businesses 6.8%
- ✦ State website on health careers uses wage data from 2004 and growth projections for 2012 and 2014.

Context

- ◆ “Home health aide” is 2nd fastest growing occupation of all Michigan occupations.
- ◆ This occupation is not “profiled” in the state’s “Health Careers in Michigan” website.
www.michigan.gov/healthcareers
- ◆ “HHA” and “nursing aides” are in the top 10 largest growing occupations in Michigan
- ◆ 25% of DCWs are uninsured; 33% of DCWs households rely on some form of public assistance

CNA/Hospice Aide Training

- ◆ Charged by Commission to develop legislative concepts—done
- ◆ Core Competencies for Certified Nursing Assistants and Hospice Aides
- ◆ Administrative Recommendation for CNA/Hospice Aide Training Program

Data

- ✦ Huge gaps in state data collection and analysis remain—"home health aide" is not profiled on state's health careers website
- ✦ Missing basic data on people working in segments other than nursing homes and Home Help program
- ✦ Basic data may be in state departments but it is not identified or used

Health Care

- ◆ Waiting for a new President
- ◆ Few cuts to Medicaid
- ◆ No expansion of access
- ◆ More people losing coverage because of lost jobs—loss of spousal coverage



LPN/RN

- ◆ More LPN training programs in SE MI largely through the efforts of SE MI RSA, nursing home providers, and colleges
- ◆ RN and LPN curricula under review
- ◆ LTC nurses on the reviewing Task Force

MI Works Agencies

- ✦ Issue committee slower to get started
- ✦ More federal training funds to Michigan as part of “recovery” package
- ✦ Will Michigan’s LTC sector as a “high job demand” sector see any of that increased training money?

WORKFORCE DEVELOPMENT					
Objective	Activities	Outputs	Outcomes	Measures/Indicators	Responsibility
Data Collection					
S/AS #11 – LTC administration will track employment trends, including turnover rates.	<p>Identify existing employment databases for DCWs within various state agencies (e.g. DCH, DELEG, DHS, DIT, etc.).</p> <p>Identify existing and needed information to be tracked.</p> <p>Identify different categories of DCWs/employers to be tracked.</p> <p>Coordinate activities with the various state departments to ensure that the numbers of DCWs are being tracked.</p> <p>Identify areas of shortages and need.</p>	<p>A set of metrics that provides the means to determine whether the employment needs for DCWs are being met.</p> <p>Inter-department agreements on the collection of DCW and employer data.</p>	<p>An increase in the numbers of workers employed in the LTC service area, reduced turnover rates and vacancies.</p> <p>Better information on DCWs and employer needs.</p>	<p>A set of LTC workforce metrics that track DCW employment</p> <p>The state will better be able to identify shortage areas and needs as they arise.</p>	DCH, DELEG, DHS & DIT

TF Recommendation 8: Michigan Should Build and Sustain Culturally Competent, Highly Valued, Competitively Compensated, and Knowledgeable LTC Workforce Teams that Provide High Quality Care within a Supportive Environment and are Responsive to Consumer Needs and Choices

Objective	Activities	Outputs	Outcomes	Measures/Indicators	Responsibility
Education & Training					
<p>S/AS #5 – Improve and increase training opportunities for direct care workers to allow for enhanced skill deployment and employability.</p> <p>S/AS #6 – Increase training opportunities for employers to improve supervision and create a positive work environment.</p> <p>S/AS #7 – Reduce the rates of injury and exposure to protect the current workforce and encourage new workers to join this workforce because of the sector’s safety record.</p> <p>S/AS #10 – Develop Health professional curricula and reform current practice patterns to reflect the changing needs of the populations. Recognize the unique needs of the elderly; people with chronic health</p>	<p>Link into new federal initiatives to increase job opportunities for low-income workers. Tie the federal initiative into increasing the numbers & pay of DCWs.</p> <p>Develop competencies, and curricula that teach to those competencies and recognized credentials that affirm competencies that address the needs of both employees and employers in the LTC services sector</p> <p>Support the recommendations to enhance the CNA /hospice aide training program.</p> <p>Work to increase LTC</p>	<p>Employees and employers increase their educational levels and skill sets.</p> <p>Written educational materials and standards to reduce employee/employer injuries and exposure to hazardous materials</p> <p>State legislation enacted in 2009 implemented in 2010. [What does this refer to??]</p>	<p>A skilled workforce that better meets the needs of those consuming LTC services. Consumers experience better services.</p> <p>Higher retention rates for DCWs.</p> <p>Fewer injuries to employees & employers.</p> <p>A seamless career ladder that provides opportunities and increases retention of LTC workers.</p>	<p>Numbers of DCWs that attain competencies in different areas.</p> <p>Metrics that track the number of educational programs and students in them.</p> <p>Numbers of injuries to employees and employers in LTC service area.</p>	<p>DCH, DOE, DELEG & the private sector.</p>

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<p>problems; people approaching end of life; people of all ages with disabilities; and those in need of rehabilitative and restorative services across LTC and acute settings.</p>	<p>content and clinical experience into revised RN and LPN state approved curricula.</p> <p>Identify current education and training programs for DCWs.</p> <p>Identify areas of exposure to injuries and hazardous materials. Work with other departments to reduce injuries.</p> <p>Create career ladders for DCWs.</p>				

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Increase Recruitment and Career Opportunities for Direct Care Workers					
<p>S/AS #1 – Develop within the Michigan Works! Agencies (MWA) network, recruitment and screening protocols and campaigns that meet the needs of employers and job seekers.</p> <p>S/AS #2 – Recast the state’s Work First program to recruit, screen, train, and support individuals who demonstrate the desire, abilities, and commitment to work in LTC settings.</p> <p>S/AS #3 – Develop recruitment campaigns to attract men, older workers, people of diverse cultural backgrounds, and people with disabilities to long-term care careers.</p> <p>S/AS #4 – Mobilize state agencies’ activities to include the research,</p>	<p>Coordinate with the Michigan Works and Works First programs to create job campaigns and screening protocols that recruit and increase the numbers of direct services workers to meet the needs of LTC employers.</p> <p>Work with secondary and higher education institutions to increase the numbers of employees in LTC service sector.</p> <p>Work with secondary and higher education institutions to both increase the number of programs and available educational slots for CNA &</p>	<p>Identify effective tools that enhance screening, training, and support both employers and potential employees who wish to enter the LTC services field.</p> <p>Inter-department agreements on the programs and strategies to increase the numbers of DCWs.</p>	<p>An increase in the number of skilled DCWs to meet the needs of the employment market.</p> <p>Greater collaboration within state departments to increase the number of DCWs programs and DCWs.</p> <p>More jobs for those needing them.</p>	<p>A set of LTC workforce metrics that track DCW employment.</p>	<p>DCH, DELEG, & the private sector.</p>

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exploration, explanation, and promotion of career opportunities in long-term care.	hospice aides.				

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Compensation					
S/AS #8 – Raise Medicaid reimbursement rates and other incentives so that the LTC workforce receives compensation necessary to receive quality care as defined by the consumer.	<p>Hourly wages are increased for home help workers.</p> <p>Increase payments to Medicaid LTC service providers to allow them to pay higher compensation rates to DCWs.</p> <p>In order to do this, define arguments to raise compensation (i.e. reduces turnover, allows provider to invest in their workers, leads to higher quality care, etc.)</p> <p>Reimburse informal caregivers.</p> <p>Eliminate the disparities that exist between DCWs employed in different settings.</p>	<p>Medicaid raises provider reimbursement rates.</p> <p>Medicaid enrolls/makes payment to additional provider types (e.g. informal caregivers.)</p> <p>Develop arguments, strategies and data to support increases in pay to informal caregivers.</p>	<p>Higher quality services, reduced turnover, and higher retention rates of DCW is achieved.</p> <p>LTC consumers receive better care.</p>	Hourly wage rate and benefit package (e.g. paid sick and leave time).	State legislature, DCH, & Medicaid program.

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Health Care Coverage					
<p>S/AS #9 – Expand the ability of all long-term care employers and their employees, particularly their part-time employees, to access affordable health care coverage for themselves and their families.</p> <p>The Department of Human Services (DHS), Michigan Department of Community Health (DCH), Michigan Office of Services to the Aging (OSA), Department of Labor and Economic Growth (DLEG) and other state agencies should work collaboratively to identify standards and benchmarks ensuring that direct care services workers are key partners and team members in providing quality care and supports.</p>	<p>Advocate with state and federal officials for the expansion of health care coverage of direct care services workers and their families.</p>	<p>Health care coverage for all DCWs and their families.</p>	<p>A reduction in the numbers of DCWs leaving LTC seeking health care coverage.</p> <p>Fewer “no shows” (and call outs?) by staff.</p>	<p>Retention and turnover rates for DCWs.</p> <p>Number of DCWs and their families with health insurance coverage.</p>	<p>State/Federal government.</p>