Serving Diverse Consumers: A Training Model Using Human-Centered Design to Meet Healthcare Needs
State of Washington Invested in In-Home Caregivers
## Goals

<table>
<thead>
<tr>
<th>Consumers</th>
<th>Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personalized care to meet complex needs</td>
<td>Career advancement towards a destination job</td>
</tr>
<tr>
<td>Increased independence and empowerment</td>
<td>Acquisition of expanded skills to set workers up for success</td>
</tr>
<tr>
<td>Reduced risk of emergency room visits and hospital stays</td>
<td>Increased compensation</td>
</tr>
<tr>
<td>Improvements in quality of life</td>
<td>Improvements to their learning experience</td>
</tr>
</tbody>
</table>
Increasing Demand with Increasing Population

Projected Growth of Older Population in Washington as a Percent of the 2012 Population

Source: Washington State Department of Social and Health Services, Research and Data Analysis Division
The typical personal care or community residential client has **5 chronic conditions** diagnosed in the past year.

The typical nursing facility client aged 65+ has **6.2 chronic conditions** diagnosed in the past year.

The typical nursing facility client under the age of 65 has **7.1 chronic conditions** diagnosed in the past year.

The typical LTSS client receives **7-8 “therapy classes” of medication** over the prior 12 months.
Medicare Costs for Dual Elders

**Low Risk**
PRISM Score < 1.5

*Other Medicare Costs*
74%
18%
8%

**High Risk**
PRISM Score ≥ 1.5

*Other Medicare Costs*
43%

*Inpatient Hospital Costs*
40%

*Skilled Nursing Facility Costs*
17%

$334 TOTAL

$2,023 TOTAL

43%
40%
17%
74%
18%
8%
Percentage of Dual Eligible Aged or Disabled consumers* who were HIGH MEDICAL RISK who also...

- 6% received Division of Developmental Disabilities services
- 7% had an indication of a substance use problem
- 28% had an indication of serious mental illness
- 79% received Long Term Care services and supports

*Consumers with multiple service needs or risk factors are counted in each category.

SOURCE: DSHS Research and Data Analysis Division, Integrated Client Database.
Initial Service Increasingly In-Home Personal Care

Percent of clients who started LTSS services in:

**Nursing Home**
- SFY 2002-2005: 40%
- SFY 2010-2012: 35%
- SFY 2015: 29%

**Community Residential**
- SFY 2002-2005: 18%
- SFY 2010-2012: 19%
- SFY 2015: 18%

**In-Home Personal Care**
- SFY 2002-2005: 42%
- SFY 2010-2012: 46%
- SFY 2015: 53%

Increasing

Decreasing

*SOURCE: DSHS Research and Data Analysis Division, Integrated Client Databases.*
Advanced Home Care Aide Specialist: Design Challenge

- Design a competency-based curriculum for certified In-Home Caregivers to:
  - Reduce potentially preventable utilization for consumers with complex health conditions and improve the consumer’s quality of life and the quality of life of caregivers
  - Introduce person-centered care principles
  - Use human centered design techniques for informing curriculum decisions
  - Create a competency-based curriculum
  - Pilot a flipped classroom model
Reduce Potentially Preventable Utilization

- Potentially Preventable Hospitalization
  - Admission to a hospital for acute illnesses (e.g., dehydration) or worsening chronic conditions (e.g., diabetes) that might not have required hospitalization had the condition been managed successfully by primary care providers in outpatient settings (Moy, Chang, & Barrett, 2013)
  - Dual eligible patients ages 65-74 are 2 to 4 times more likely to experience preventable hospitalization
  - Cost = $30.8 billion/year (Jiang, Russo, & Barrett, 2009)

- Potentially Preventable Emergency Department Visit
  - An emergency department visit for a health condition that could have been treated or managed in a non-emergency setting or by keeping an individual healthier (Agency for Healthcare Research and Quality, 2016)
  - Cost = $4.4 billion/year (Weinick & Burns, 2019)
Significant Opportunity to Reduce Avoidable Costs

Outpatient Emergency Room and Emergency Room related inpatient utilization among non dual Medicaid Disabled clients

Outpatient Emergency Room Visits

- Low Medical Risk: 94 per 1,000 member months
- High Medical Risk*: 253 per 1,000 member months

ER-Related Inpatient Medical Admissions

- Low Medical Risk: 5 per 1,000 member months
- High Medical Risk*: 57 per 1,000 member months

*High medical risk is defined by a medical risk score of 1.5 or above using Integrated Client Database risk indicators.

SOURCE: DSHS Research and Data Analysis Division, Integrated Client Database.
Improve Quality of Life

- Health-related quality of life (HRQOL) encompasses all aspects of life, both physical and mental, that can be shown to affect health
  - On an individual level, this includes physical and mental health perceptions (e.g., energy, mood), including health risks and conditions, functional status, social support, and socioeconomic status (Centers for Disease Control and Prevention, 2019).
- Quality of life embodies overall well-being and happiness
- Consumers with a higher quality of life are better able to cope with their illnesses and to improve their health
- Consumers feel healthier, more energetic, satisfied, and more engaged with their lives
- Increased quality of life and job satisfaction for workers who are better prepared to provide complex care that has a lasting impact on consumers
Introduce Person-Centered Care

- **AHCAS curriculum introduces the four principles of person-centered care:**
  - Treat consumers with dignity, compassion, and respect
  - Provide coordinated care, support, and treatment
  - Offer personalized care, support, and treatment
  - Enable consumers to recognize and develop their unique strengths and abilities

- **Person-centered care offers many benefits to consumers:**
  - Increased quality of life
  - Decreased symptom burden
  - Increased adoption of positive health behaviors
  - Greater independence
  - Increased satisfaction with their care
  - Improved health outcomes
Human-Centered Design Approach

Utilizing human-centered design approaches for competency development that partners service design methods/tools, Lean Startup principles, in-depth literature review, and partnership with State of WA for subject matter expertise.

**Target:**
Develop competencies on time-at pace while ensuring match with skills required in the real world.

**Guiding Principles:**
- Address real-world needs
- Relevant, meaningful, and useful to HCAs
- Can be applied to complex caregiving situations
- Connect to measurable outcomes
- Skills developed are lifelong - beyond graduation, remaining valuable throughout an HCA’s career
Competency-Based Curriculum

- Focus on skills needed for behavior change in HCAs to equip them to improve the lives of consumers in their care. AHCAS covers the following skills:
  - Person-Centered Care
  - Medication Management
  - De-Escalation
  - Motivational Interviewing
  - Advanced Problem Solving
  - Monitoring, Observing, and Reporting
  - Organizing Care Activities
  - Health Literacy and Client Engagement
Learner-Centered Assessment Strategy

- **Assessments provide value for learners and stakeholders**
  - Individual assessment results allow learners and facilitators to measure skill acquisition
  - Tests on the most important skills and knowledge for our learners
  - Uses the most appropriate valid, reliable, and bias-free test methodology that follows the competency-based curriculum

- **Tests on knowledge and skills demonstration**
  - Knowledge tests offered online to learners who use a Chromebook provided by the Benefits Group
  - Chromebooks are then used by learners to videotape skills demonstrations that are reviewed by a remote proctor who can provide minute-by-minute feedback on the demonstration
Self-Paced Learning Model

- Self-paced learning is an approach in which direct instruction moves from the group learning space to the individual learning space, and the group space is then transformed into a dynamic and interactive learning lab where an instructor facilitates the application of concepts and practice of skill.
  - Knowledge content is taken online prior to entering the classroom
  - Courses are learner-centered rather than instructor-centered
  - Students learn at their own pace

- Benefits of this classroom model:
  - Helps learners of all abilities to excel
  - Increases interaction between all members of the classroom
  - Allows for increased collaboration among learners
  - Empowers learners to participate and be visible
What Do Learners Think?

“... together we are getting [the] consumer involved in her own care – mind, body, and soul ... she picks things that are important to her and I help her achieve those things ... I helped her set up a gardening table on her patio today and she has plans to plant flowers ...”
[ Independent Provider]

“I made an emotional trigger map with my son and yesterday he used words to describe how he felt instead of communicating with behaviors!”
[ Parent Provider]

“...allowing my mother to have more say in the things that we do has changed our relationship. She has dementia and I thought I had to tell her what to do – turns out, I was wrong!”
[ Family Provider]

99% of recent AHCAS graduates report being satisfied with their learning experience!
What Do Consumers Think?

“My caregiver’s mannerisms are changed. He lets me help more, and is more patient.”

“My caregiver’s critical thinking skills have improved, and she seems to now come up with more ideas about how to solve problems.”

“My caregiver has become more flexible and is communicating with me better.”
Activity: One Page Profile

- A one-page profile is created by an HCA through interviewing the consumer (or consumer’s family members if consumer is non-verbal).
- It provides a way for the HCA to get to know the consumer from their own perspective and in their own words:
  - What people like and admire about the consumer
  - What is most important to the consumer
  - How to best support this person
- Find a partner!
- Use the template provided when you came into the room and interview your partner - then switch sides!
- Reflect on what you each learned about the other.
Questions/Discussion
Contact Information for Presenters

Bea Rector / Director, Home and Community Services Division
Aging and Long Term Support Administration
Washington State Department of Social and Health Services
(O) 360-725-2272 / bea.rector@dshs.wa.gov

Seth Hemond / Managing Director, Training Partnership
SEIU 775 Benefits Group
(c) 253-249-6306 / seth.hemond@myseiubenefits.org

Caitlin Martin / Manager, Home Care Workforce Practice Transformation
SEIU 775 Benefits Group
(c) 510-461-2782
References


