

How can we address the direct care workforce crisis? Comparative effectiveness research can help us decide what to do.

HCSB Conference August 2023

Presenters

- Kevin Coughlin, Wisconsin Division of Medicaid Services
- Bill Kennard, Arizona Healthcare Cost Containment System, Office of Health Care Workforce Development
- Diana Caldwell, The Lewin Group

Moderator - Carrie Blakeway Amero, AARP

Session Objectives

- Learn about how two states, Wisconsin and Arizona have approached LTSS workforce development
 - How they measured the scope of the problem
 - How they developed plans
 - Learnings to date
- Learn about and discuss the findings of a report on the Comparative Effectiveness of LTSS Workforce Improvement Strategies
 - How strong is the body of evidence supporting the effectiveness of interventions
 - If a state or employer can only do one or two things to start, what should they consider?



WisCaregiver Careers

A professional workforce advancement program.



WISCONSIN DEPARTMENT
of HEALTH SERVICES



UNIVERSITY *of* WISCONSIN
GREEN BAY

Background

Direct Care Workforce Crisis

1 in 4 direct caregiver positions are vacant

20,000 additional home care workers needed by 2024

>50% Wisconsin's annual caregiver turnover



Wisconsin's Multifaceted Approach



- Improve caregiver competencies
- Create a pathway for advancement
- Increase the number of direct care workers
- Improve sustainability of the workforce

State of the Workforce Surveys (SoTW)

To see the
complete report,
click [here](#)



Data at a Glance

Wages

- \$13.53 overall average wage
- NCI-IDD average \$14.41

Health Insurance

- 39.9% of agencies offer
- NCI-IDD average 59.9%

Paid Time Off

- 62.3% provide some
- NCI-IDD average 73.7%

Turnover Ratio

- 49.9%
- NCI-IDD average 43.3%

Vacancy Rate

- 15.7% full-time and 16.8% part-time
- NCI-IDD average 16.5% and 20.3%



“What tools do you need to strengthen to build your DCW workforce?”

- 1 Standardized Training for DCWs
- 2 Recruitment tools/resources
- 3 Retention tools/resources
- 4 Support for DCW workforce such as transportation, childcare
- 5 More funding to offer higher wages/benefits

Direct Care Professional Certification - Curriculum

- Online self-paced - FREE
- Estimated 30 total hours
- 14 [competencies](#)



UNIVERSITY of WISCONSIN
GREEN BAY



Badging and Micro-Credentialing

- Micro-credential = mini-certification
 - Digital, short, and relatively low-cost
 - Demonstrate proficiency in a particular skill
- Digital badges = visual representation of a micro-credential
 - Share on social media, add to email signatures, display on resumes, and add to digital badge wallets

WisCaregiver Connections - Workforce IT Platform

- One stop workforce portal
 - Job postings
 - Auto-match employers with job seekers
 - Candidate profiles
 - Credentialing details
 - Training opportunities
 - Employer and other key stakeholder resources
 - Educator and student resources
 - Resource library, and more.

Caregiver Recruitment - Incentives

- Free Training – 1st year goal of 10,000 Certified Direct Care Professionals
- Bonuses - sign-on and stay-on bonus (\$250) and retention bonus (\$250)



Caregiver Recruitment – Marketing Campaign

- Branding WisCaregiver Careers
 - Dedicated website
 - Social Media
 - Videos
 - Print ads
 - Radio
 - Listserv
 - And more

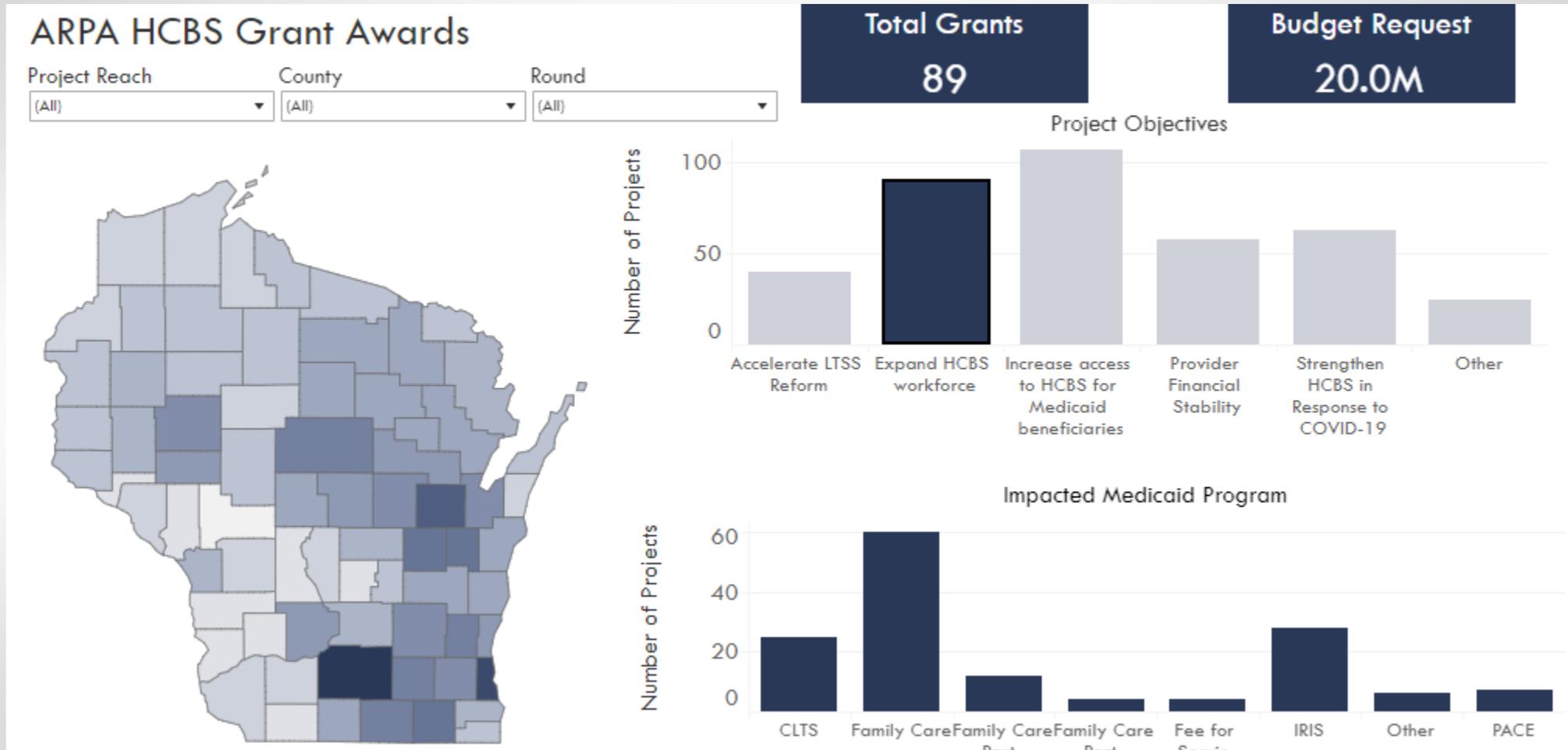


Ladders and Lattices

- Wisconsin DQA – Approved CNA training, Crosswalks to Assisted Living, Personal Care.
- [Wisconsin HOSA](#)
- [Regional Career Pathways](#)
- [Youth Apprenticeship](#)



ARPA HCBS Innovation Grants



Capri Communities “4 for 5”

<https://vimeo.com/839762464/5d81e989bc>

Workforce Sustainability

- With the help of MFP & ARPA we front loaded all our development and implementation costs
- We'll be data rich and will be able to tell our story.
- Bi-annual budget requests
- CMS waiver renewal



- Soft launch – week of July 10, 2023
- Hard launch - week of July 17, 2023



National Recognition

- [PHI - Will Wisconsin's Direct Care Program Change the Field?](#)
- [Badger State aims to recruit 10,000 home care workers with on-line training program](#)
- [Real Problems, Real Solutions to the Long-Term Care Crisis](#)
- [As Worker Shortages Loom, Some States Move to Train Paid Caregivers](#)
- [Free program offers streamlined path to direct care professional certification](#)



Caregiver Recruitment Video and Awareness Video



<https://vimeo.com/user8859005/review/750949211/1dfea1d7b6>



Robert Espinoza
Executive Vice President of Policy
PHI

<https://vimeo.com/user8859005/review/840783356/586a97d959>

Resources

- DHS Website: <https://www.dhs.wisconsin.gov/arpa/hcbs-directcareworkforce.htm>
- Student recruitment website: <https://www.wiscaregivercdcp.com/>
- Video: Rewards of a career in health care:
<https://www.wiscaregivercdcp.com/rewards-of-a-career-in-healthcare/>
- Video: Introducing WisCaregiver CDCP
<https://www.wiscaregivercdcp.com/introducing-wiscaregiver-cdcp/>
- Grants: <https://www.dhs.wisconsin.gov/arpa/hcbs-grantsopportunities.htm>
- Program fact sheet: [English](#)(PDF) | [Hmong](#)(PDF) | [Spanish](#)(PDF)



Kevin Coughlin, DHS

Policy Initiatives Advisor - Executive
Department of Health Services
Division of Medicaid Services

Kevin.Coughlin@dhs.wisconsin.gov





Arizona Approach to Workforce Development & Current Workforce Development Initiatives

Bill Kennard

Administrator, Office of Health Care Workforce Development



AHCCCS At A Glance



Largest insurer in AZ, covering over 2.3 million individuals and families...



...more than 50% of all births in AZ...



...and 60% of nursing facility days.



AHCCCS uses federal, state and county funds to provide health care coverage to the state's Medicaid population.



More than 115,000 health care providers are registered with AHCCCS.



Payments are made to 12 contracted health plans that are responsible for the delivery of care to members.

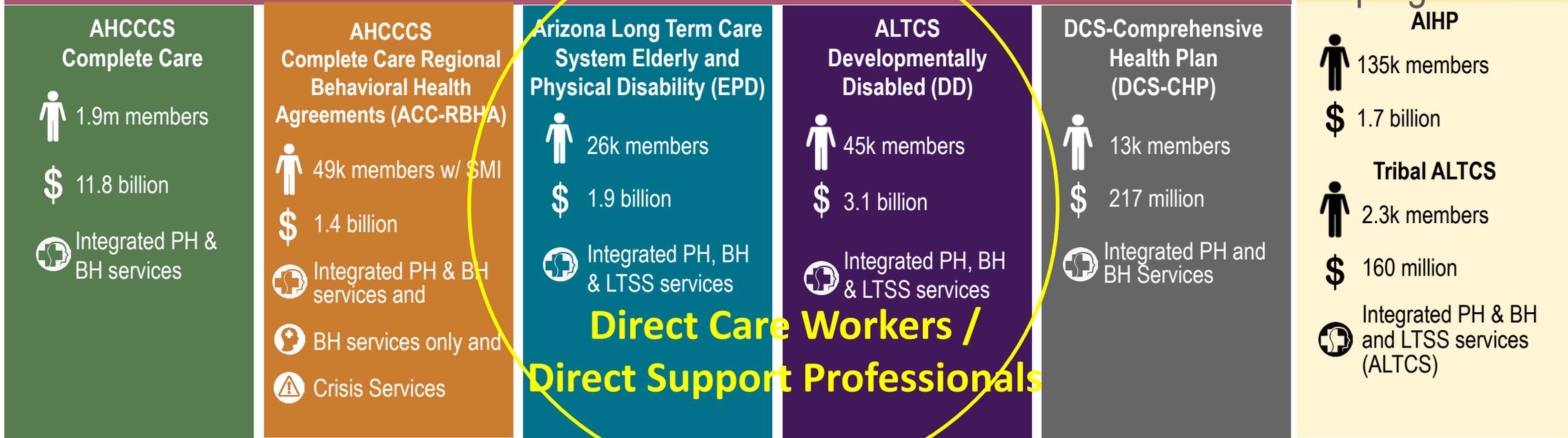
AHCCCS System Overview



90% Managed Care Organizations (MCO)
(as of October 1, 2022)

12 contracts with 9 unique MCOs

10% Fee For Service
2 primary programs



**Direct Care Workers /
Direct Support Professionals**

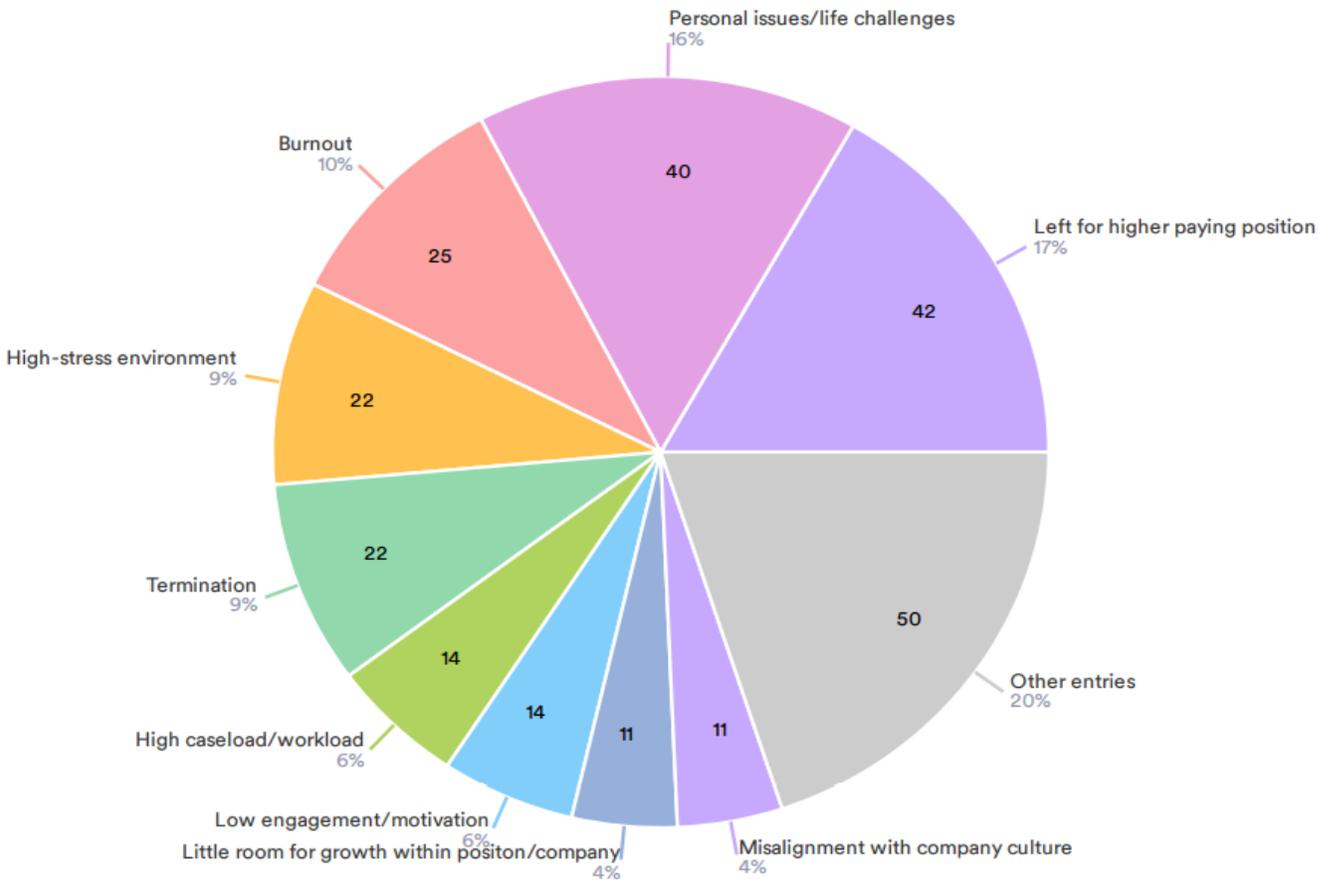
Direct Care Worker - Workforce Challenges

- Help Wanted
 - Need 190,000 more DCWs by 2028
 - Hardest workforce segment to recruit
- Career Development
 - 59% of DCWs say they do not have opportunities for advancement
- DCW Training (Required, Provided by approved training agencies – ACOM 429)
 - 12-year-old Competencies, Testing and Curriculum
 - 61% of DCWs cite the lack of post hire in-service training as reason for leaving
- Supervision
 - 32% couldn't describe supervisor's role or didn't know their supervisor

Reasons For Leaving The Workforce

Organizations with Low Retention Rates <60% - 2years

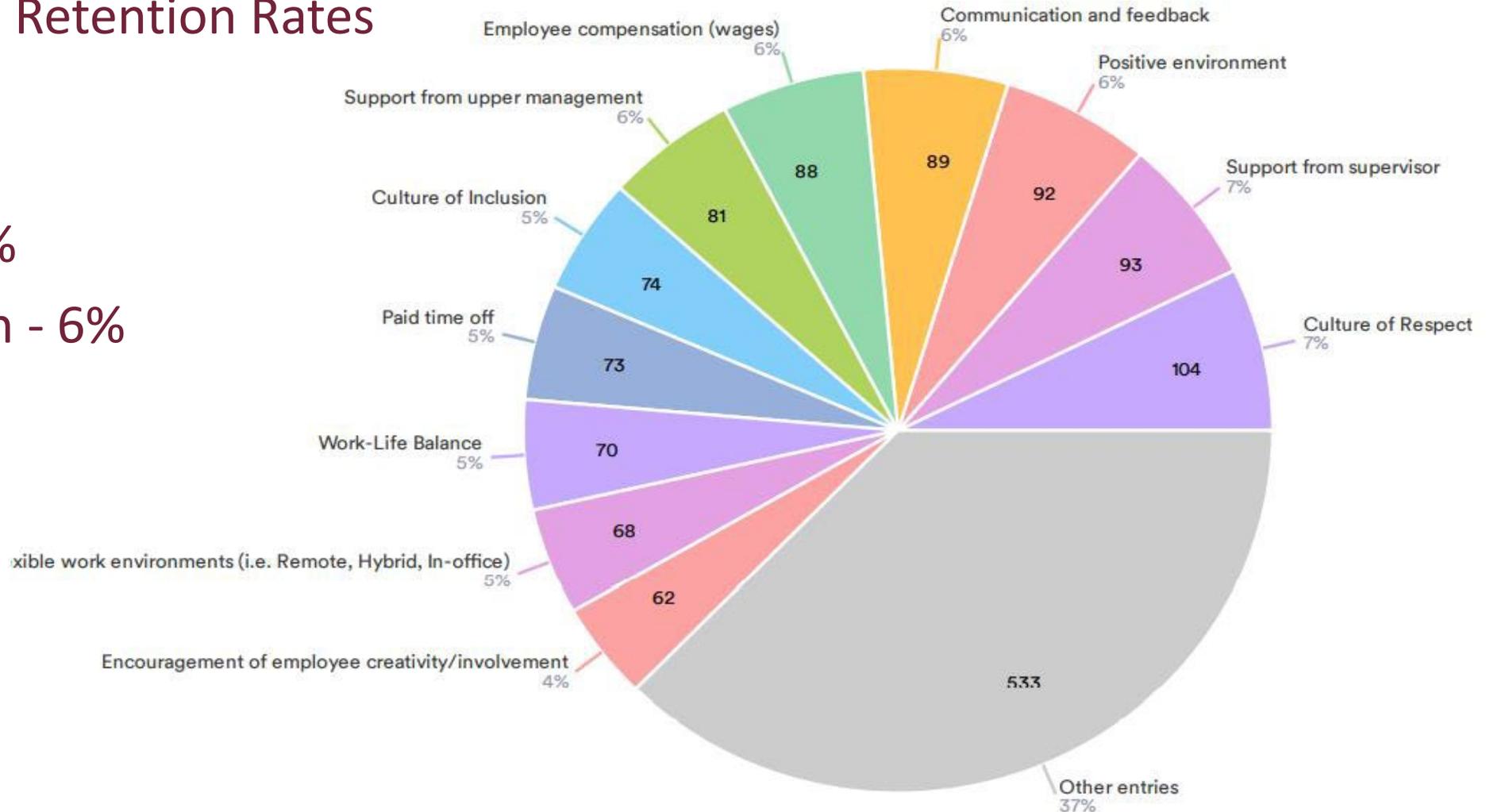
- Higher Pay – 17%
- Personal Issues – 16%
- Burnout - 10%
- Other – 20%



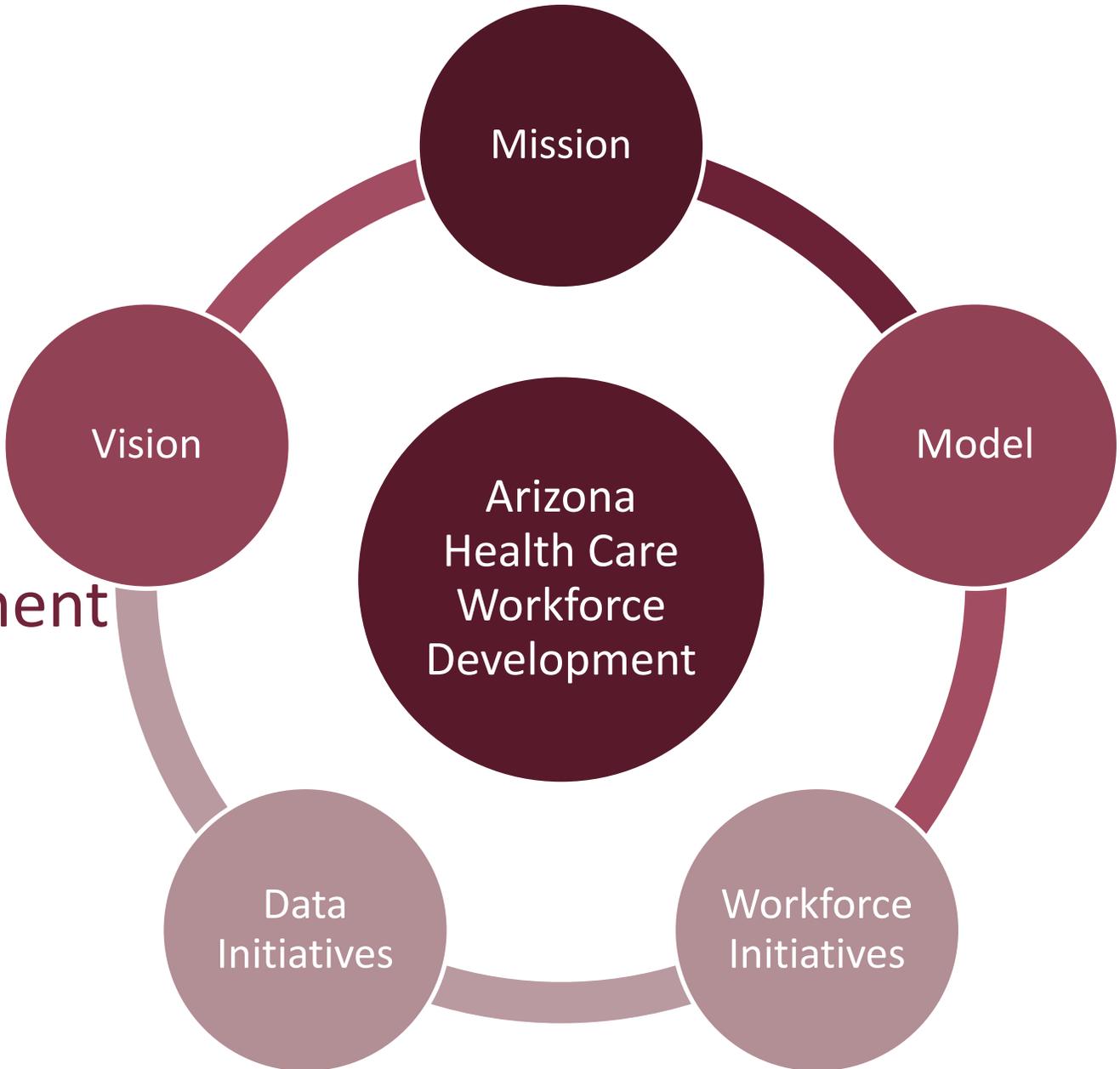
Reasons For Staying In The Workforce

Organizations with Retention Rates
61% > 2years

- Culture – 7%
- Supervisor – 7%
- Communication - 6%
- Wages – 6%
- Other – 37%



Approach to Workforce
Development
&
Current Workforce Development
Initiatives





Mission

- AHCCCS

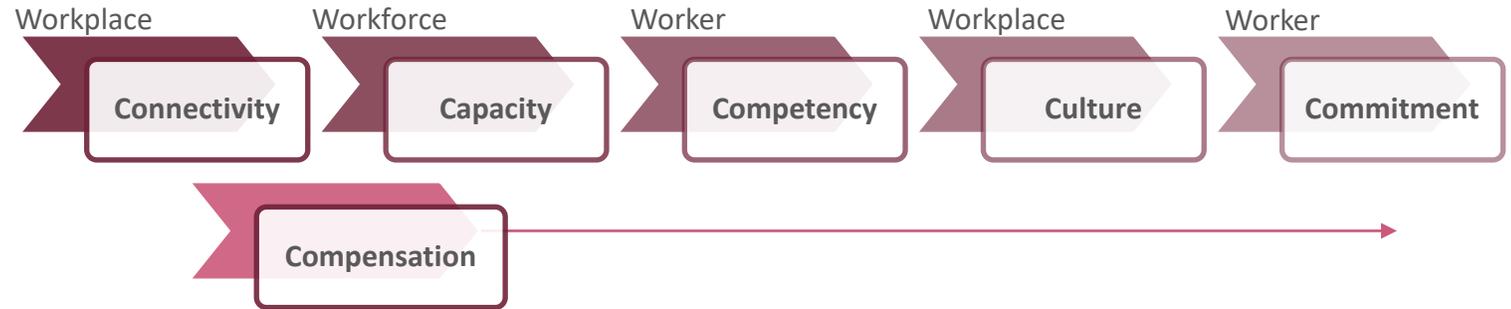
“Reaching across Arizona to provide comprehensive quality health care to those in need.”

- Workforce Development

*Ensure the Provider Workforce has the **capacity**, **competency** and **commitment** to reach across Arizona to provide comprehensive quality health care to those in need.*

Model

- Philosophical The 5Cs ... or maybe it's 6 Cs



- Policy
 - ACOM 407 – Describes workforce development (WFD) requirements for MCOs
- Organizational
 - All MCOs have a WFD Administrator & Operation
 - WFD integrated with Networks, Quality etc. depts.
 - WFD Administrators work as [Alliances](#) & [Coalitions](#)
 - Annual Workforce Development Plan



Workforce Initiatives

- Incentives
 - Majority of ARP \$ payments and grants to providers
- Career Development (<https://pipelineaz.com/hubs/healthcare>)
 - [AZ Health Care Careers](#)
- Education
 - [Partnership with AZ's Community Colleges](#)
- Training
 - Part of the community college partnership
 - Job/Service specific approach
 - Initial In-Service Training Program
 - Ongoing In-Service Training Program
 - Behavioral Health & Long-Term Care



Data Initiatives

Workforce Database & Decision Support System

- Demographically describe each workforce
- Assess workforce capacity relative to demands for service
- Determine how workforce recruitment selection, training and competency contributes to service quality
- Determine the impact that implementation of Provider Workforce Plans has on workforce demographics, capacity and capability
- Forecast how changes in AZ's health care delivery model influences the current workforce and workforce development practices and priorities.

Evaluating Workforce Development Initiatives

- Model for determining the ROI of WFD practices are having on network sufficiency, quality of care, diversity & inclusion etc.



Vision

- Continue Growing AZ's WFD Team
 - Professional Development for WFD Professionals
 - Partnership with Association for Talent Development (ATD)
 - Facilitator Training for Provider Trainers
 - Talent Management for Provider HR Professionals
 - WFD Best Practice Briefings for Provider Executives
 - Specialized Training for MCO WFD Professionals
- Expand Collaboration with AZ's Communities
 - Grow our High School Based Direct Care Worker Training
 - Create Regional Relationships Between Providers and Local Community College Districts
 - Establish Relationships with Community Economic/WFD Authorities
- Become Data Driven WFD Operations

Thank You.

On behalf of AHCCCS
and the

Coalition of Health Plan Workforce Development Administrators



Comparative Effectiveness of LTSS Workforce Improvement Strategies

Diana Caldwell

Managing Director, The Lewin Group

HCBS Conference



Purpose and Focus

- Examine the comparative effectiveness and cost-effectiveness, where applicable, of select long-term services and support (LTSS) workforce improvement strategies
- Assess evidence that supports development of strategies, identifies areas for further research, and develops policy recommendations



Outcomes

- **Primary focus:** Retention and turnover
- **Secondary focus:** Intent to leave, organizational commitment, job satisfaction



Settings

- **Primary focus:** Assisted living, nursing facilities, adult day, in-home care (including self-directed models)
- **Secondary focus:** Residential care intermediate care facilities, state hospitals, and other hospitals



Populations

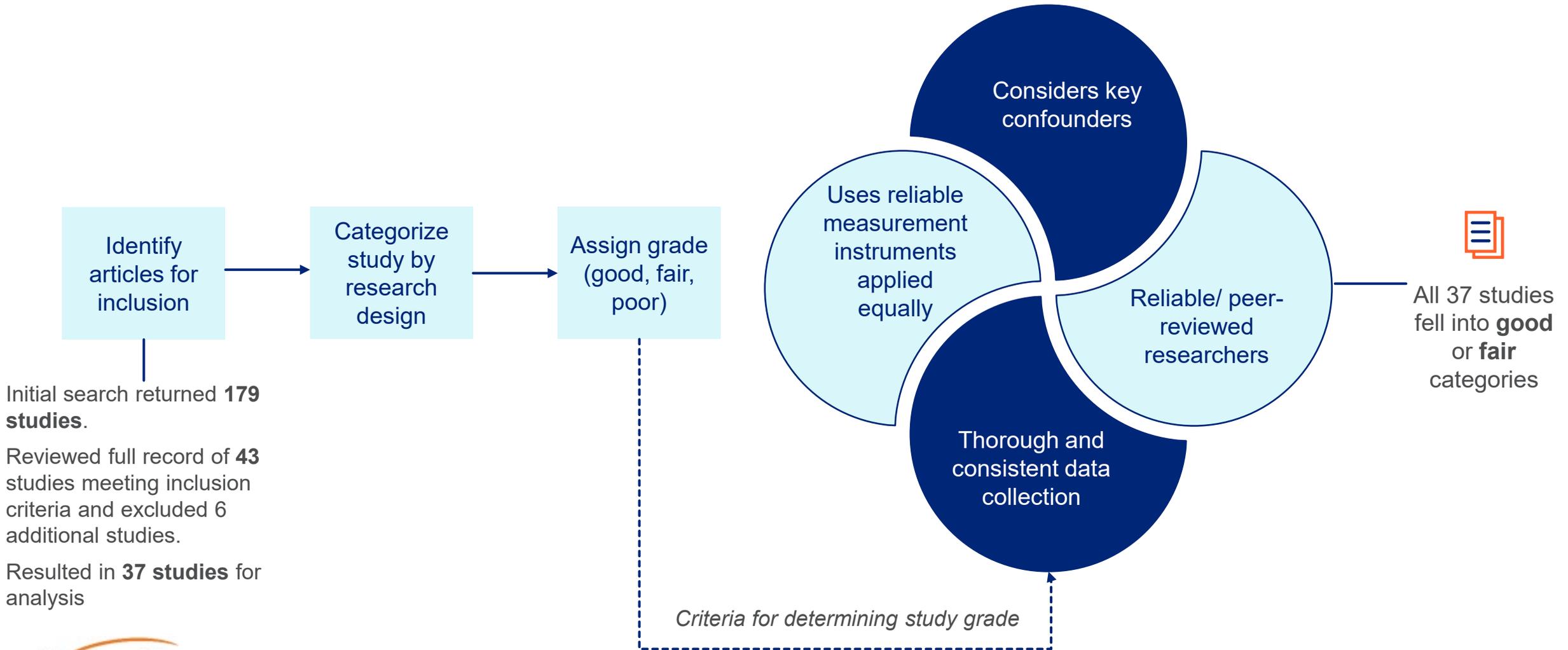
- Direct care workers supporting individuals age 50+ including, but not limited to:
 - Historically underserved, populations of color
 - Urban and rural
 - All payers, with particular focus on Medicare and Medicaid
 - Paid family caregivers (self-directed model)

Evaluation Strategy

Modeled on the U.S. Preventative Services Task Force (USPSTF) Procedure for Evidence Review Development

- 1 Assess the rigor of individual studies
- 2 Conduct the data abstraction
- 3 Group and analyze by workforce strategy or assessment of evidence for developing strategies
- 4 Assess the rigor of each body of evidence

Assess the Rigor of Individual Studies



Conduct Data Abstraction



Extracted these data elements from the 37 studies in analysis

- ✓ Study design
- ✓ Study period
- ✓ Inclusion/exclusion criteria
- ✓ Population characteristics
- ✓ Recruitment setting and approach
- ✓ Number of participants
- ✓ Details of workforce strategy
- ✓ Intervention setting
- ✓ Study results (focus: retention)
- ✓ Study quality/threats to validity

Group and Analyze by Workforce Improvement Strategy

<p>Benefits</p>	<p>Injuries and Discrimination</p>	<p>Organizational Factors</p>	<p>Staff Empowerment</p>	<p>Staff Relationship/ Teamwork</p>
<p>Examples: health insurance, pension, paid time off, referral bonus</p>	<p>Examples: racial or ethnic discrimination, physical injury, negative interactions</p>	<p>Examples: hours, workload, management structure, facility type, vacancy rates</p>	<p>Examples: perceived empowerment, feeling respected, decision-making authority</p>	<p>Examples: peer mentoring, communication, coworker support</p>
<p>Supervisor Support</p>	<p>Training Interventions</p>	<p>Wages</p>	<p>Worker Characteristics</p>	<p>Worker Perceptions/ Job Satisfaction</p>
<p>Examples: supervisor communication, number of direct reports by supervisor</p>	<p>Examples: competency-based training, self-care, quality of training</p>	<p>Examples: hourly wages, pay satisfaction</p>	<p>Examples: age, gender, health, education, race/ethnicity, rural/urban, citizenship</p>	<p>Examples: sense of autonomy, feeling valued, burnout</p>

Assess the Rigor of each Body of Evidence



Consistency

Proportion of results consistent (e.g., pointing to similar conclusion)



Directness

Proportion of results focused on direct outcomes of interest



Precision

Proportion of results with statistically significant findings



Applicability

Proportion of results focused on populations/settings of interest



Overall Body of Evidence

Rating Scale for Overall Rigor Grade of Each Body of Evidence



High: Further research very unlikely to change confidence in the estimate of effect; studies highly applicable to focus population/settings

Moderate: Further research likely to change confidence in the estimate of effect and may change the estimate; studies generally applicable to population and settings of interest

Low: Further research very likely to change confidence in estimate of effect and estimate; generally not applicable to focus population/settings

Very Low: Any estimate of effect very uncertain; studies highly specific to a unique population or setting and not likely applicable to population and settings of interest

Workforce Improvement Strategy by Rigor Grade

Workforce Improvement Strategy	Rigor Grade	Number of Studies	Number of Observations
Staff Relationships/Teamwork	High	3	1,620
Supervisor Support	High	7	11,970
Benefits	Moderate	8	287,273
Injuries and Discrimination	Moderate	3	7,375
Organizational Factors	Moderate	13	23,683
Staff Empowerment	Moderate	3	4,342
Training Interventions	Moderate	7	4,771
Wages	Moderate	10	289,325
Worker Perceptions/Job Satisfaction	Moderate	7	9,786
Worker Characteristics	Very Low	9	38,946

Discussion

- **All bodies of evidence except workforce characteristics suggest promising results that demonstrate at least some positive effect on retention**
- **The bodies of evidence for staff relationships/teamwork and supervisor support received the highest rigor grades**
 - The small number of studies and observations for staff relationships/teamwork warrant further research
 - This analysis supports investment in supervisor support, widely recognized as a need for the workforce, to promote retention
- **The bodies of evidence for wages and benefits offer the greatest number of studies and observations**
 - Most studies on wages were observational and few manipulated wages to evaluate the impact of increases
 - Further studies may focus on ways to target interventions (e.g., identifying a minimum threshold for wage increases to demonstrate positive impact, combining factors to produce a more concentrated effect)

Considerations

Organizations may choose interventions from these bodies of evidence for implementation in consideration of their available resources and context (e.g., ability to modify organization-level practices, flexibility in training requirements)

Stakeholders may wish to consider developing practical guidance based on a body of evidence or a combination of bodies (e.g., the body of evidence on organizational factors may lead to guidance on workload and management structure)

The findings present opportunities to advocate for provider education and training with learnings from injuries, discrimination, and supervisor support; for policy or regulation changes based on benefits and wages; and for consistent, national data collection of the direct workforce to better understand demographics and the overall worker experience

Discussion

Presenters

- What did you find most interesting or surprising? Why?
- What finding resonated most with your experience in your state? In what way(s)?
- These findings confirmed that states probably need to use a combination of levers to effect workforce improvements. Do you have examples of how you've leveraged multiple workforce interventions in your state?
- What challenges do state agencies face in identifying and selecting workforce interventions? What data or research are needed to support decision making on workforce interventions?
- For which workforce interventions do you find it is most critical to have more research or a strong evidence base (e.g., wages, training, supervision)?