

## Research & Policy Issue Spotlight:

# Homecare Workforce and Caregiver Support

July 18, 2022

### VNS Health Overview

For more than 128 years, VNS Health has served as one of the largest not-for-profit home and community-based health care organizations in the U.S. VNS Health provides high-quality, culturally competent integrated care that meets the complex clinical and social needs of vulnerable individuals, helping them to remain safely and independently in their homes and communities.

VNS Health programs and services include skilled home health care, home health aide staffing, hospice and palliative care, population health management, community mental health, and several community programs. VNS Health's health plan affiliate specializes in Medicaid managed long-term care, integrated plans for dually eligible individuals who require long-term services and supports, Medicare Advantage, and special needs plans for Medicaid enrollees living with or at risk of HIV/AIDS.

VNS Health is also home to the independent Center for Home Care Policy & Research (CHCPR), which advances the national knowledge base underpinning Home and Community-Based Services (HCBS) by conducting objective and scientifically rigorous research and supporting informed decision-making by providers, policymakers, and consumers. CHCPR focuses on improving HCBS quality, cost-effectiveness, equity, and outcomes and analyzes public policies that affect home-based care.[1]

### Existing Efforts to Strengthen the Homecare Workforce and Family Caregivers

The importance of building a functioning caregiving workforce has been increasingly in the national and New York State (NYS) spotlight, particularly with an increasing aging population that has grown by 34.2% in the last decade.[2] The caregiving workforce consists of both paid professional caregivers and informal family caregivers defined as friends or family who, motivated by their personal relationship to the patient, provide care in the home. NYS has made efforts to address this through a \$245 million commitment starting in 2018 for a managed long-term care (MLTC) Workforce Investment Program (WIP) to help retrain, recruit, and retain the long-term care workforce, with a focus on providing care in non-institutional settings.[3]

More recently, the federal American Rescue Plan Act of 2021 allocated \$12.7 billion nationally for home- and community-based services workforce support over two years.[4] A portion of this funding, totaling about \$354 million, has been passed as directed payments to certain Licensed Home Care Services Agencies (LHCSA) in NYS to invest in recruitment, training, and workforce development efforts. The 2017 update to the Medicare Home Health Conditions of Participation also requires agencies to offer family caregiver training and support as needed to implement a patient's plan of care, but provides no clear enforcement or monitoring mechanisms.[5]

While these initiatives signal a growing acknowledgment of the essential roles of home care workers in supporting the health, well-being, and functional needs of long-term care clients nationwide, permanent and sustainable investments are needed to strengthen the home care workforce and family caregivers.

## VNS Health's Commitment to Support the Homecare Workforce & Family Caregivers

VNS Health advances policies designed to build a home care sector that can fully recruit, retain, and deploy a workforce capable of helping older people and people with disabilities live safely in their homes. This includes multi-stakeholder workforce training collaboration through the WIP to build career ladders for home care workers, as well as advocacy for sustainable public funding to increase home care worker wages.

### Research Findings

To strengthen the home care workforce and family caregivers to support care in the home, it is important to have a robust research knowledge base to inform program development and policymaking. CHCPR conducts extensive research and analysis on support for the workforce and caregivers in home health and hospice services. Recent findings include:

#### Homecare Workforce Training & Development

*Comprehensive Training and Support Improves Home Care Workforce Retention.* An innovative entry-level workforce program including train-the-trainer workshops, home health aide (HHA) training sessions, and agency instructor support showed potential for improved 3-, 6-, and 12-month retention.[6]

*Workforce Training Interventions Improve Quality.* Workforce training was found to have large estimated positive impacts on rates of flu vaccination, uncontrolled pain experiences, pain intensity, and other New York State Medicaid managed long term care (MLTC) quality measures, particularly among frail care recipients with higher-level service needs. The study found positive appraisals of the training by HHAs who completed the training, as well by MLTCs and LHCSAs involved in training development and implementation. [7,8]

#### Family Caregiver Support

*Identified Needs for Training and Support in the Post-Acute Home Health Care Setting.*

Caregivers' need for training accounted for over 75% of unmet caregiving need in one study on sepsis survivors.[9] While caregiver training is currently integrated into clinician workflows in home health care and helps determine visit intensity and discharge timing, clinicians cite a lack of structured assessment instruments and training materials as an unmet need.[10]

Recommended improvements in family-focused training and support included the need for actionable and accurate hospital discharge information, continuity of care across clinical settings, empathy in communication, and access to resources such as additional visits and social work consultation.[11,12] Overall, identification of a backup caregiver, dedicated support of their role, and strategies for caring for themselves were important for them to achieve discharge readiness.[11]

*Trust between Family Caregivers and Home Care Providers Needed.* Trust in nurses, HHAs, and other home care providers is an important factor in family caregivers' satisfaction with care delivery. Family caregivers were found to place their trust more in providers who showed competencies in caring for patients with chronic conditions and functional difficulties; willingness to keep open communication with room for questions and feedback; ability to be present and alert for patients; and commitment to holistic care.[13]

## Policy Implications

Given these research findings, policymakers should consider how to support the home care workforce and family caregivers to alleviate workforce shortages and increase access to HCBS, particularly given the need exacerbated by the COVID-19 pandemic.

### Update reimbursement structure and payment models.

Considering the worsening home care workforce shortage, a higher base wage is crucial to workforce retention and ensuring home care workers are fairly compensated for their essential service to patients and the overall health care system. States should fund contracts that achieve salary parity between contracted workers and State-employed workers. Quality-based payment incentives, salary payment, and guaranteed minimum hours should also be considered and implemented into the payment model to keep benefits competitive.

Medicaid reimbursement rates must support these competitive wages and recognize the LTC sector demands. Sustainable minimum reimbursement rates based on actual provider costs should include higher worker wages and related labor costs like overtime, benefits, and payroll taxes, as well as standard operational costs and workforce investments.

### Pilot new training, delivery, and career pathway opportunities for the direct care workforce.

This would support initiatives that include congregate or cluster care, skills training in social determinants of health and value-based care, peer mentoring and coaching, and care team integration including training to foster trust among family caregivers. Career pathway opportunities would include career mobility programs, as well as the development of statewide career advancement pathways for direct care workers with career lattices (with corresponding increased wages). Funds should also be made available to expand education for nursing staff who are new to the field of home care, particularly in areas with an uneven distribution of nursing personnel and underserved areas.

### Invest in technology and alignment between HCBS and the broader healthcare system.

Direct care workers in the home, including home health aides, can help monitor chronic conditions, overall health, and flag any needed interventions before conditions escalate and require a higher, more costly level of care. Lack of continuity of care and integration into the care team remain barriers. Digital health technologies and personal data devices (e.g., phone, tablet, laptop) can help integrate direct care workers into their patients' care teams.

### Integrate workforce-level quality metrics and client health indicators into value-based care models.

Given the essential services direct care workers provide, workforce-level quality metrics and client health indicators more sensitive to the day-to-day support offered by this workforce should be incentivized and integrated into value-based health care payment models. The resulting increase in value metrics could support higher compensation for direct care workers, therefore aiding in workforce retention.

### Train and support family caregivers in post-acute home settings.

To support family caregiver training in home health care settings, there is a need for updated reimbursement structures supporting greater visit flexibility, improved discharge communication, and structured communication aids to facilitate caregiver engagement and assessment.

## Sources

- [1] Center for Home Care Policy & Research. Visiting Nurse Service of New York. (2021, September 23). Retrieved October 8, 2021, from <https://www.vnsny.org/for-healthcare-professionals/vnsny-research-center/>.
- [2] United States Census Bureau. (2020, June 25). 65 and Older Population Grows Rapidly as Baby Boomers Age [Press release]. <https://www.census.gov/newsroom/press-releases/2020/65-older-population-grows.html>
- [3] Managed Long Term Care Workforce Investment Program. (n.d.). New York State Department of Health. Retrieved May 6, 2022, from [https://www.health.ny.gov/health\\_care/medicaid/redesign/2017/mltc\\_invest.htm](https://www.health.ny.gov/health_care/medicaid/redesign/2017/mltc_invest.htm)
- [4] American Rescue Plan Act of 2021, H.R.1319, 117th Cong. (2021). <https://www.congress.gov/bill/117th-congress/house-bill/1319/text>
- [5] Centers for Medicare & Medicaid Services. (2017). Medicare and Medicaid Program: Conditions of Participation for Home Health Agencies. Federal Register. 82 FR 4504.
- [6] Feldman, P., Ryvicker, M., Evans, L., Barrón, Y. (2019). The homecare aide workforce initiative: implementation and outcomes. *Journal of Applied Gerontology*, 38(2):253-276.
- [7] Fong, M.C., Russell, D., Brickner, C., Gao, O., Vito, S., & McDonald, M. Medicaid long-term care workforce training intervention and value-based payment metrics. *Health Serv Res*, 2022; 1- 11. doi:10.1111/1475-6773.13930; Found here: <https://doi.org/10.1111/1475-6773.13930>
- [8] Russell, D., Fong, M., Gao, O., Lowenstein, D., Haas, M., Wiggins, F., Brickner, C., & Franzosa, E. (2022). Formative Evaluation of a Workforce Investment Organization to Provide Scaled Training for Home Health Aides Serving Managed Long-Term Care Plan Clients in New York State. *Journal of Applied Gerontology: The Official Journal of the Southern Gerontological Society*, 7334648221084182. <https://doi.org/10.1177/07334648221084182>
- [9] Burgdorf, J. G., Chase, J. D., Whitehouse, C., & Bowles, K. H. (2022). Unmet Caregiving Needs Among Sepsis Survivors Receiving Home Health Care: The Need for Caregiver Training. *Journal of applied gerontology : the official journal of the Southern Gerontological Society*, 7334648221104084. Advance online publication. <https://doi.org/10.1177/07334648221104084>
- [10] Burgdorf, J., Arbaje, A., Chase, J., Wolff, J. (2021). Current practices of family caregiver training during home health care: A qualitative study. *Journal of the American Geriatrics Society*, 70:218-227. <https://doi.org/10.1111/jgs.17492>
- [11] Chase, J., Russell, D., Rice, M., Abbott, C., Bowles, K., Mehr, D. (2019). Caregivers' experiences regarding training and support in the post-acute home health-care setting. *Journal of Patient Experience*, 12(4):174-183.
- [12] Burgdorf, J., Arbaje, A., Chase, J., Wolff, J. (2022). Barriers and facilitators to family caregiver training during home health care: A multisite qualitative analysis. *Journal of the American Geriatrics Society*, 2022;1-11. <https://doi.org/10.1111/jgs.17492>
- [13] Russell, D., Burgdorf, J. G., Kramer, C., & Chase, J. D. (2021). Family Caregivers' Conceptions of Trust in Home Health Care Providers. *Research in gerontological nursing*, 14(4), 200-210. <https://doi.org/10.3928/19404921-20210526-01>