

The Long-Term Services and Supports Workforce: It's the People, Stupid!

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Rationale for Focus on LTSS Workforce

- **Quality**
- **Economic Development**
- **Moral Imperative**

Current Status of LTSS Workforce

- **Primary provider is unpaid family member (between 30 and 38 million)**
- **Shortage of competent professional and direct care staff across all settings**
- **Instability of workforce leads to**
 - **Service access problems**
 - **Excessive provider costs**
 - **Extreme workloads, inadequate supervision, poorer quality**
- **Future will probably look worse without serious interventions**

Composition of paid LTSS Workforce

- **Licensed professional staff**
- **Direct care workers**
 - **Certified and uncertified**
 - **Consumer-directed, self-employed home care/personal care workers**

Composition of the Licensed LTSS Workforce

- **Physicians – Medical Directors**
 - **84% PT; 87% are attending physicians**
 - 62% visit once a week or less**
- **Nurse Practitioners**
 - **78,500 - 2,000 are affiliated with nursing homes**
- **Administrators**
 - **22,000 to 25,000 licensed nursing home administrators**
- **Nurses**
 - **RNs primarily DONs and ADONs (2.9 million -260,000 employed in LTSS)**
 - **LPNs overrepresented in LTSS as charge nurses (760,000 -217,000 employed in LTSS)**
- **Social workers**
 - **36,000 to 44,000 employed in LTSS**
- **PT, OT, and ST**

Direct Care Workers

- Provide 70-80 % of all hands-on services
- 1.4 million nurse aides (half work in nursing homes)
- 787,000 home health aides
- 767,000 personal and home care aides
- Consumer-directed workforce (nearly a quarter of homecare/personal care aides in 2006)

Factors Influencing Workforce Recruitment and Retention

- **The local economy**
- **Industry stereotyping**
- **Pay and benefits**
- **Poor working conditions**
- **Inadequate/misplaced investments in education and training**
- **Limited data on supply and demand imbalances**
- **Limited dollars to add new personnel**

Long-Term Trends

- **The emerging “care gap”**
- **Shift from institutional to in-home and community-based settings**
- **More ethnically/racially diverse older adults**
- **Expansion of consumer-directed service systems**
- **Impact of new technologies**
- **Immigration policy**

Goals for Alleviating Crisis

- **Treat LTSS as its own sector (not subset of health care)**
- **Expand supply of personnel entering field**
- **Create more competitive positions through wage and benefit increases/redesign**
- **Improve working conditions/ quality of jobs**

Goals for Alleviating Crisis cont.

- **Make larger/smarter investments in formal and continuing education of the LTC workforce**
- **Develop new models of LTC services organization and delivery**
- **Moderate the demand for LTC personnel**

Needed Research Initiatives

- **Better measures of supply, demand and shortages**
- **Characteristics of the professional LTSS workforce**
- **Studies of work design/performance across all staff and settings**
- **Defining core competencies**

Needed Research Initiatives cont.

- **Impact of baby boomers on LTSS demand**
- **Role of immigration**
- **Relationship between improved working conditions, recruitment and retention and quality outcomes**

Demonstration/Evaluation Opportunities

- **Comprehensive practice interventions**
- **Effects of wage/benefit enhancements**
- **Comprehensive education and training reforms**
- **Organizational and staffing innovations**
- **Bridging LTSS and medical care**
- **Impact of payments to family caregivers**
- **Impact of technology**

Reasons to be Hopeful

- **Increased attention to these issues at Federal and State levels (Executive and Legislative branches)**
- **National initiatives (BJBC National Program, QIO efforts, IOM study, Eldercare Workforce Alliance Healthcare Reform Provisions)**
- **Recognition of workforce issues in culture change efforts**
- **Exploration of workforce indicators in pay for performance**
- **LTSS is a growing field!**