

Retooling Home Health Care for an Aging America

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Overview

- I. IOM Committee on the Future Health Care Workforce for Older Americans Report
- II. Charge to the “Framework” Project and Stakeholders



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I. IOM Workforce Committee Report



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Committee sought to answer the following questions:

- 1) What is the projected future health status and service utilization of older Americans?
- 2) What is the best use of the health care workforce, including, where possible, informal caregivers, to meet the needs of the older population?
- 3) How should the health care workforce be educated and trained to deliver high value care to the elderly?
- 4) How can public programs be improved to support recommendations made by the Committee?



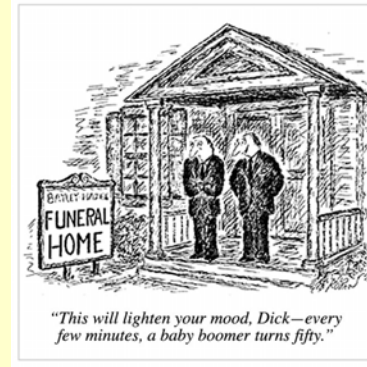
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Why is this important right now?

In the future ...

1. Older Americans will be different from those today.
2. Their numbers will sharply increase.
3. Their need and demand for health services will also increase, based on utilization patterns and higher prevalence of chronic conditions.

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Older Americans are high utilizers of health care.

Currently, older adults comprise 12% of total population but account for:

- 26% of physician office visits
- 35% of all hospital stays
- 34% of all prescriptions
- 38% of emergency medical service responses
- 90% of all nursing home use

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Older Americans have higher prevalence rates of chronic conditions.

	18+ yrs	65-74 yrs	75+ yrs
Hypertension	22.9%	52.9%	53.8%
Heart Disease	10.9%	26.2%	36.6%
Any Cancer	7.1%	17.2%	25.7%
Diabetes	7.7%	18.6%	18.3%

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Today's Health Care Workforce

- There are anticipated shortages in many health care disciplines.
- The existing education and training system does not adequately prepare workers to care for complex older adults.
- By 2030, the U.S. will need an additional 3.5 million formal health care providers just to maintain today's ratio of providers to the total population.

Unless action is immediately taken, the health care workforce will lack the capacity (in both size and ability) to meet the needs of older patients in the future.

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Geriatricians

- Currently, there are only 7,100 geriatricians (one for every 2,500 seniors).
- By 2030, assuming current rates of growth/attrition, this number will only increase to 7,750 (one for every 4,250 seniors) – falling far short of the projected 36,000 geriatricians needed.
- Geriatrics is not an attractive specialty to new entrants.

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Registered Nurses

- Nursing workforce is aging (and retiring); nursing school enrollments are insufficient to compensate for exits from the workforce.
 - BLS projects that by 2020, the RN shortfall will be 400,000.
- Less than 1% of RNs are certified in geriatrics.
 - Only 29% of bachelor's programs have a faculty member certified in geriatrics.

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Social Workers

- Only 4% specialize in geriatrics.
 - The number of students specializing in aging decreased by 16% between 1996-2001.
 - 40% of schools lack faculty in aging.
 - 80% of BSW programs have no coursework in aging.
- Today, less than one-third of MSW programs offer specialization in aging (compared to one-half in the 1980s).

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Direct-Care Workers (DCWs)

- In 2006, BLS estimates there were ~3 million DCWs.
- Current numbers are already insufficient to meet demand, which will increase with growth in older adult population.
- BLS projects that personal care aides and home health aides will be the second- and third-fastest growing occupations between 2006 and 2016.

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Three-Pronged Approach to Meet the Challenge

- A. Improve the way care is delivered.
- B. Enhance the geriatric competence of the entire workforce.
- C. Increase the recruitment and retention of geriatric specialists.

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Improving Care Delivery

In order to successfully care for older Americans in the future, it is not enough to only address shortages in the health care workforce.

Increased capacity must be coupled with changes to the care delivery system.

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Features of New Models with Strongest Evidence of Success

- ✓ Interdisciplinary team care
- ✓ Care management
- ✓ Chronic disease self-management programs
- ✓ Pharmaceutical management
- ✓ Preventive home visits
- ✓ Proactive rehabilitation
- ✓ Caregiver education and support
- ✓ Transitional care

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However ...

Dissemination and adoption of innovative care models are often slow, due to impediments such as:

- Organizational resistance to change
- Inadequate financing for infrastructure and technology
- Inadequate reimbursement for new models that may cost more up front but yield savings later
- Regulatory barriers (e.g., HHA scope of care)

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II. Charge to the “Framework” Project and Stakeholders

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“Framework” Project is tackling ...


- A. **Improving the way care is delivered.**
- B. **Enhancing the geriatric competence of the entire workforce.**
- C. Increasing the recruitment and retention of geriatric specialists.

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How?

1. By identifying the critical areas of expertise required for excellent geriatric home care:
 - Medication management
 - Care management and coordination across settings
 - Palliative care and advanced illness management
 - Management of chronic pain
 - Maintenance of cognitive *and* physical function
 - Involvement of patient and family

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2. By developing best practices and implementation guidelines in these areas.
 3. By establishing an infrastructure for spreading and ensuring adoption of the best practices and implementation guidelines – the Community of Practice.

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4. By creating a model for geriatric home care that is team-based and interdisciplinary.
 - Collaboration among primary care provider, home care team and informal caregivers

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The Hope



- ✓ The “Framework” project will achieve policy and regulatory changes.
- ✓ The “Framework” stakeholders will lead the way to embed geriatric competencies and expertise throughout the next generation of the health care workforce.

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