



Improving Care for Vulnerable Older Citizens through Workforce Advancement Act of 2011

This bill, introduced by Senator Robert P. Casey (D-PA), establishes demonstration programs to design and test new models of care coordination and service delivery that deploy direct-care workers (DCWs) in advanced roles to improve efficiency and quality of care for frail elders.

Rationale

Currently, 62% of Americans 65 and older suffer from multiple chronic conditions which require person-centered, coordinated care. DCWs provide an estimated 70 to 80 percent of the paid hands-on long-term care and personal assistance received by frail older adults and people with disabilities or other chronic conditions in the U.S., yet are not recognized as essential contributors to care teams. As part of the new models of integrated, team-based care called for in the Affordable Care Act, DCWs can support better chronic care management, care transitions, and fewer re-hospitalizations. Few existing models provide DCWs with advanced training for increased responsibilities and then utilize their increased knowledge and skill by incorporating them into interdisciplinary care teams. The demonstrations will examine whether use of direct care workers in advanced roles within new models can improve quality of care and lower costs.

What the Bill Would Do

The bill would amend Title IV of the Older Americans Act of 1965 to establish six, three-year demonstrations. All demonstrations will focus on care coordination and service delivery redesign for older adults with chronic illness or at-risk of re-hospitalization.

- Two will use the abilities of DCWs to promote smooth transitions in care and help to prevent unnecessary hospital readmissions. DCWs will be incorporated as essential members of interdisciplinary care coordination teams.
- Two will focus on maintaining the health and improving the health status of older adults with multiple chronic conditions and long-term care needs. DCWs will help monitor health status, help consumers follow prescribed care, and educate the consumer and family caregiver(s).
- Two will train DCWs to take on deeper clinical responsibilities related to specific diseases, such as Alzheimer's, dementia, congestive heart failure, and diabetes.

Eligible Applicants

Eligible entities will be made up of partnerships of health service providers, including: 1) at least one long-term care facility or home and personal care service provider; and 2) at least one hospital or health system; labor/management training fund; community-based aging service provider; patient-centered medical home; federally-qualified health center; managed care entity; or health services training entity.

Funding

Phase I will provide up to \$600,000 to participants for one year of planning activities, including project design, identifying competencies and designing curricula, and articulating a plan for achieving long-term financial sustainability. *Phase II* will provide up to \$2.9 million overall to participants to implement advanced training and competency evaluation of DCWs as well as all care team members over two years.



Headquarters:
349 East 149th Street, 10th Floor
Bronx, NY 10451

Tel: 718.402.7766 ■ Fax: 718.585.6852

Washington DC Office:
1730 Rhode Island Avenue, NW, Suite 712
Washington DC 20036

Tel: 202.223.8355 ■ Fax: 202.223.8354

E-mail: info@PHInational.org ■ www.PHInational.org