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Making the most of direct-care workers with a new role on the care team

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Mr. Rivera (not his real name), a 90-year-old widower, lives alone in New York City and has multiple chronic conditions—diabetes, depression, arthritis and congestive heart failure. His only son lives out of state and visiting is difficult. Rivera's son, wanting his father to be able to maintain his independence, hired Maria, a home health aide, to help his father two days a week for four hours. She assists Rivera with showering, weighs him to monitor fluid retention, helps him exercise, prepares hot meals, and washes and changes linens. While Rivera initially resisted Maria's involvement, they have developed a trusting relationship.

One month after Maria began working with him, Rivera confided that he had fallen. Though Rivera wasn't hurt, Maria was concerned. She kept a close eye on his health, and talked with him about minimizing fall risks. She discussed the fall with the healthcare team coordinating Rivera's care, and worked with an occupational therapist to make adjustments to his apartment.

Three months later, Maria noticed changes in Rivera's cognitive status. Having received advanced training in dementia care, she reported these changes during a care coordination team conference; Rivera was referred to the hospital memory clinic for testing and diagnosed with early-stage dementia. Rivera's son came to New York to meet with the team and they made plans for additional long-term support. With Maria's assistance, Rivera is still able to live independently at home.

Most of us are proud of doing things independently. As we age, and our independence falters, we may not seek out the help we need. In this later phase of life we may be without the support of family members or close friends: family may live far away, or be struggling with children and work responsibilities that make it difficult to recognize and respond to the changing needs of elder relatives.

As the U.S. population ages, healthcare professionals, policy makers and older adults are seeking new approaches to better meet the needs of individuals like Mr. Rivera and his son. Most agree there is no single solution, as the illnesses elders experience are complex, chronic and long term. We must develop a variety of approaches to provide care, and test them for cost effectiveness and quality outcomes.

It Takes a Team

We know the most successful models take a team approach—with each member of the healthcare team contributing his or her expertise and collaborating to achieve the best outcome. In cases like

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Mr. Rivera's, direct-care workers can play a critical role on a team, contributing a unique understanding of a client's needs based on frequent, ongoing and intimate contact.

More than 3 million direct-care workers now assist frail older adults and people with disabilities with activities of daily living. A 2008 Institute of Medicine report, "Retooling for an Aging America," emphasized the central importance of this large cohort of direct-care workers in a redesigned, coordinated care delivery system for older Americans. The Patient Protection and Affordable Care Act (ACA) builds on this consensus, allocating significant resources to testing new coordinated care models. For older people, these models will need to include long-term-care services and the direct-care workers who support them.

Such coordinated care models could incorporate a role for an "Advanced Aide"—an upward career move for talented, committed aides who in the past have had few professional opportunities. By drawing on the capabilities of direct-care workers, this position has the potential to offer cost efficiencies; in a well-designed model, Advanced Aides could support health promotion, improved chronic care management and better care transitions—resulting in less institutionalization, fewer re-hospitalizations and decreased emergency room visits. But such a model would require that the increased knowledge and skills of these Advanced Aides be appropriately leveraged through participation in interdisciplinary teams.

A New Design, More Competent Care

The Advanced Aide position, a competency-based, fundamental redesign of the job description for some direct-care workers, would be well worth a substantial investment in training, support and compensation. Employers could determine how an Advanced Aide could play a stronger role in a more integrated care team. Aides could receive additional training to recognize warning signs of complications from heart disease, diabetes, asthma, dementia and other chronic conditions. They could have specialized training in medication administration, hospice care and tele-health use, and be taught how to build effective partnerships with family caregivers and how to communicate changes in a client's care to health professionals.

In return for making this investment in training and a commensurate increase in compensation, Advanced Aides would provide significantly greater value to consumers and providers—beyond current marginal "career ladder" initiatives—while offering genuine cost efficiencies. An Advanced Aide position would also help to fill in the missing rung in the career ladder between the Home Health Aide and the Certified Nurse Assistant and Licensed Practical Nurse.

Delivery system reforms that are moving the eldercare and disability services industry toward episodic payments and global capitation offer a new set of opportunities. As care shifts from fee-for-service payment toward more managed care (where organizations are paid on a capitated basis with the mandate to provide quality care in the most cost-effective manner), using the Advanced Aide position will be more attractive and more sustainable in the long run. And with monies available through programs established by the ACA (for example, the Center for Medicare and Medicaid Innovation) to test new models, now is the time to engage in a thoughtful redesign of the role of the direct-care worker.

Realizing the Vision

At this stage, it is wise to encourage a "hundred flowers to blossom," but too early to articulate a precise, portable definition of the Advanced Aide position. Within the capitated framework, employers will have the flexibility to figure out what works. Over time, common elements and themes might develop, but to insist now on an ironclad definition runs counter to the current climate of experimentation and new possibilities. Through experimentation, the Advanced Aide concept will have real potential to improve care quality and reduce costs within care coordination models.

Now is the time, however, to answer some key questions: How can we make the best use of the aide in our care teams? What training and support will aides need to help the rest of the team provide person-centered care?

The answer to more person-centered and more cost-effective care is right before our eyes: the direct-care worker is already at our loved one's side. Let us give workers the training, support and respect they need and deserve to help realize the vision of more efficient, higher quality care for all. ■

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