

Envisioning the Future of Home Care

TRENDS AND OPPORTUNITIES IN WORKFORCE
POLICY AND PRACTICE

Executive Summary

CONTENTS

- 1 Introduction
- 2 Part I: Home Care Demand and Supply
 - 2 Home Care Consumers
 - 2 The Home Care Workforce
 - 2 The Home Care Sector
- 4 Part II: Recruitment and Retention of the Home Care Workforce
 - 4 Improving Job Quality
 - 4 Optimizing Training Standards and Systems
- 5 Part III: Opportunities for Innovation and Sustainability
 - 5 Strengthening Home Care Payment
 - 6 Maximizing the Contribution of the Home Care Workforce
 - 7 Leveraging Technology in Home Care Services
 - 7 Measuring and Monitoring Progress
- 8 Recommendations
- 13 Notes

ACKNOWLEDGMENTS

PHI wishes to thank the Gordon and Betty Moore Foundation for generously supporting this work (GBMF Grant #6903). We are also grateful to Dr. Lisa Iezzoni (Professor of Medicine, Harvard Medical School and Health Policy Research Center, Mongan Institute, Massachusetts General Hospital) for conceptualizing this project and inviting PHI's participation. Critical insight and input from Dr. Iezzoni and Naomi Gallopyn (Program Manager, Mongan Institute Center for Aging & Serious Illness), and from a range of other experts in the long-term services and supports field, has enriched this report immeasurably.

Author: Kezia Scales, PhD • Contributors: Jodi M. Sturgeon, Robert Espinoza, Stephen Campbell, Allison Cook • Design: RD Design

To read the full report, please visit PHInational.org.

More than 15 million Americans living at home experience some degree of difficulty with daily activities due to physical, cognitive, developmental, behavioral, and/or chronic health concerns.¹

The majority of these individuals seek assistance, when needed, from unpaid family members and friends. However, paid home care services fill a critical gap, especially for individuals with limited caregiving networks or with more complex needs. As the U.S. population lives longer and grows older, more individuals will require support to continue living independently in their homes and communities—and yet the home care sector, as the central pillar of the home and community-based services (HCBS) system, is already struggling to meet current demand.

The aim of this report is to identify opportunities for strengthening the home care workforce and improving home care access and quality for consumers in the years ahead. The report proceeds from the premise that, underneath the layers of complexity in the HCBS system, home care is defined by the direct relationship between the individual consumer and the home care worker who assists him or her to accomplish essential daily tasks and engage in home and community life. To a significant extent, the nature of this relationship determines the delivery, experience, and outcomes of care.

From this starting premise, the report is guided by three broad questions:

1. What are the main factors impacting the home care delivery system and workforce in the United States, now and looking ahead?

2. What are the most promising opportunities to strengthen the home care workforce and maximize its role within the changing long-term services and support (LTSS) system?

3. How do these factors and opportunities vary between states and across different service delivery models?

Evidence for the report was gathered from academic journals, policy documents, and reports from public, private, and nonprofit agencies. Additionally, national data sets from the U.S. Census Bureau and Bureau of Labor Statistics were used to generate a range of quantitative estimates of home care supply, demand, service provision, job quality, and more. The literature review and data analyses were informed by interviews with key stakeholders, including home care providers, government agency representatives, consumer advocates, and academic researchers.

The report findings are presented in three parts: Part I describes the current and projected home care landscape, focusing in turn on consumers, workers, and the sector, while Parts II and III begin building a vision for the future of home care services in the United States. The report culminates with recommendations for achieving this vision.

PART I

HOME CARE DEMAND AND SUPPLY

HOME CARE CONSUMERS

Fifteen million adults living at home in the United States require some degree of personal assistance, including 7.6 million who require assistance with activities of daily living (ADLs) and 13.8 million who require assistance with instrumental activities of daily living (IADLs).² Among those with personal assistance needs, individuals aged 18 to 64 years old currently outnumber older adults (aged 65 and above), at 7.7 million versus 7.2 million, but the balance will shift as the U.S. population grows older in the coming decades. Personal assistance needs are impacted by a range of other intersecting demographic factors as well, including gender, race and ethnicity, nativity, geographic location, and health and socioeconomic status. Because individuals' use of paid home care services increases with age and complexity of need, overall demand is expected to increase precipitously in the years ahead. Sociocultural shifts (e.g., changing patterns of marriage and divorce, labor force participation, and family caregiving) and policy trends (e.g., the rebalancing of services from institutions to the community) are expected to further drive up demand for home care services in the future.

THE HOME CARE WORKFORCE

While unpaid caregivers provide the majority of personal assistance for older adults and people with disabilities, home care workers—primarily personal care aides and home health aides, as well as nursing assistants working in the home care sector—provide more *paid* support than any other segment of the HCBS workforce. Home care workers are predominantly female (87 percent) and people of color (62 percent), and nearly one in three (31 percent) were born outside the United States.³ The majority of home care workers (54 percent) have a high school education or less. Given this demographic profile, home care workers represent a historically and persistently marginalized group of workers, which complicates efforts to improve the quality of their jobs.⁴

The home care workforce is growing rapidly. From 2008 to 2018, the workforce more than doubled in size, from 898,600 to nearly 2.3 million workers; personal care aides constituted 81 percent of that employment growth.⁵

These figures likely understate the size of the workforce by not fully accounting for workers employed privately by consumers. Looking ahead, the home care workforce is expected to add more than one million additional jobs between 2018 and 2028, with the most growth among personal care aides (nearly 70 percent of the total).⁶ Home care will add more new jobs than the second and third U.S. occupations with the most growth *combined* (namely, fast food and registered nursing). Although it is difficult to robustly quantify a home care workforce shortage due to the lack of comprehensive national data, state and local evidence on job vacancies, turnover, and unmet need suggest that the supply of workers is increasingly insufficient to meet demand. Recent immigration policy trends are intensifying concerns about the workforce shortage.

THE HOME CARE SECTOR

Home care agencies fall into two main industries within the North American Industry Classification System (NAICS): Home Health Care Services and Services for the Elderly and Persons with Disabilities (SEPD). These two industries are distinguished by their primary emphasis on medical versus nonmedical care; however, there is considerable overlap between them, as many home health care agencies provide extensive nonmedical assistance, and SEPD agencies have expanded into medical services. Across the two industries, there were an estimated 56,000 home care and related establishments in 2012 (the most recent year for which detailed data are available), representing a 71 percent increase from 2002, and industry revenues were nearly \$100 billion, up from \$46 billion in 2002.⁷

The current home care sector is characterized by several key trends, including: increasing for-profit ownership; the expansion of acute health care providers into home care; private equity investment in the sector; home care franchising; and the entry and exit of tech-driven companies. These trends raise concerns about whether all home care providers in the diverse sector are equally prepared (with the necessary expertise and commitment) to meet care quality and job quality standards. The wide variation in certification and licensure rules for home care agencies further complicates efforts to ensure consistent quality across the sector.



Alongside the agency model, publicly funded consumer-directed programs (which enable consumers to hire their own workers) are gaining prominence in the home care sector. In 2016, there were 253 consumer-directed programs across the country serving just over one million enrollees, which was an increase of 250,000 enrollees since 2013.⁸ Consumer-directed programs vary widely, including with regards to: the extent of consumers' authority; the types of allowable care providers; and the provision of employment services and supports for consumers. As with agency services, the diverse and distributed nature of consumer-directed programs complicates efforts to develop and implement

universal quality standards—particularly given the critical importance of balancing individual autonomy and personalized services against standardization.

Home care workers who are hired and paid privately by consumers, either as household employees, independent contractors, or unreported workers, comprise the third segment of the home care sector. This segment, known as the gray market, is difficult to characterize and impossible to quantify—but certainly sizable, given the large proportion of consumers who do not qualify for public funding but cannot afford to pay out-of-pocket for agency services.

PART II

RECRUITMENT AND RETENTION OF THE HOME CARE WORKFORCE

IMPROVING JOB QUALITY

Although high-quality home care cannot be achieved without a strong and stable workforce, especially given the growing and evolving demand for services, job quality for home care workers remains persistently low.

The median wage for home care workers is \$11.52 per hour and median annual earnings are \$16,200, representing only a modest increase over the past decade.⁹ There are further disparities within the workforce: the median wage for women of color is considerably less, for example, than the median wage for white men. Home care workers' earning potential is also limited by part-time scheduling: nearly two in five home care workers work fewer than 35 hours per week, although many would choose to work full time if the hours were available or with support for their personal caregiving and other responsibilities.

The median wage for home care workers is \$11.52 per hour and median annual earnings are \$16,200, representing only a modest increase over the past decade.

Given these wage and scheduling limitations, economic self-sufficiency is an elusive goal for many home care workers and their families: nearly one in five home care workers lives below the federal poverty line, and 53 percent receive public assistance.¹⁰ Additionally, nearly one in five home care workers lacks health benefits and, among those who are insured, 42 percent rely on Medicaid or other public programs. Recent efforts to

introduce work requirements in Medicaid may negatively impact these workers, due to their inconsistent schedules and the burden of reporting requirements.

Along with better wages, hours, and benefits, the evidence shows that job quality in home care can be improved through high-quality supervision, which is often lacking in home care, and other employer-driven employment supports. At the systems level, strategies to improve job quality for home care workers include increasing the minimum wage and implementing supportive employment policies for all workers, along with raising reimbursement rates to fully cover home care labor costs and directly increase home care wages. Monitoring and evaluation are critical to ensure these strategies achieve their intended impact.

JOB QUALITY VISION ▶ Rewarding, sufficiently compensated, and well-supported home care jobs that attract and retain a strong and stable workforce.

OPTIMIZING TRAINING STANDARDS AND SYSTEMS

As changes in longevity, population health, and service provision have increased absolute demand for home care and average acuity levels among home care consumers, the sector needs a training system that produces a sufficient supply of home care workers with the right knowledge and skills to meet consumers' needs.

Home health aides who are employed by Medicare-certified home health agencies are required by federal legislation to complete at least 75 hours of training through a state-approved training program. Only 17 states and the District of Columbia exceed these standards.¹¹ There are no federal training standards for personal care aides; instead, states have enacted a range of entry-level training requirements, along with different job titles and job descriptions for these workers. Seven states do not have any training requirements for personal care aides, and only 14 states have uniform training standards for all agency-employed personal care aides.¹²

Across the majority of states and programs, training for independent providers hired through consumer-directed programs is delegated to consumers, which aligns with the model's principles of independence and autonomy. However, as well as raising quality assurance concerns, a lack of training standards for independent providers impedes workforce development efforts. Stakeholders agree that efforts to introduce training standards for independent providers must meaningfully engage consumers and must ensure that the key principles of self-direction are included in any mandated training curricula, along with other relevant topics.

Although training for home care workers is currently delivered through a patchwork of different training providers using a range of methods and curricula, there are innovative examples of state-level efforts to build coordinated, competency-based, adult learner-centered training systems that strengthen the pipeline of home care workers while also providing a well-structured career pathway for all direct care workers.¹³

TRAINING VISION ▶ An adequately funded, competency-based training system that supports the development of a home care workforce that is well-prepared to provide appropriate, person-centered services for all consumers.

PART III

OPPORTUNITIES FOR INNOVATION AND SUSTAINABILITY

STRENGTHENING HOME CARE PAYMENT

The cost of LTSS, including home care, far exceeds most consumers' capacity to pay out-of-pocket, and long-term care insurance covers only a fraction of services. Instead, the majority of home care is covered by Medicaid, with Medicare primarily covering short-term, post-acute services. As the primary payer, Medicaid largely defines the LTSS sector—and any sustainable innovation in the sector must be driven through its policies and programs. Home care services are also funded to a limited extent by the Veteran's Health Administration, the Older Americans Act, and a range of state-level programs for low-income individuals.

There are a number of health care financing and delivery trends that will shape and define home care availability, access, and quality in the years ahead. First, building on the groundwork laid by the (repealed) 2010 Community Living Assistance Services and Supports (CLASS) Act, there is growing momentum at both the federal and state levels to create a social long-term care insurance system. In 2019, Washington became the first state in the country to enact a full, universal long-term care benefit for state residents.

The next two trends are the expansion of managed care and value-based payment in LTSS. Twenty-three states now operate managed LTSS programs in Medicaid, an

increase from 16 states in 2012 and just eight states in 2008.¹⁴ Along with purported improvements in care quality and cost efficiency, the shift to managed LTSS offers potential opportunities to strengthen workforce development. However, these benefits—which are not guaranteed without best practice guidance, appropriate approval and monitoring mechanisms, and other interventions and oversight—have not yet been realized to a meaningful extent.

Value-based payment, whereby payment hinges on the value rather than volume of services, also offers a *potential* opportunity to improve quality in home care, including by directly or indirectly incentivizing investment in the home care workforce.¹⁵ Two primary barriers to adopting value-based payment are the lack of standardized quality measures in home care and the inadequate technological infrastructure within home care agencies, both of which hinder the collection, sharing, and reporting of quality metrics. Despite these barriers, states have begun introducing value-based payment into HCBS, including into home care.

Two further trends affecting home care are the implementation of coordinated care models to increase access to timely treatment, improve continuity of care, and decrease adverse outcomes; and the identification of new ways to address social determinants of health as



part of LTSS, such as by integrating home care and affordable housing for low-income older adults and people with disabilities. Both trends offer opportunities to leverage the role of home care workers in new and cost-effective ways, as indicated by preliminary evidence from pilot projects.

PAYMENT VISION ▶ A person-centered long-term services and supports system that is adequately funded and, in coordination with other health care and social services, organized around both individuals and populations.

MAXIMIZING THE CONTRIBUTION OF THE HOME CARE WORKFORCE

As home care services expand to assist a larger and more complex population, two key opportunities to elevate the contribution of the home care workforce stand out. The first opportunity is to prepare and support home care workers to serve a better-recognized role in helping consumers manage their health. With specialized,

condition-specific training, home care workers are optimally positioned to observe consumers' health status and—with effective communication systems in place—report any changes to clinical partners, as well as to provide direct assistance with health-related tasks (if authorized to do so).

The second opportunity for maximizing home care workers' contribution is to create advanced roles. Examples include: condition-specific specialist roles, such as diabetes or dementia specialists; senior aides, who can provide a range of support for home care workers, family caregivers, consumers, and/or the interdisciplinary team; health coaches, who can support consumers to achieve individualized health and wellness goals; peer mentors; assistant trainers; and assistant coordinators.

Many advanced roles can be implemented within home care workers' current allowable practice parameters, as long as they receive sufficient training, support, and oversight to fulfill their new roles safely and competently. In states with more restrictive or ambiguous nurse delegation rules or norms of practice, however, regulatory

changes may be needed.¹⁶ The more that delegation rules are standardized across states and settings, the more effectively the home care workforce can help overcome gaps and inefficiencies in care.

There are promising examples of efforts to upskill home care workers and create new rungs in the home care career ladder,¹⁷ but the evidence base requires strengthening, particularly with regards to consumers' experiences and outcomes. Across all efforts to elevate the home care workforce, increased compensation for those workers who choose to further their education and take on new roles and responsibilities must be a common denominator.

MAXIMIZING HOME CARE VISION ▶ A home care workforce that is prepared to support consumers and families to the fullest extent and empowered to take on advanced roles within the care team, with appropriate training, supervision, and compensation.

Technology can be leveraged at the organizational level to facilitate effective two-way communication between home care workers and clinical partners, thereby elevating home care workers' role.

LEVERAGING TECHNOLOGY IN HOME CARE SERVICES

Without substituting for high-quality personal assistance services, certain technologies may be leveraged to improve home care jobs, service delivery, and consumer outcomes.

First, e-learning offers an important opportunity to both expand access to training for home care workers and enhance their learning outcomes. E-learning programs can: extend training to individuals who may otherwise have few training opportunities; enhance traditional teaching methods, within and beyond the classroom; enable workers to develop specialized competencies; and provide as-needed information to workers in the field. However, the persistent digital divide, limited technological infrastructure within home care agencies, and the

considerable costs of developing and implementing new training modalities are all barriers to maximizing the impact of e-learning in the home care sector.

Second, assistive technologies are valuable for improving the safety of personal assistance tasks for both consumers and home care workers—but more research on assistive technologies for use in private homes is greatly needed. Such research must consider a broad set of outcome measures, including not just the performance of the technology, but also: its usability in different settings; workers' and consumers' experiences and preferences; the impact of the technology on caregiving relationships; and the impact on the safety of workers as well as consumers. Strategies to fund the development of assistive technologies for home care and to expand access for home care consumers are also needed.

Finally, technology can be leveraged at the organizational level to facilitate effective two-way communication between home care workers and clinical partners, thereby enhancing home care workers' "observe, record, report" role, and to automate or improve key operational functions, such as workforce recruitment, scheduling, and oversight.

TECHNOLOGY VISION ▶ The strategic introduction and use of technology to support home care consumers' health and quality of life, improve home care jobs, and maximize home care workers' positive impact on service delivery and outcomes.

MEASURING AND MONITORING PROGRESS

Home care leaders need accurate data on the size, stability, and compensation of the home care workforce in order to determine current resource allocation and plan for the future. The Occupational Employment Statistics program at the Bureau of Labor Statistics offers the most accurate national estimate of the home care workforce; however, outdated industry and occupational classifications hinder efforts to quantify the workforce in more detail.

At the state level, administrative data (e.g., from training, certification, or employment records) may be used to quantify the home care workforce. Given the limitations of these data, however, states may choose to implement alternative methods for collecting workforce data, such as periodic surveys of payers, employers, workers, and/or consumers.

Better data on the home care workforce are needed for numerous reasons. First, data on job vacancies can help provide proof of the workforce shortage, which is needed to capture media attention, inform public education, and compel policy change. Second, data on home care training programs (such as completion, certification, and trainee and consumer satisfaction rates) can be used to guide program revisions and evaluate the impact on workers and consumers. Third, data on the workforce can inform fiscal decisions, such as Medicaid rate-setting policies, and help ensure that policies are implemented as intended. Finally, data can be useful at a micro-level to improve deployment of the home care workforce, for instance through matching service registries.

The trends toward managed care and value-based payment in LTSS also create an imperative to improve the measurement of *quality* in home care, including both structural measures (such as workforce supply and job quality) and process measures (such as provision of competent and person-centered care). Consensus on which and how many quality measures are appropriate for use in home care is still needed, as is significant investment in home care providers' capacity to collect, manage, and report quality metrics.

DATA VISION ▶ Improved and integrated data monitoring and reporting systems in home care to facilitate better understanding of the workforce shortage and the connections between workforce investments, recruitment and retention, and care quality outcomes.

RECOMMENDATIONS

To achieve each component of the home care vision developed in this report, we conclude with two overall recommendations and a range of topic-specific recommendations.

OVERALL RECOMMENDATIONS

1. Develop, scale-up, and sustain successful home care interventions at the state, regional, and/or national levels. As highlighted throughout this report, the HCBS sector has seen considerable innovation within recent decades. However, many efforts have necessarily been undertaken on a small scale and for limited duration, and often without robust evaluation or lasting impact. The time has come to develop and test solutions on a larger scale—whether in localities, states, regions, or nationally—that build on and extend existing knowledge and lessons learned.
2. Promulgate evidence-informed best practices for recruiting and retaining a home care workforce that is well-prepared to provide quality services for consumers. While systemic solutions are being developed, the challenge of finding and keeping workers (in the face of a looming workforce crisis) falls to individual employers, including agency providers and self-directing consumers. Just as action is needed to implement collective knowledge at the policy level, dissemination of lessons learned to the employer level

will also help move the field forward. The range of topics should include outreach and recruitment, screening and hiring, orientation and onboarding, training, supervision and support, compensation, engagement and recognition, and strategies for supporting career advancement.

JOB QUALITY RECOMMENDATIONS

3. Through a multi-stakeholder process, develop a national strategy for improving compensation for direct care workers, including home care workers. Albeit with considerable variations between states, programs, settings, employers, and even individual workers, wages and benefits for all direct care jobs remain consistently and egregiously inadequate. If the HCBS sector is to attract and retain enough workers to meet demand—and reduce costly churn within the workforce—nothing short of a national commitment to raising the floor for these jobs will suffice.
4. Monitor and evaluate the impact of wage pass-throughs and other public investments to make sure that they achieve their intended impacts on job quality. At the state level, policymakers have various options for improving compensation for home care jobs funded by public dollars. However, these efforts do not always achieve their intended impacts—and in some cases even reduce total compensation for workers, such as



when incremental wage increases are offset by loss of eligibility for public benefits. Follow-through is required to ensure accountability from payers and providers, and to allow for course corrections when unintended negative consequences are identified.

5. Consider the impact on low-wage workers, including home care workers, when designing new employment protections. Policies that benefit workers across sectors, such as paid family and medical leave policies, provide another mechanism for improving job quality for home care workers. However, if they are to be relevant and accessible, such policies must be carefully designed to reflect home care workers' employment realities, which include inconsistent hours and multiple employers.

6. Create public authorities or other entities at the state or regional level that can help improve job quality for independent providers, while promoting the principles of consumer direction. Although the wage ceiling for independent providers may be marginally higher, in most cases these workers lack systematic access to the full range of employment benefits and protections that are required for agency employees. To strengthen and safeguard the independent provider workforce, every state should ensure that mechanisms are in place

for supporting these workers and facilitating their access to group benefits such as health insurance, retirement accounts, and ongoing training.

TRAINING RECOMMENDATIONS

7. Build partnerships between workforce development organizations, educational institutions, home care employers, labor organizations, and industry associations to create worker pipelines, improve training, and design new career pathways. Although home care is adding more new jobs than any other single occupation in the U.S. economy, these jobs are not often the target of broad-based workforce development efforts. This leaves individual employers struggling to recruit and train enough workers to meet demand. A more coordinated, well-funded workforce development approach is needed, ideally using a competency-based credentialing framework to facilitate both individual workers' career advancement and sectoral workforce deployment efforts. Medicaid and other funding sources should be leveraged to finance this approach, ensuring that training costs are not devolved to individual job seekers and employers.

8. Develop and strengthen national training standards for all home care workers. National competency-based training standards for all home care workers are critically needed to ensure that workers are prepared to meet consumers' complex needs in the community setting. With appropriate provisions for each segment of the workforce, these standards must encompass personal care aides as well as home health aides, and independent providers in consumer-directed programs as well as agency workers. Consumers and workers must play a guiding role in defining core competencies for home care workers and developing training standards and curricula.

9. Ensure adequate training and support for consumers who hire their own workers, including with regards to team-building, communication, and problem-solving as well as hiring, scheduling, and other employment responsibilities. Depending on the program, consumers who direct their own care may have considerable employment-related responsibilities—including not just

legal responsibilities, but also managerial and supervisory responsibilities—with implications for their workers' job satisfaction, commitment, and performance. Just like agency employers, consumers need training and ongoing support to fulfill these responsibilities effectively and to manage the stress that they might engender.

PAYMENT RECOMMENDATIONS

10. Through a multi-stakeholder process at the state and national levels, rigorously explore new models for funding home care as a component of an affordable and sustainable LTSS system. Alongside efforts to improve home care within the current LTSS system, it is critical to continue striving to create a public insurance system to replace it, building on the groundwork laid by the CLASS Act. Although a national solution to the fragmented, inadequate, and unsustainable current system is needed, state-level efforts are helping build knowledge and momentum toward this goal.



11. Fund large-scale evaluations of new models of service delivery in home care, including models that integrate personal assistance with other services—such as housing supports—and that explicitly leverage the role of the home care worker in new ways. The current emphasis on care coordination and integration offers an unprecedented opportunity to implement innovative home care service models that leverage the role of home care workers to achieve quality improvements and generate cost savings across the larger health care system. To achieve lasting impact, these new models must be funded, tested, and evaluated on a large scale. One promising service delivery model is the agency with choice (AWC) model, which promotes more autonomy than the traditional agency model, while also providing supports for consumers and workers that may be lacking in consumer-directed programs.

12. Build minimum standards for home care jobs into public contracts and/or promote investment in the workforce through value-based payment arrangements. Because labor is the primary expense in home care, efforts to contain costs often target workers' wages and/or service hours. To offset this tendency, contracts with managed long-term care plans and with providers, as well as value-based payment arrangements, should set minimum standards for home care workers' total compensation (taking wages, benefits, and hours into account) and explicitly incentivize investments in the home care workforce. Innovative thinking about how to reward workforce investment in the consumer-directed space is also critically needed.

MAXIMIZING HOME CARE RECOMMENDATIONS

13. Formalize home care workers' role in observing, recording, and reporting key information about consumers' health and wellbeing. Although home care workers often work in relative isolation, there is growing evidence that better communication links between home care workers and clinical supervisors can improve consumers' outcomes while also boosting workers' job satisfaction and retention. Efforts to better connect home care workers with the interdisciplinary team (with consumers' permission) must be supported by training for all team members (including, for home care workers, training to strengthen their "observe, record, report" skills); well-defined structures and processes for reciprocal information exchange; and adequate compensation for any additional interdisciplinary teamwork responsibilities.

14. Remove barriers that prevent home care workers from working to their fullest capacity, with appropriate training and supervision. An increasing proportion of home care consumers require assistance with routine health-related tasks at home. When home care workers are not authorized to provide such assistance due to regulations, liability concerns, or practice norms, consumers may experience missed or delayed care—or may be forced to move into an institutional setting. This inefficient situation should be addressed first and foremost through evidence-informed national regulations outlining the minimum set of tasks that all personal care aides and home health aides may perform, regardless of state or program. These national minimum standards may then be expanded at the state level through nurse practice acts and related statutes.

Contracts with payers and providers should set minimum standards for home care workers' compensation (taking wages, benefits, and hours into account) and explicitly incentivize investments in the workforce.

15. Scale-up and test advanced roles for home care workers to demonstrate the impact on care quality, costs, and workforce recruitment and retention. Building new rungs into the career ladder for home care workers helps improve recruitment and retention as well as improving care delivery and outcomes. Numerous advanced roles have been implemented across the country, primarily by individual providers or provider groups. The critical next step is to implement the most promising examples on a larger scale in order to make an evidence-based case for sustained investment.

TECHNOLOGY RECOMMENDATIONS

16. Invest in the development and dissemination of e-learning training curricula for home care workers and consumers. Encompassing a range of technology-driven teaching modalities, effective e-learning can augment classroom-based training for home care workers while also filling critical gaps, including for independent providers and consumers in rural and other underserved areas. However, the full potential impact of e-learning in home care will not be realized without parallel efforts to address disparities in Internet access and computer literacy across populations.

17. Expand research on technologies that directly support efficiency and effectiveness in home care. With the exception of investment in robotics, technological development in home care remains relatively limited. In particular, there is a clear need for research and development on assistive technologies, information and communication technologies, and workforce development and management technologies in home care. In each of these areas, attention to consumers' and workers' experiences, and the ethical and workflow implications of the new technologies—as well as their impacts on care outcomes and costs—is essential.

18. Designate specific funding for home care providers to introduce tested technologies into practice, accounting for upfront and ongoing costs. Operating on very narrow margins and with minimal existing technological infrastructure, most home care providers do not have the capacity to introduce and sustain new technologies without additional funding, regardless of the potential downstream cost savings. As well as designated funding, guidance for both providers and payers, including managed care plans, about how to effectively leverage technology in home care is critically needed.

DATA RECOMMENDATIONS

19. Update industry and occupational classification systems to facilitate robust analyses of the workforce across roles and settings. Efforts to describe the direct care workforce, identify trends over time, and plan for the future are limited by current data-classification systems. A multi-stakeholder initiative to revise these classifications to reflect the current realities of the industry and the workforce could reduce ambiguity and confusion in the sector and strengthen evidence-informed planning and policymaking efforts.

20. Develop a core set of quality measures to be used across the HCBS system, including workforce quality measures. The multi-faceted nature of HCBS, including home care, and the heterogeneity across programs, service delivery models, providers, and beneficiaries make it exceedingly difficult to measure quality in a standardized way. Nonetheless, agreement on a minimum set of quality measures in home care—including in consumer-directed programs—is essential for setting standards, incentivizing quality improvement, and holding providers and payers accountable. Workforce quality measures could address compensation, training, turnover, and job vacancies, among others.

21. Capitalize on the data-sharing capabilities within coordinated care and integrated payment models to demonstrate the links between workforce investments and consumer outcomes. The home care sector has been historically stymied by a lack of robust evidence on the associations between investments in the home care workforce and outcomes for both consumers and workers. However, the current emphasis in health care on breaking down siloes to provide more coordinated, effective, and cost-efficient services provides a new impetus and opportunity to demonstrate these associations. Large-scale evaluations of training, career advancement, and other workforce interventions should make optimal use of these combined clinical and operational data sources.

As the U.S. population lives longer and grows older, an ever-larger home care workforce will be needed to ensure that individuals with personal support needs can live independently in their homes and engage in their communities. This report has laid out 21 evidence-based recommendations for improving home care jobs, boosting workforce recruitment and retention, and strengthening the home care sector. Although these recommendations address specific topics, such as job quality or financing, they are not designed to stand alone; coordinated action across the recommendations is required to effect meaningful and lasting systems change.

NOTES

1. U.S. Census Bureau. 2017. *American Community Survey (ACS), 2012-2016 5-year Public Use Microdata Sample (PUMS)*. <https://www.census.gov/programs-surveys/acs/data/pums.html>; analysis by PHI (August 15, 2018). Difficulty with ADLs, or “self care,” is measured in the ACS by asking if respondents have “difficulty dressing or bathing.” Difficulty with IADLs, or “independent living,” is measured by asking if respondents have difficulty “doing errands alone such as visiting a doctor’s office or shopping.”
2. U.S. Census Bureau, 2017.
3. PHI. 2019. *U.S. Home Care Workers: Key Facts*. Bronx, NY: PHI. <https://phinational.org/resource/u-s-home-care-workers-key-facts-2019/>.
4. Iezzoni, Lisa, Naomi Gallopyn, and Kezia Scales. 2019. “Historical Mismatch Between Home-Based Care Policies and Laws Governing Home Care Workers.” *Health Affairs* 38(6): 973-980. doi.org/10.1377/hlthaff.2018.05494.
5. PHI, 2019.
6. U.S. Bureau of Labor Statistics (BLS), Employment Projections Program (EPP). 2019. *Employment Projections: 2018–28, National Employment Matrix - Occupation*. <https://www.bls.gov/emp/>; analysis by PHI (September 17, 2019).
7. U.S. Census Bureau. 2012. *Economic Census of the United States, Health Care and Social Assistance: Geographic Area Series: Summary Statistics for the U.S., States, Metro Areas, Counties, and Places: 2012*. https://factfinder.census.gov/bkmk/table/1.0/en/ECN/2012_US/62A2/0100000US.
8. Edwards-Orr, Merle and Kathleen Ujvari. 2018. *Taking it to the Next Level: Using Innovative Strategies to Expand Options for Self-Direction*. Washington, DC: AARP Foundation, The Commonwealth Fund, and The Scan Foundation. <https://www.aarp.org/content/dam/aarp/ppi/2018/04/taking-it-to-the-next-level.pdf>.
9. PHI, 2019.
10. PHI, 2019.
11. PHI. “Home Health Aide Training Requirements by State.” Accessed August 9, 2019. <https://phinational.org/advocacy/home-health-aide-training-requirements-state-2016/>.
12. PHI. “Personal Care Aide Training Requirements by State.” Accessed August 9, 2019. <https://phinational.org/advocacy/personal-care-aide-training-requirements/>.
13. Campbell, Stephen. 2017. *Training Standards for Personal Care Aides: Spotlight on Washington*. Bronx, NY: PHI. https://phinational.org/wp-content/uploads/2017/11/wa_case_study_pca_training_standards_2017.pdf; Campbell, Stephen. 2017. *Training Standards for Personal Care Aides: Spotlight on Iowa*. Bronx, NY: PHI. <https://phinational.org/resource/training-standards-for-personal-care-aides-spotlight-on-iowa/>; Long, Charla. 2016. “QuILTSS Workforce Development Forum,” YouTube video, May 12, 2016. <https://www.youtube.com/watch?v=BjVFRwWM36E&feature=youtu.be>. Kiboneka, Grace. 2018. “Supporting Washington State’s Long-Term Services and Supports Workforce.” Presentation at the annual conference of the National Academy of State Health Policy (NASHP), Jacksonville, FL, August 16, 2018.
14. Lewis, Elizabeth, Steve Eiken, Angela Amos, and Paul Saucier. 2018. *The Growth of Managed Long-Term Services and Supports Programs: 2017 Update*. Ann Arbor, MI: Truven Health Analytics. <https://www.medicaid.gov/medicaid/managed-care/downloads/ltss/mltssp-inventory-update-2017.pdf>.
15. Cook, Allison. 2019. *Value-Based Payment and the Home Care Workforce: What New York Can Teach Other States*. Bronx, NY: PHI. <https://phinational.org/resource/value-based-payment-and-the-home-care-workforce-what-new-york-can-teach-other-states/>.
16. Young, Heather M., Jennifer Farnham, and Susan C. Reinhard. 2016. “Nurse Delegation in Home Care: Research Guiding Policy Change.” *Journal of Gerontological Nursing* 42(9): 7-15. <https://doi.org/10.3928/00989134-20160811-04>.
17. Working Nation. 2017. “One Company’s Solution for Filling the Coming Demand for Home Care Providers.” Los Angeles, CA: Working Nation. <https://workingnation.com/one-companys-solution-filling-coming-demand-home-care-providers/>; Russell, David, Ana Mola, Nicole Onorato, Sheniqua Johnson, Jessica Williams, Mark Andaya, and Marki Flannery. 2017. “Preparing Home Health Aides to Serve as Health Coaches for Home Care Patients with Chronic Illness: Findings and Lessons Learned from A Mixed-Method Evaluation of Two Pilot Programs.” *Home Health Care Management & Practice* 29(3): 191-198. doi: 10.1177/1084822317706080; Home Care Aide Council. 2016. *Mental Health Supportive Home Care Aide Training*. Watertown, MA: Home Care Aide Council. https://cdn.ymaws.com/mchcas.site-ym.com/resource/resmgr/Grants/Fact_Sheet_-_Mental_Health_SH.pdf. SEIU Benefits Group. “National Apprenticeship Certification: A New Career Path for Advanced Caregivers.” Accessed September 29, 2018. <https://www.myseiubenefits.org/national-apprenticeship-certification/>.

ABOUT PHI

PHI works to transform eldercare and disability services. We foster dignity, respect, and independence for all who receive care, and all who provide it. As the nation’s leading authority on the direct care workforce, PHI promotes quality direct care jobs as the foundation for quality care.



400 East Fordham Road, 11th Floor
Bronx, NY 10458
Phone: 718.402.7766
Fax: 718.585.6852
Email: info@PHInational.org

PHInational.org
60CaregiverIssues.org

