ALIGNING COMMUNITY-BASED CARE AND WORKFORCE NEEDS FOR HIGH COST AND HIGH NEEDS POPULATIONS

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FIRST – LET’S START WITH THE PROBLEM
The Role of the Health Care Workforce in Delivery System Reform

DEMOGRAPHICS DEFINE THE MARKET

FORECASTED U.S. SENIORS POPULATION (1980 TO 2040)
(MILLIONS)

We Are Here

[Graph showing the forecasted U.S. seniors population from 1980 to 2040, with categories for different age groups.]

Source: US Census Bureau National Projections (based on Census 2000)

DEMAND FOR LABOR

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Number of New Jobs (Projected) 2014-2024</th>
<th>2016 Median Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Care Aides</td>
<td>458,100</td>
<td>$21,920</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>439,300</td>
<td>$68,450</td>
</tr>
<tr>
<td>Home health aides</td>
<td>348,400</td>
<td>$22,600</td>
</tr>
<tr>
<td>Combined food prep and serving workers</td>
<td>343,500</td>
<td>$19,440</td>
</tr>
<tr>
<td>Retail salespersons</td>
<td>314,200</td>
<td>$22,680</td>
</tr>
<tr>
<td>Nursing Assistants</td>
<td>262,000</td>
<td>$26,590</td>
</tr>
</tbody>
</table>

The U.S. Bureau of Labor Statistics projects that five of the top six occupations with the highest increase in employment by 2024 are involved in the seniors housing industry. The demand for personal care aides alone is projected to increase by nearly 500,000 employees in the 10-year span from 2014 to 2024.

GROWING DEMAND FOR DIRECT-CARE WORKERS IN THE US, 2010-2030

Percentage increase 2010-2030

- Personal care aides: 71%
- Home health aides: 69%
- Nursing aides, orderlies and attendants: 20%
- All direct-care workers: 48%
- All occupations: 14%

Source: Paraprofessional Healthcare Institute, 2010

Current Trends in Aging Service

- Shift from facilities to in-home and community-based
- More ethnically/racially diverse older adults and staff
- More highly educated, demanding older adults
- Increased complexity of care needs
POLICY SOLUTIONS NEEDED

- Medicare/Medicaid reimbursement to address workforce needs
- Workforce quality measures
- Dollars for workforce numbers and education
- Rural & disadvantaged communities challenges
- Immigration policies

CENTER FOR WORKFORCE SOLUTIONS WEBSITE

www.leadingage.org/workforce
Example of Community Partnerships

First – What are “Special Needs Plans”?

- Special Needs Plans (SNPs) are a specialized type of Medicare Advantage (managed care) plan designed to serve the health care system’s fastest growing population – frail, disabled, and chronically-ill individuals.
- SNPs enable Medicare Advantage plans to target care to high risk beneficiaries and tailor care to the needs of a targeted population with complex conditions. The program aligns incentives and contains costs by emphasizing primary care, chronic care management, and integrated health care services.
- Over 2.4 million beneficiaries are in SNPs.
- SNPs are required to offer all Medicare Part A and B benefits and serve beneficiaries who are dually eligible for Medicare and Medicaid, have certain chronic conditions, or receive long-term care in an institutional setting such as a Skilled Nursing Facility.
The Role of the Health Care Workforce in Delivery System Reform

AbilityCare SNP

As of October 2017:

- Total Enrollment: 599
- Highest average claim costs in age band 50-59 years
- Males 44%
  
  Females 56%
AbilityCare Characteristics

- 35% have an intellectual disability diagnosis
- 51% are enrolled in a home and community-based services (HCBS) waiver
- 78% have a household income of less than $20,000 per year
- 87% have a psychosocial condition

Utilization Data

<table>
<thead>
<tr>
<th>Utilization</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2+ ED visits in 3 months</td>
<td>7.88%</td>
</tr>
<tr>
<td>Catastrophic Claims (&gt; $100,000)</td>
<td>2.45%</td>
</tr>
<tr>
<td>Readmit in 30 days</td>
<td>1.40%</td>
</tr>
<tr>
<td>3+ Hospitalizations in 3 months</td>
<td>2.28%</td>
</tr>
<tr>
<td>6+ Chronic Conditions</td>
<td>50.96%</td>
</tr>
<tr>
<td>Polypharmacy (10+ active ingredients)</td>
<td>52.19%</td>
</tr>
<tr>
<td>Inpatient Stay &gt; 4 days</td>
<td>6.13%</td>
</tr>
</tbody>
</table>
Care Model-Linking to Community Workers

- All enrollees are assigned a Care Coordinator.
- Unique relationship with our counties; able to offer a comprehensive care coordination program at a local level.
- South Country utilizes county-based care coordinators to provide the overall care coordination of the enrollee’s needs.

Care Model – Who are the Community Workers?

- Care Coordinators work within the county system where the enrollee resides.
  - Required to be a social worker, public health nurse, registered nurse, physician assistant, nurse practitioner, or physician.
  - Wealth of experience regarding service coordination and direct access to other county services, e.g. Veterans Services, Income Maintenance, etc....
Challenges

Biggest challenges for the Care Model:

– Focus on basic needs for enrollees so they can then focus on their health care needs.

– Needing more frequent and complex medical care and coordination of care; high-touch, face-to-face care coordination.

– Needing formal in-home, community-based services and supports for personal care or physical/mental assistance plus a range of medical and informal community services.

NEW PARTNERSHIPS WITH COMMUNITY-BASED SERVICES = NEW WORKFORCE NEEDS

Community-based primary care teams

Service coordinators in supportive affordable housing

Personal care aides linked to nurse triage via smart phones

Community Health Workers