

Adequacy of Healthcare Workforce; Lessons from the IOM Report

Meeting the Oral Health Needs of the Aging
Population: Education, Service and Advocacy

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Why is this important?

1. Future population demographics
2. Older persons use more services
3. Current care is not optimal
4. Inadequate workforce

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Older Persons Use More Services

- ~80% have a chronic disease
- Geriatric syndromes
- Current 12% of the population use:
 - 26% of physician office visits
 - 35% of hospital stays
 - 34% of prescriptions
 - 38% of EMS responses

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How Did This Study Come About?

- AARP
- Archstone Foundation
- Atlantic Philanthropies
- California Endowment
- Commonwealth Fund
- Fan Fox and Leslie R. Samuels Foundation
- John A. Hartford Foundation
- Josiah Macy, Jr. Foundation
- Retirement Research Foundation
- Robert Wood Johnson Foundation

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Three-Pronged Approach to Building Capacity

- Enhance geriatric competence of general workforce in common problems
- Increase recruitment and retention of geriatric specialists and caregivers
- Implement innovative models of care

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Inadequate Professional Workforce

1. Inadequate numbers of specialists
2. Poor recruitment of specialists
3. Not enough general training

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1. Inadequate Numbers of Specialists

- ~7,100 geriatricians and declining
- ~1,600 geriatric psychiatrists
- Less than 1% of nurses and pharmacists and less than 4% of social workers specialize in geriatrics

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2. Poor Recruitment

- Negative stereotypes of older adults
- Lower incomes
- High cost of training
- Lack of opportunity for advanced training

Dentists

- Geriatrics not recognized as a specialty for certification
- 13 programs for academic geriatric dentistry
- No residencies specific to geriatrics
- Geriatrics not explicitly tested on board examinations

Registered Nurses

- Less than 1% of RNs certified in geriatrics
- 29% of baccalaureate programs have a certified faculty member
- 1/3 of baccalaureate programs require exposure to geriatrics
- Associate degree programs - unknown

Pharmacists

- Less than 1% certified in geriatrics
- 10 residency programs in geriatric pharmacy (out of 351)
- One fellowship position (Alzheimer's Disease)

Social Workers

- In 1987, the NIA estimated a need for 70,000 geriatric social workers by 2020
- Today, only 4% specialize (about 1/3 of that estimated need)
- Between 1996 and 2001, the number of students specializing in aging decreased by 15.8%



Enhancing Competence (4.1)

Hospitals should encourage the training of residents in all settings where older adults receive care, including nursing homes, assisted-living facilities, and patients' homes.



Enhancing Competence (4.2)

All licensure, certification, and maintenance of certification for health care professionals should include demonstration of competence in the care of older adults as a criterion.



Increasing Recruitment and Retention (4.3)

Public and private payers should provide financial incentives to increase the number of geriatric specialists in all health professions.



Increasing Recruitment and Retention (4.3a)

Enhancement of reimbursement for clinical services delivered to older adults by practitioners with geriatric certification.



Increasing Recruitment and Retention (4.3b)

Enhancement of the Geriatric Academic Career Award (GACA) program to support junior geriatrics faculty in other health professions in addition to medicine.



Increasing Recruitment and Retention (4.3c)

- Loan forgiveness, scholarships, and direct financial incentives for professionals who become geriatric specialists.
- National Geriatric Service Corps



Median Hourly Wages, 2006

<u>Nurse Aides</u>	<u>Home Health Aides</u>	<u>Personal and Home Care Aides</u>	<u>Food Counter Attendants</u>
\$10.67	\$9.34	\$8.54	\$7.76



Direct-Care Worker Turnover

- 40-60% of home health aides leave in one year; 80-90% in first 2 years
- Assisted-living staff turnover: 21-135%
- CNA turnover: 71% on average
- Turnover costs employers \$4.1 billion annually



Enhancing Competence (5.1)

States and the federal government should increase minimum training standards for all direct-care workers.

continued



Enhancing Competence (5.1), continued

Federal requirements for the minimum training of CNAs and home health aides

- raise to at least 120 hours
- include demonstration of competence in the care of older adults as a criterion for certification.



Increasing Recruitment and Retention (5.2)

State Medicaid programs should increase pay and fringe benefits for direct-care workers.



Prevalence of Chronic Disease

	Age 18+	Age 65-74	Age 75+
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

Prevalence of Disability/Limitations

	Age 18+	Age 65-74	Age 75+
Trouble hearing	16.8	31.9	50.4
Vision limitations	9.5	13.6	21.7
Absence of all natural teeth	8.0	22.8	29.4

Current Care is Not Optimal

- Little guidance on effective interventions
- Proportion of recommended care that is received declines with age
- Models shown to be effective and efficient are not implemented widely
- Lack of payment for interdisciplinary care, care coordination, patient education, and geriatric expertise.

Implementing Innovative Models of Care

- Disseminating known models
- Discovering newer models
- Expanding individual roles
- Improving capacity and safety

Principles for Redesigning Models of Care

The health needs of the older population need to be addressed comprehensively;

Services need to be provided efficiently;

Older persons need to be active partners in their own care.

Effective Features of New Models

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

Why Aren't Successful Models of Care Implemented Widely?

In general, innovative models of care for older persons are difficult to diffuse because of administrative and financial barriers.

Disseminating Known Models (3.1)

Promote the dissemination of those models of care for older adults that have been shown to be effective and efficient.

Discovering Newer Models (3.2)

Increase support for research and demonstration programs.

- promote development of new models
- promote effective use of the workforce



Expanding Individual Roles (3.3)

Expand the roles of individuals beyond the traditional scope of practice, such as through job delegation.

- Development of an evidence base
- Measurement of additional competence
- Greater professional recognition and salary



Improving Capacity and Safety (6.1)

Support technological advancements that could enhance an individual's capacity to provide care for older adults.

- ADL technologies
- Health information technologies, including remote technologies



Summary of Recommendations

- All providers (including family and friends) need to have the core competencies in caring for older persons
- Recruit and retain a cadre of geriatric specialists
- Redesign health care delivery to achieve the vision of care



What has happened since 14 April 2008?

- Immediate impact
- Sustained interest
- Legislative activity

Boomers to Flood Medical System - Associated Press



“Caring for Our Seniors: How Can We Support Those on the Frontlines?”

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Senate panel calls on Martha Stewart

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By Fred Barlet, Getty Images

WASHINGTON (AP) — Martha Stewart will provide her personal experience and celebrity status when a Senate committee reviews on Wednesday how the government should expand and train its long-term care workforce.

Research and technical expertise will be provided by the Institute of Medicine, which provides independent guidance to the nation on health and science matters.

Stewart, the homemaking expert turned business tycoon, will warn that the nation is on the cusp of a caregiving crisis as 79 million baby boomers begin turning 65 in the coming years.

One week after release

- >100 print, broadcast, and online stories
- Video monitoring:
 - >300 hits; ~59 unique hits
- >250 million media impressions

Eldercare Workforce Alliance

- 29 National Organizations
- www.ewalliance.org
- "...representing consumers, family caregivers, the direct-care workforce, and healthcare professionals-to propose practical solutions to strengthen our eldercare workforce and improve the quality of care."

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Continued Focus at National Academies

- "The Grand Challenges of Our Aging Society"
- Family caregivers
- Geriatric mental health workforce
- End-of-life/palliative care

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Retooling the Health Care Workforce for an Aging America Act of 2009

- S. 245 - Kohl (7 cosponsors)
- H.R. 468 - Schakowsky (11)
 - "...expand training for health professionals in the fields of geriatrics, long-term care, and chronic care management"

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Advance Planning and Compassionate Care Act of 2009

- S.1150 – Rockefeller (7 cosponsors)
- H.R. 2911 – Blumenauer (3)
- Establish a National Geriatric and Palliative Care Services Corps

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America's Healthy Future Act

- Bonus payments for geriatrics specialists (and other primary care)
- Create 'Workforce Advisory Committee' to develop national strategy
- Demonstration projects
 - Develop training and certification programs for personal and home care aides
 - Support low-income individuals for job training

-continued

America's Healthy Future Act

- Rockefeller Amendment:
 - Geriatricians = primary care providers
- Wyden Amendment:
 - Develop geriatrics training content for direct-care workers

Looking Ahead

“The Medicare Trust Fund [...] is one half of the problem. The other half of the problem is the geriatric health care workforce. Because even if there is enough money, there isn't going to be anyone there to provide the care.”

John W. Rowe, 04/14/2008

Summary of Recommendations

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- Recruit and retain a cadre of geriatric specialists
- Redesign health care delivery to achieve the vision of care

**Retooling for an Aging America:
Building the Health Care Workforce**

www.iom.edu/agingamerica

**Aging Gracefully: Building the Health Care
Workforce for an Aging America**

www.nap.edu

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