

HEALTH AFFAIRS BLOG

WORKFORCE IN THE COMMUNITY

RELATED TOPICS:

HOME CARE | LONG-TERM SERVICES AND SUPPORTS | EMERGENCY DEPARTMENTS | QUALITY OF CARE
| SYSTEMS OF CARE | PATIENT CARE | ORGANIZATION OF CARE | HEALTH CARE PROVIDERS
| COMMUNICATIONS | CARE COORDINATION

How ‘Upskilling’ Can Maximize Home Care Workers’ Contributions And Improve Serious Illness Care

Angelina Drake

MARCH 4, 2019 DOI: 10.1377/hblog20190227.420595



The work of caring for Americans who wish to continue living in their homes as they age and manage illnesses has become increasingly complex. Populations receiving long-term

supports and services are [growing at unprecedented rates](#), living longer, and presenting a greater prevalence of serious, [chronic](#), and [comorbid](#) conditions. To effectively manage these conditions and the costs they incur, health care systems must better train and use the workforce that provides more hours of paid care to patients than any other provider: home care workers.

Home care workers include home health aides and personal care aides, who support daily activities for people with functional limitations due to aging, disabilities, or illness. Personal care aides provide social supports to help patients remain active in their communities, while home health aides perform [added clinical tasks](#) under supervision.

Maximizing home care workers' effectiveness through upskilling typically entails enhanced training in a set of core competencies and workflow innovation that allows these workers to contribute observations from the home to other practitioners on a care team.

Upskilling Models In Practice

A [number of long-term care providers](#) have recognized the opportunities presented by home care workers to support the delivery of higher-quality care in home and community settings at lower costs. Upskilling [training](#) and care team integration of more than 6,000 [home care workers in California's In-Home Supportive Services program](#) contributed to a 41 percent decline in the rate of repeat emergency department (ED) visits and a 43 percent decline in the rate of rehospitalization, yielding savings up to \$12,000 per patient. Even short-term intensive skill building, such as a program targeting symptom identification, condition management, and promotion of health behaviors and medication adherence among [home health aides at Partners in Care](#) in New York, is associated with statistically significant improvements in self-care and quality of life among high-risk patients.

In 2015, I was part of a team that developed [a new model to support upskilling](#) among home health aides and improve care transitions for Medicaid-eligible, long-term care patients in New York City. In a pilot program, we provided more than 200 hours of training in chronic disease knowledge, communication skills, and enhanced observe/record/report skills to home health aides who were elevated to the new role of Care Connections Senior Aides. These aides then made home visits to support the on-the-job upskilling of hundreds of entry-level home care workers to help improve patient transitions from the hospital and solve caregiving challenges. The senior aides also

served as links to interdisciplinary teams, bringing information from the home to inform decisions about care.

Outcomes from this pilot included an 8 percent reduction in the rate of ED visits among 1,439 patients, reduced strain among patient family members, and improved job satisfaction among home care workers. Participants offered scores of anecdotes in which previously undetected conditions—urinary tract infections, unmanaged diabetes, shingles rashes, unfilled medication or device prescriptions, and even bed bug infestations—were addressed in the home before escalating, through a combination of improved observation and communication by home care workers. For many home care workers, the conversation with these senior aides was the first time in years of caregiving that they'd been asked for information about a patient.

Most people who spend time with home care workers know that these professionals are routinely underestimated. They are undervalued and underused in health care delivery, with median pay of **\$11.03 per hour** without benefits, inconsistent and largely inadequate training standards, and scarce opportunities for career growth and engagement with other providers. The field's low wages are rooted in the historic devaluation of labor performed in the home and generations of discrimination based on gender and race. These factors drive high rates of turnover in home care, estimated to be between 40 percent and 60 percent nationwide. But with the right supports, home care workers can contribute more meaningfully to both health and quality-of-life outcomes for individuals receiving home and community-based care, giving patients a better chance of managing illnesses and of preventing avoidable hospital admissions and negative health outcomes. By showing what home care workers can do, upskilling models may also hold the key to driving critically needed investment in what are among the **largest and fastest-growing**—but also some of the poorest-quality—jobs in the country.

The Need For Upskilling

Training standards for home care workers have not kept pace with the shifts in demographics and long-term care policies that have contributed to higher levels of acuity among patients. There are no federal training standards for personal care aides, and **only five states** require more than a week of instruction for this title. Home health aides who work at Medicare-certified home care agencies are mandated by federal legislation to receive 75 hours of training, although the National Academy of Medicine (formerly the Institute of Medicine) **recommends** at least 120 hours. Currently, **only six states** have adopted a 120-hour home health aide training standard, and 33 states require no more than the federal minimum. For independent providers (home care workers in consumer-

directed programs or hired through private arrangements), it is incumbent on patients and their families to provide training, which is not subject to state or federal standards.

Advocates have raised [concerns](#) about the quantity and quality of existing home care training programs. Inadequate training can hinder workers' ability to deliver quality care and threatens the stability of the workforce overall; those who enter home care feeling unprepared for its demands are less satisfied in their jobs and are [more likely to leave](#) the profession.

Effective home care work requires a diverse interplay of skills. Home care workers need some clinical knowledge of patient conditions and how to support patients in managing these conditions in the home. They also need relational competencies to communicate effectively and respectfully with patients and family members. Furthermore, home care work is physically demanding, with some of the country's [highest rates of occupational injury](#), and also requires psychological resilience to support patients dealing with the range of emotions associated with aging, illness, or limited mobility—and to manage one's own stress in the process.

Quality care for individuals with chronic and serious illnesses entails attention to an array of health-related, environmental, and social factors in the home to prevent worsening of the patient's condition. Rather than relying on home care workers to cultivate these skills on their own over time, health care systems could better prepare this workforce by investing in upskilling training and the integration of home care workers into care coordination.

Enhanced Training

Upskilling underscores competencies within home care workers' existing scope of practice. Enhanced training in clinical topics can improve workers' understanding of patient health conditions and their ability to attend to a care plan, navigate transitions in care, and support health-promoting behaviors. Home care workers can be better trained to identify the signs and symptoms of worsening or emergent conditions among patients—such as changes in sleep patterns, difficulty breathing, or weight gain. Home care workers can also assist in keeping track of patients' medical appointments and in the management of and adherence to medication and other home therapies.

In addition to clinical competencies, upskilling can enable home care workers to contribute to the social and environmental conditions shaping patient health. For instance, home care workers could observe for stressors in the home, such as pollution, fall risks, and social isolation. Some solutions may be within home care workers' purview,

such as removing allergenic household items or engaging the patient in social activities. Other more structural barriers to health, including income or food insecurity, may be beyond home care workers' direct influence. But by recognizing and reporting on these factors, aides can help other providers connect patients with community supports to provide relief.

While the competencies described here are foundational to the preparation and regulation of many health professions, they are rarely included or sufficiently imparted in home care training. Upskilling that introduces or reinforces knowledge of and attention to medical and social determinants of health offers significant value to home care workers and those they care for.

Integration Into Care Coordination

With enhanced training, home care workers can provide a more complete picture of a patient's condition. However, the benefit of this information to the larger health care system is limited without workflow innovations that transmit home care workers' observations and ensure other practitioners value them.

Home care workers are rarely asked to report on patient conditions and behaviors to other health care providers. In the prevailing model of service delivery, aides wishing to communicate an issue in the home face a labyrinthine process in which an incident report is passed through multiple agencies and personnel, often taking days to generate a response. In the meantime, the worker is likely to have called 911 or taken the patient to the ED. In addition to protracted communication pathways, negative perceptions of home care workers, and their abilities, among other health care professionals make workers reticent to come forward and further hinder the flow of information from the home.

But home care workers hold valuable information about patients. They develop familiarity and trust with those they assist, often retaining the most detailed and up-to-date understanding of a patient's health and well-being. In combination with upskilling training, bringing home care workers onto interdisciplinary care teams—either as full members or through a regular reporting structure—allows for more informed decision making about patient care.

Moving The Needle Forward

While upskilling has shown promising outcomes, most demonstrations involving home care workers struggle to sustain funding beyond a pilot period and lack the type of formal

evaluation needed to make the definitive case for the intervention. The home care workforce is [understudied](#) relative to other health professions, particularly in relation to the workforce's impact on [clinical outcomes](#). Long-term care providers and training agencies—the actors typically implementing upskilling—often lack access to patient data related to primary and acute care, such as verified ED visits, making it difficult to track health outcomes and cost savings. Yet, these are the metrics needed to compel greater investment in this workforce from health systems, public and private payers, and policy makers.

More programs are needed to fund and evaluate training and care coordination models that elevate the role of home care workers. States transitioning to managed care have incentives to improve outcomes and lower costs, and while their innovations largely have been concentrated in acute care settings, some [state-level funding initiatives](#) are now targeting the long-term care workforce. Value-based payment programs also present opportunities to support investment in home care workers by rewarding insurance plans and employers that improve job quality for this workforce and maximize its contributions. At the federal level, passing [bills introduced to fund upskilling initiatives in home care](#) could build the evidence base for these interventions while providing better jobs to thousands of low-income workers.

To achieve quality care to meet today's demand, and growing, future demands, there must be a change in how the home care workforce is valued. Demonstrating that value through upskilling and optimal deployment will show that these workers can do more, and deserve more, than the current system imagines.

Health Affairs Comment Policy

Comment moderation is in use. Please do not submit your comment twice -- it will appear shortly.

Please read our [Comment Policy](#) before commenting.



1 Comment

Health Affairs

 Login ▾

 Recommend

 Tweet

 Share

Sort by Best ▾



Join the discussion...

LOG IN WITH

OR SIGN UP WITH DISQUS 

Name