

REPORT ON DIRECT CARE WORKFORCE DATA TRACKING IOWA CAREGIVERS



PURPOSE: The Special Conditions for Contract # 5887NW02 (FY17) includes work and services which charges Iowa CareGivers with submitting a report on existing direct care workforce central data bases and their purpose; making recommendations on how to best achieve measurable outcomes; and identifying potential funding sources to support system infrastructure.

This charge aligns with discussion at the 2015 – 2016 DCW 2020 Regional Listening Sessions when participants identified the need for direct care workers (DCW), employers, and consumers to have access through a **DCW central data base** for information related to a direct care worker's training and credentials or certifications.

DCW is the umbrella name for the workforce commonly referred to as direct support professionals, direct care workers, supported community living workers, home health aides, certified nursing assistants, patient care technicians, etc. Consistent with the charge given to Iowa CareGivers, Direct Care Worker/Workforce (DCW) will be used in this report.

Registry, repository, portfolio, and DCW central data base are terms used to describe a source for housing a direct care worker's training, credentials or certifications, and experience. The term **DCW central data base** will be used in this report.

INTRODUCTION: The vision of a comprehensive Direct Care Workforce infrastructure can seem daunting and out of reach. However, the strengths and opportunities identified during the 2016 Direct Care Workforce Initiative Summit suggests that this vision may be closer than might be perceived; e.g. recognition of early foundational work, the existence of comprehensive competencies for the workforce, stakeholder engagement, ever-increasing collaborative capacity between private and public sectors to see action, high employer awareness, Career and Technical Education (CTE) redesign, greater emphasis on quality of care and the relationship of quality care and public safety to workforce stability, etc.

To achieve the vision of a comprehensive DCW infrastructure, there needs to be collective action engaging all partners to stand behind a common agenda of supporting a basic underlying framework of policies, financial and human resources, organizational structures, and communication channels that results in assuring all Iowans receive services when and where they need them.

The foundation for such collective action and subsequent investment into a DCW infrastructure is a robust data system able to collect and analyze new and existing data about the direct care workforce, and turn it into valuable information to be used to address the direct care workforce "Care Gap".

A robust data system would, at a minimum:

- Collect data and identify emerging trends relating to the direct care workforce in all health and long-term service and supports (LTSS) settings, i.e.: hospitals, disability, nursing homes and home/community based, and identify at a minimum, the current number of DCWs in Iowa, diversity in the workforce, their employment settings, their current wages and benefits, and the types of services provided.
- Address the importance of timely background checks, and
- Ensure direct care workers, employers, and consumers have access to a DCW central data base that provides information related to a direct care worker's verified education and training records, credentials or certifications, and experience.

While a robust data system, as described, is essential to the overall assessment of the direct care workforce and planning to address the needs of lowans, recommendations for a comprehensive DCW data system go beyond the scope of this report.

Rather, **the focus of this Report is to explore one component of a comprehensive data system** – ensuring direct care workers, employers, and consumers have access to a DCW central data base that provides information related to a DCWs verified education and training records, credentials or certifications, and experience.

RATIONALE:

Essential Public Health Service: Assuring a competent public health and personal health care workforce is one of the 10 Essential Public Health Services.

State Health Improvement Plan: An overarching theme in Iowa's State Health Assessment is Health System Improvement & Evidence-Based Decision Making. lowans describe this theme as including care coordination, partnerships, patient engagement, accreditation, care transitions, workforce development (recruitment, training, retention, succession), & the use of data, information technology, & best practices.

Big Data: The importance of big data regarding the direct care workforce (DCW) in Iowa is well-documented. Iowa needs to have a system that collects and analyzes structured DCW data in data sets that can be used across all health and LTSS settings, i.e. hospital, disability, nursing homes and home/community based.

Credible DCW Data and Analysis of the Data is Necessary to:

- Inform public policy about the current and emerging trends regarding the health and LTSS delivery system in Iowa,
- Update/change policy and regulations so contemporary needs of the health and LTSS delivery system in Iowa can be more effectively met,
- Use in resolving barriers and challenges identified by both DCW and employers,
- Use in exploring models of policies or initiatives that are working in Iowa and other states,
- Improve quality outcomes,
- Facilitate consumer decision-making resulting in better meeting quality-of-service expectations of Iowa consumers; i.e. public protection.

DCW 2020 Regional Listening Sessions (2015 – 2016): As part of the Direct Care Workforce Initiative, Iowa CareGivers hosted eleven (11) Direct Care Workforce 2020 Regional Listening Sessions across the state of Iowa during 2015 and 2016. Nearly two hundred (200) participated in the eleven (11) sessions. They included nursing homes, home care and other community-based providers, hospitals, hospices, residential-care facilities; and community colleges and their faculty who educate those in direct care. Listening session participants actively engaged in identifying issues impacting the DCW in Iowa and contributed to the 2016 *Shaping Solutions for the Future: Direct Care Workforce Recruitment and Retention*.

There was recognition that some progress has been made in addressing the needs of the direct care workforce, their employers, and consumers or those for whom they provide care, supports and services. At the same time, there was also consensus that a great deal of work needs to be done.

Reoccurring themes included:

- Access through a **DCW central data base** to information related to a direct care worker's training and credentials or certifications,
- Need for **greater public awareness** and **advocacy** resulting in improving public perception of direct care workers and **Action** on recommended strategies to address identified direct care workforce issues (the need for a unified message was recognized),
- Review and **changes to regulations** to better reflect the current delivery system for long-term care, services and supports and consistency across all work settings,
- Need to address background checks,
- **Mentoring and training** programs, and
- Providing **livable wages**, and family sustaining **benefits including retirement**.

Ability to Record/Access DCW Experience and Training – A Portfolio:

Increasingly, it is important to ensure DCWs, employers, and consumers have access to a DCW central data base that provides information related to a DCWs verified education and training records, credentials or certifications, and experience. DCWs recognize the importance of maintaining a portfolio in a secure place where documentation of their training, credentials or certifications, experience, community service, etc. is located. This will become even more important as there is increased portability of training and credentials across all settings.

Employers and consumers would benefit from having access to the documentation during recruitment, selection and continuing throughout employment of the DCW whether as an agency employee or consumer directed/private individual.

Older lowans Legislature (OIL) Workforce Legislative Priority:

Easing Workforce Challenges is proposed legislation to address critical health and long-term services and support (LTSS) workforce challenges by 1) Tasking and funding the Department of Public Health (IDPH) to serve as the "backbone" for addressing recruitment and retention of the direct care workforce and other high demand sectors needed to meet the existing and future needs of lowans and **in partnership with key public and private stakeholders; and in alignment with recommendations of the Older lowans Legislature, Future Ready Iowa Initiative, United Ways' Skills to Compete Coalition, Elevate Aging Collaborative, VNS/HCI, and the Direct Care Workforce Summit;** and 2) enabling the IDPH, while retaining existing successful workforce initiatives, to allocate unused portions of funds, currently allocated to health and LTSS workforce initiatives, to more fully support and bring to scale the existing direct care workforce initiatives and better meet the need for other high demand sectors of the workforce.

The proposal specifically includes establishing "a repository to support accurate records and portability of training credentials and certifications".

Background checks need to be addressed!

Timeliness of response, criteria for reviewing background history, and other related challenges are real barriers to recruitment!

And then... there's the 8-hour rule, and instructor qualifications. The list goes on with many of the changes related to a paradigm shift in what and where person-centered services and care is provided in today's world!



We know some important things about the direct care workforce that provides long-term services and supports to thousands of lowans. But it's what we don't know that could hurt us!

People don't know what direct care workers do..... until they need one! People don't recognize the importance of direct care workers to delivery of health and long-term services!

Big data is a term for large amounts of data and sets of data that can be analyzed to determine trends.

BACKGROUND/EARLY FOUNDATIONAL WORK

Iowa Better Jobs Better Care

The Iowa Better Jobs Better Care (BJBC) program, a 3 ½ year (2004 – 2007) \$1.3 million grant, was funded by the Robert Wood Johnson Foundation and the Atlantic Philanthropies. The program was established in response to growing concerns about the dramatic gap between the numbers of well educated, skilled, and committed DCWs available and the increasing demand for the care and supportive services being brought on by the explosive numbers of people reaching retirement age over the next several years. The purpose of the BJBC program was to impact policy and practice to bring about improvements in the long-term care system that would increase the recruitment and retention of DCWs. One of the BJBC objectives was to expand the Iowa Nurse Aide Registry.

Workforce Data Collection and Tracking

The information management system will collect comprehensive data on the direct care workforce for the first time. The data will assist the Iowa Department of Public Health, Iowa Workforce Development, and other state agencies in making projections about workforce trends and demand.

It was recognized that direct care worker education standards and the systems that govern them are fragmented, inconsistent, inadequate, and outdated. All CNAs who work in nursing facilities are required by federal law to be placed on the Iowa Nurse Aide Registry. With funding (\$125,000) from the BJBC program to the Department of Inspections and Appeals, major technological changes were made to expand the Iowa Nurse Aide Registry, creating fields that would track education/training/certifications of DCWs and changing the name to the Iowa Direct Care Worker Registry. With the expansion, the Registry could accommodate all DCW job classifications; however, with the end of the grant, the Expanded DCW Registry was never brought to scale – the Expanded DCW Registry sits “on a shelf”.

2006 Direct Care Worker Task Force Report and Recommendations

The 2006 report and recommendations included the following recommendations:

- **Shift Responsibility for Credentials to Individual Direct Care Workers**

Recommendation – IDPH and the implementation task force will change current policy to assign responsibility of maintaining credentials and continuing education and training to the individual direct care worker and shift that responsibility from the employer.

- **Expand the Iowa Direct Care Worker Registry**

Recommendation – The Iowa Direct Care Worker Registry shall be called the Directory of Certified Direct Care Workers and will include all classifications of certified direct care workers as well as their completed education and training. The Task Force recognizes that resources are needed to expand the Iowa Direct Care Worker Registry. To view the 2006 DCW Task Report and Recommendations, visit: <http://bit.ly/2khPmV9>.

A 2016 Progress Report Indicates These Recommendations Remain An Issue With Ongoing Discussion.

Iowa Direct Care Worker Advisory Council Final Report – March 2012

The 2012 final report included a summary of work and resources invested into the development of a Direct Care Information Management System:

- The information management system will provide IDPH with a sophisticated way of tracking the workforce and allowing individuals to apply for and maintain credentials online. At the time of application, DCW will be asked to provide demographic and other information to assist Iowa in tracking and making projections for the workforce. Consumers and employers will utilize the public lookup function to determine the qualifications and credentials of DCW. DCW will receive recognition for the training they have received, and can demonstrate competency and qualifications to potential employers and consumers.
- The Direct Care Information Management system will have three major components – application and renewal of credentials, **comprehensive workforce data collection and tracking**, and an interface allowing members of the public to look up information about credentialed workers.

To view the Direct Care Worker Advisory Council - Final Report - March 2012, visit: <http://idph.iowa.gov/directcare/council>.

A 2016 progress report indicates these recommendations remain an issue with ongoing discussion.

Personal and Home Care Aide State Training (PHCAST) Grant

In 2010, IDPH was awarded a three year Federal Personal and Home Care Aide State Training (PHCAST) grant that provided, in annual increments, a total of \$2.25 million dollars over the full grant cycle. The purpose of the grant was to develop a model to improve recruitment and retention of the direct care workforce through standardized training and certification. Through funding from the PHCAST grant, the Prepare to Care curriculum was developed. Prepare to Care is a competency-based curriculum that facilitates portability of the training across settings – training that prepares DCWs to provide person-centered care, support, and services. Based on recommendations from the Direct Care Workforce Advisory Council and with the opportunity provided by the PHCAST grant, IDPH developed a direct care workforce portal within AMANDA, a professional licensure computer system. The AMANDA system collects applications for licensure from various health professions. Using both state funding and a portion of the federal PHCAST grant, IDPH invested \$400,000 for the direct care workforce portal component of the AMANDA system for tracking DCW training and certification, not exclusive to Prepare to Care. The AMANDA system is currently used by several health profession licensing boards and for tracking certification of other professionals. Due to several issues including the lack of funding and the end of the PHCAST grant, the AMANDA portal/the direct care workforce portal within this system was not finished. Care Book was established as a temporary program to capture training and certifications obtained through face-to-face instruction or completion of the Core Curriculum on-line. This has not been a fully automated system and has resulted in numerous concerns and issues for DCW and Instructors. Many of these issues have been addressed during a “Find It and Fix It” focus during the past two years; however, many challenges remain.

As of 2016, most tracking of DCW training and credentials or certifications remains with the employer – very often in paper format – and is not readily available to the DCW or consumers or portable across settings.

An essential infrastructure is currently lacking for efficient tracking and verification of training and credentials, consumer and public look-up, and critical workforce data to support planning.

REVIEW

Long recognizing the importance of having a data tracking system for DCWs, employers, and consumers to access information related to a DCWs training, credentials or certifications, and experience/employment history, the Direct Care Workforce Initiative Team inclusive of Iowa CareGivers, State Public Policy Group, University of Iowa College of Nursing, and the Institute of Public Health Practice have continued to explore existing or potential options.

This includes the aforementioned “Find It and Fix It” work effort, meetings with the Iowa Board of Nursing (AMANDA), Department of Inspections and Appeal (Nurse Aide Registry and past work on an Expanded DCW Registry), College of Direct Support Learning Management System, and research into other states’ registries.

| Authority | DCW Central Data Base | Additional Information |
|--|---|--|
| Department of Inspections and Appeals | Nurse Aide Registry | Federal mandate/Federal funding Limited to CNAs Revisions under construction |
| Inspections and Appeals | Expanded DCW Registry | See Background Developed as part of BJBC Program |
| University of Iowa College of Nursing | Care Book | See Background Developed as a part of PHCAST when funding not available for AMANDA platform. Head Master - Subcontractor |
| Institute of Public Health Practice | Prepare Iowa/Learning Management System | Institute provides on-line Core (<i>Prepare to Care</i>) |
| IDPH | Licensing Boards – Fully functioning (e.g. Nursing, Boards under Bureau of Professional Licensure, etc.) or under construction (e.g. Plumbing, EMS) | AMANDA Portal CSDC developed AMANDA/ Sub-Contractor in Des Moines (Launch IT) |
| Other DCW central data bases that might be reviewed | | |
| University of Minnesota/LMS – Elsevier Performance Manager/College of Direct Support – Iowa Association of Community Providers | | |
| Rewarding Work/States of Arizona, Connecticut, Kansas, Massachusetts, New Hampshire, New Jersey, Rhode Island, Vermont | | |
| Decision Critical/Multiple customers who employ direct care workers and other health care workers. | | |

Exploration has included recommendations as to purpose and data to be collected in this initial phase of developing a more robust DCW data base system.



REPORT ON DIRECT CARE WORKFORCE DATA TRACKING

The Purpose Of A DCW Central Data Base Would Be Multi-Faceted

- DCW ownership of achievements; i.e. training, credentials or certifications, experience, other. Resume builder. Portability of trainings/certifications across all settings,
- DCW and/or Employers can identify opportunities for professional development,
- Facilitate maintaining a skilled DCW to meet employer demands,
- Quality Assurance,
- Consumer protection/Resource,
- Facilitate outreach to DCW with access to mailing lists/reports,
- Facilitates changes to training/curriculums to accommodate changes in delivery of LTSS,
- Advocacy, and
- Foundation for collecting and analyzing additional DCW data needed to better understand the direct care workforce, needs, emerging trends.

Information Collected In A DCW Central Data Base Would Include Priority Data And Have The Capacity To Include Additional Information.

PRIORITY

- Name, Address, Other Contact Information
- Training/Education (training location, format such as face-to-face or on-line, etc.)
- Credentials and/or Certifications
- Background Check – Type of background check/Passed or Did not pass
- Work History/Experience, including competencies and skills
- Capacity to post a resume

OTHER

- Military Service
- Committee involvement and community service activities
- Professional leadership
- Honors, awards, grants, and scholarships
- Back ground information such as career objectives and goals

It is important to note that the Team shared a consensus that the data entered in the tracking system needs to be verified/valid (source of information).

RECOMMENDATION

The DCWI Team, inclusive of Iowa CareGivers, recommends a phased approach to development of the robust DCW data base needed to ensure continuous assessment of the direct care workforce, analyze data, and make data-based decisions regarding assuring all Iowans have access to high quality care and support through a stable health and long-term care workforce inclusive of direct care workers. Collaboration and partnerships between multiple stakeholders will be required throughout all phases.

Relative to the initial phase of establishing a DCW central data base to ensure DCWs, employers, and consumers have access to information related to a DCWs training, credentials or certifications, and experience, the following recommendation is made:

The Iowa Department of Public Health should have oversight in developing and implementing a comprehensive DCW Data System. This system should be developed in a phased-in approach in collaboration with multiple stakeholders and utilizing interagency agreements with other state agencies; i.e. Department of Inspections and Appeals, Iowa Workforce Development, Department of Education.

We recommend re-visiting the earlier work efforts in the development of a DCW Data Collection and Tracking System (2012), finishing the AMANDA/DCW Portal, and working with DIA to facilitate uploading of CNA information from Head Master resulting in an Expanded DCW Registry. By doing so, we can build upon work and resources already invested and reduce the amount of investment necessary at this time. It will be essential to have both the public and private sector represented in developing this system to reach consensus on any additional data needed, ensure the platform is developed in such a manner as to accommodate additional purposes for future phases, and assist in identifying funding to support the DCW central data base/data system.

In closing, Iowa CareGivers would be remiss if we did not recognize the importance of resources devoted to increase public awareness and outreach to DCWs and employers to promote voluntary utilization of the DCW central data base and to achieve the desired outcomes.

Iowa Department of Public Health Contract #5887NW02 (FY17)



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