



The Council
of State
Governments

NATIONAL LONG-TERM CARE WORKFORCE NETWORK

Topic: Defining the Nursing Home Clinician
Workforce Shortage

June 26, 2023

Agenda

- Introduction and Project Recap
- Defining the Nursing Home Clinician Workforce Shortage
 - Alex Bardakh, Senior Director of Public Policy & Advocacy, AMDA
 - Dr. Christian Bergman, Chair, AMDA State-Based Policy & Advocacy Subcommittee
 - Dr. Dan Haimowitz, Member, AMDA State-Based Policy & Advocacy Subcommittee
 - Dr. Nancy Istenes, Chair, AMDA Workforce Development Committee
 - Dr. Victoria Walker, Chair, AMDA Public Policy Committee
- Discussion
- Next Meeting and Adjourn

Long-Term Care Policy Guide



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Revitalizing the Direct Care Workforce and Supporting Family Caregivers

National Center for State Long-Term Care Workforce Policy (2023) Project Summary

- National Long-Term Care Workforce Network
- National Online Resource Center
- State Technical Assistance Services



Speakers

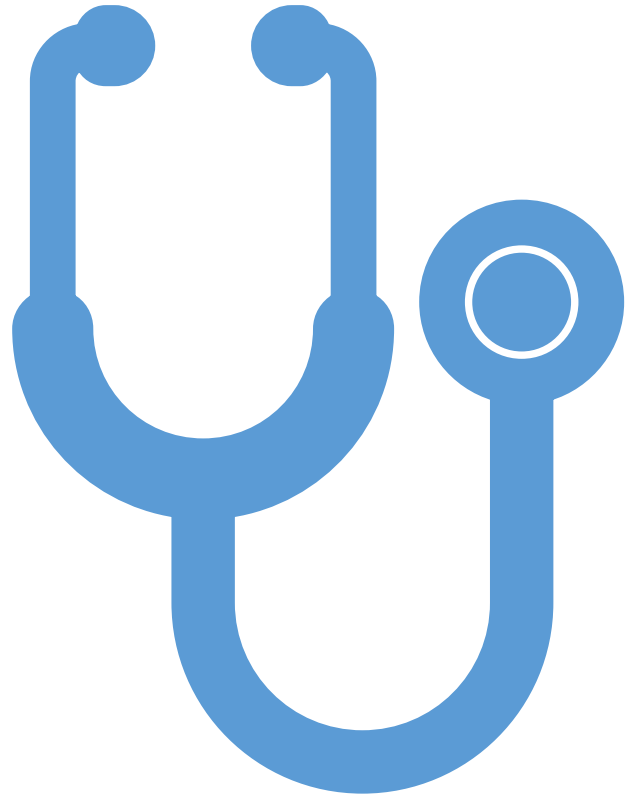
Alex Bardakh, MPP, CAE – AMDA Senior Director of Public Policy & Advocacy

Christian Bergman, MD, CMD, FACP – Chair AMDA State Based Policy & Advocacy (SBPA) Subcommittee, Virginia AMDA affiliate board member

Daniel Haimowitz, MD, FACP, CMD – SBPA member, prior AMDA board member/Secretary, Pennsylvania affiliate Public Policy Committee co-chair

Nancy Istenes, DO, FACP, CMD – chair AMDA Workforce committee, Ohio affiliate, CMO Saber Healthcare Group

Victoria Walker, MD, CMD – chair AMDA Public Policy committee, North and South Dakota affiliate, Avel eCare Senior Care and Avera Health medical director



AMDA and Healthcare Practitioners Roles in PALTC

AMDA

The Society for Post-Acute and Long-Term Care Medicine

Background

- Our name reflects inclusivity— Medical Directors, attending physicians, NPs, PAs, and more
- ~5000 members, multiple State/Regional chapters, practice across LTC continuum
- Affiliated Board (ABPLM) with Certified Medical Director (CMD) certification, Foundation, peer-reviewed journal (JAMDA)
- Medical Specialty Society – 2 seats in AMA House of Delegates
- Recent sole-source grant award from CDC to promote vaccination in LTC residents and staff

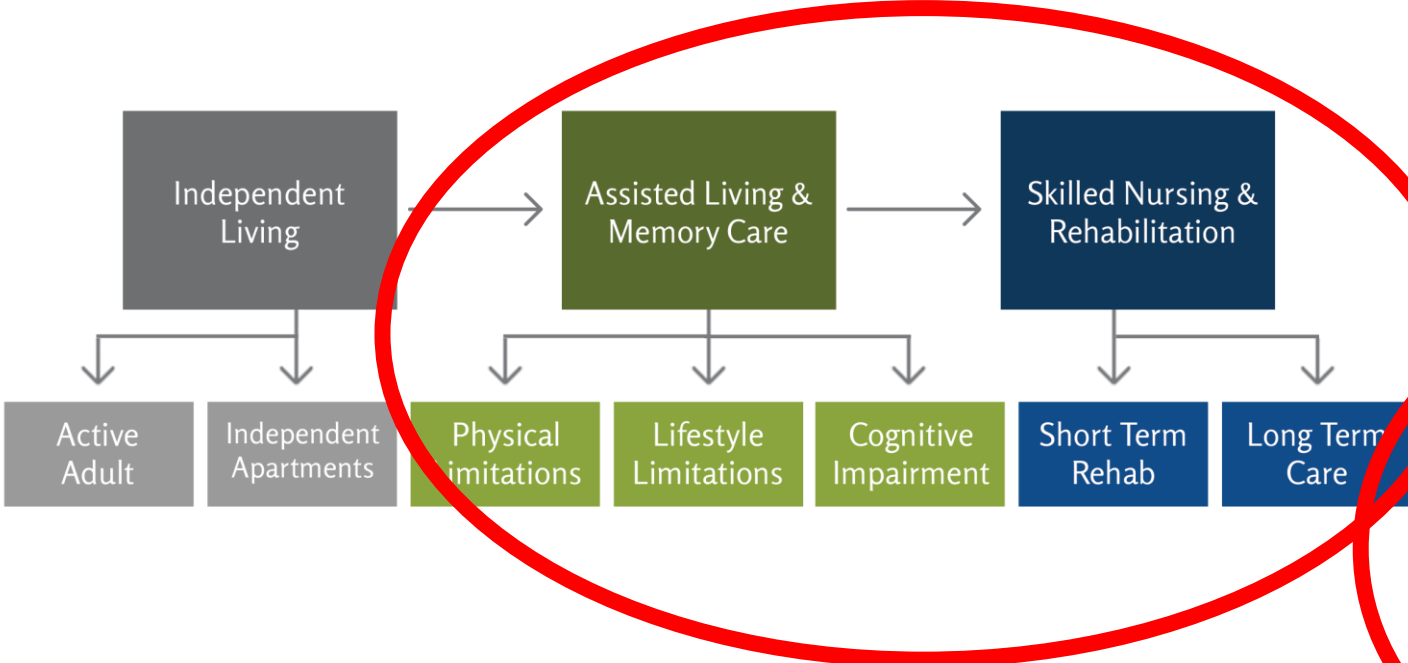


VISION: Our Desired Impact Statement

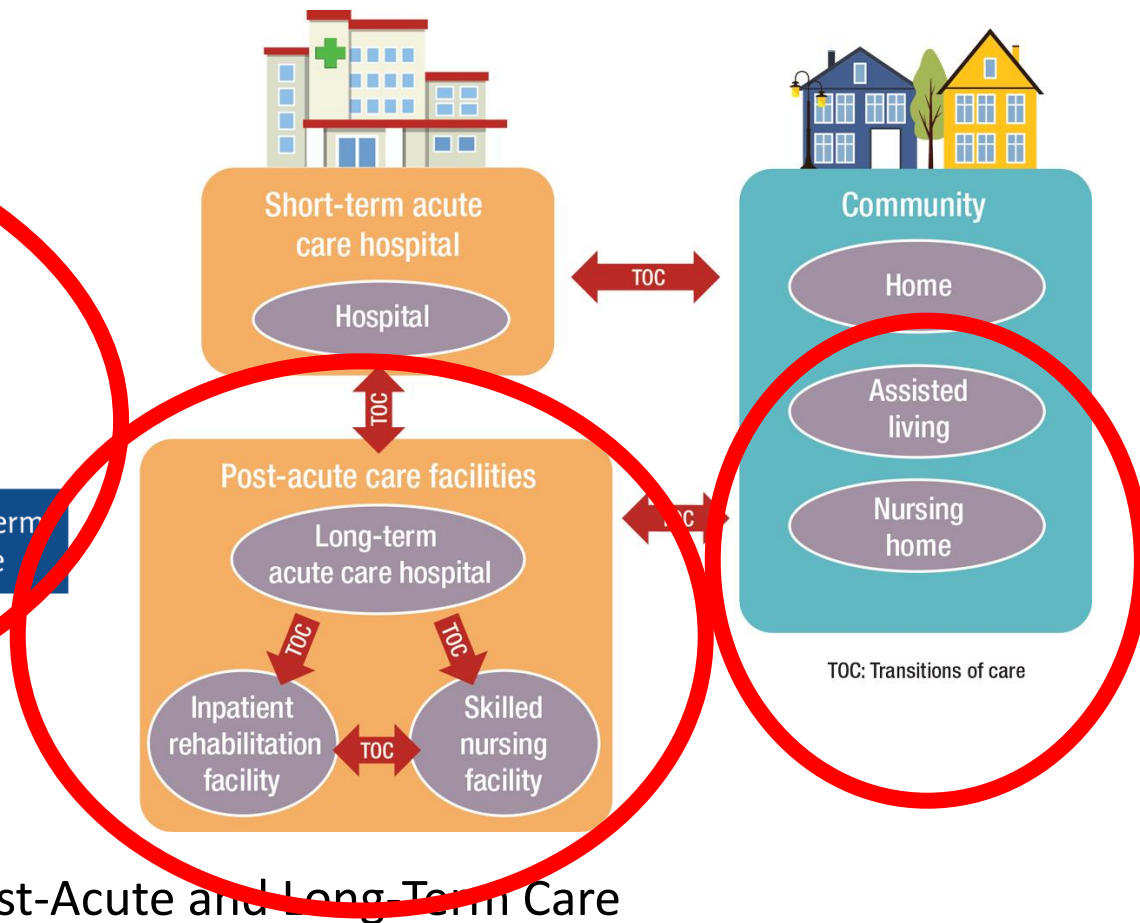
A world in which all post-acute and long-term care patients and residents receive the highest-quality care for optimum health, function, and quality of life.



Senior Care Continuum



Acute Care to Post Acute Care



PALTC – What is it?

- PALTC: Post-Acute and Long-Term Care

<https://gracepointgreeley.com/continuum-of-care-services/>
<https://www.the-hospitalist.org/hospitalist/article/128764/transitions-care/ready-post-acute-care/2/>

PALTC – Why is it important?

- The population age 85 or older is set to double between 2015 and 2032, and triple by 2050.
- More than half of Americans entering old age today will have a long-term need, averaging \$266,000 per person for about 2 years of serious self-care disability. More than half will be out-of-pocket.
- Millions of older Americans – 1 in 7 – will need LTSS for more than 5 years.
- The typical senior could afford only about 12 months of nursing home care, assisted living care, or extensive home care.
- An elder with high LTSS needs is about 50% more likely to enter Medicaid when comparing seniors with similar finances earlier in life.

PALTC – Why is it important to you?



LTC SIGNIFICANT
COMPONENT OF
STATE BUDGETS
(SERVICES AND
SUPPORTS)



LARGEST CHUNK
OF THIS MONEY
SHOULD GO TO
LABOR, THE
PEOPLE
DELIVERING THE
CARE



SHORTAGE OF
LABOR ACROSS
THE BOARD



POOR QUALITY
CARE COSTS
MORE



OPPORTUNITIES
TO IMPACT COST
AND QUALITY OF
LIFE

What's important in PALTC



QUALITY OF LIFE



COST



REGULATORY
COMPLIANCE

How do we accomplish these goals?



MEDICAL TEAM
(MEDICAL DIRECTORS,
ATTENDING PHYSICIANS,
NP/PA'S)



NURSING TEAM
(DON, ADON, UM, LPN, CNA)



ADMINISTRATION
(OWNERSHIP, DIRECTOR)

The Nursing Home Medical Director

42 CFR §483.70(h)

1. The facility must designate a physician to serve as Medical Director.
2. The Medical Director is responsible for:
 - a) Implementation of resident care policies; and
 - b) The coordination of medical care in the facility.



Typically, a contracted position—any physician with a license in most states



For most facilities, 5-20 hours monthly of administrative/QI/IC work



Subject matter expert in geriatric medicine, infection control, behavioral health, and the complex (~700 pages) regulatory environment of SNFs



Increasingly active in advocacy for LTC residents

Role of the Medical Director

Engagement

Fund of knowledge

Facility standards up to date

Ongoing review of potentially harmful policies

Spread up to date medical knowledge to
medical team

Medical Director Qualifications



AMERICAN BOARD
OF POST-ACUTE AND
LONG-TERM
CARE MEDICINE

- Certified Medical Director (CMD) through American Board of Post-Acute and Long-Term Care Medicine (ABPLM) based on:
 - Education
 - Experience
 - Management
- Value of CMD

The Nursing Home Medical Team Duties & Responsibilities



Team members

Attending Physicians
Advance Practice Providers (APPs – NP/PA)



Visit Frequency
Coordination of Care

Regulatory visits
Acute care visits



Oversight by medical director

Defining the Core Skills and Activities of the Attending Physician in Post-Acute and Long-Term Care



A recent article in JAMDA details an ABPLM job analysis of attending physicians in long term/post-acute care that documents the unique and specific role they play in this setting.

- AMDA – The Society for Post-Acute and Long-Term Care Medicine and the ABPLM continue to investigate options for recognition of physicians in PALTC.
- A promising option for recognition is as part of the American Board of Medical Specialties' (ABMS) Focused Practice Designation.
 - These areas are more limited in scope than those covered by subspecialty designation or may be procedural but without the extensive scientific, clinical, and organizational underpinnings of a separate subspecialty.

DOI: <https://doi.org/10.1016/j.jamda.2021.06.007>

AUDIENCE INPUT

- PAUSE
- Questions? Concerns?
- What would you like to see from medical directors and clinicians?



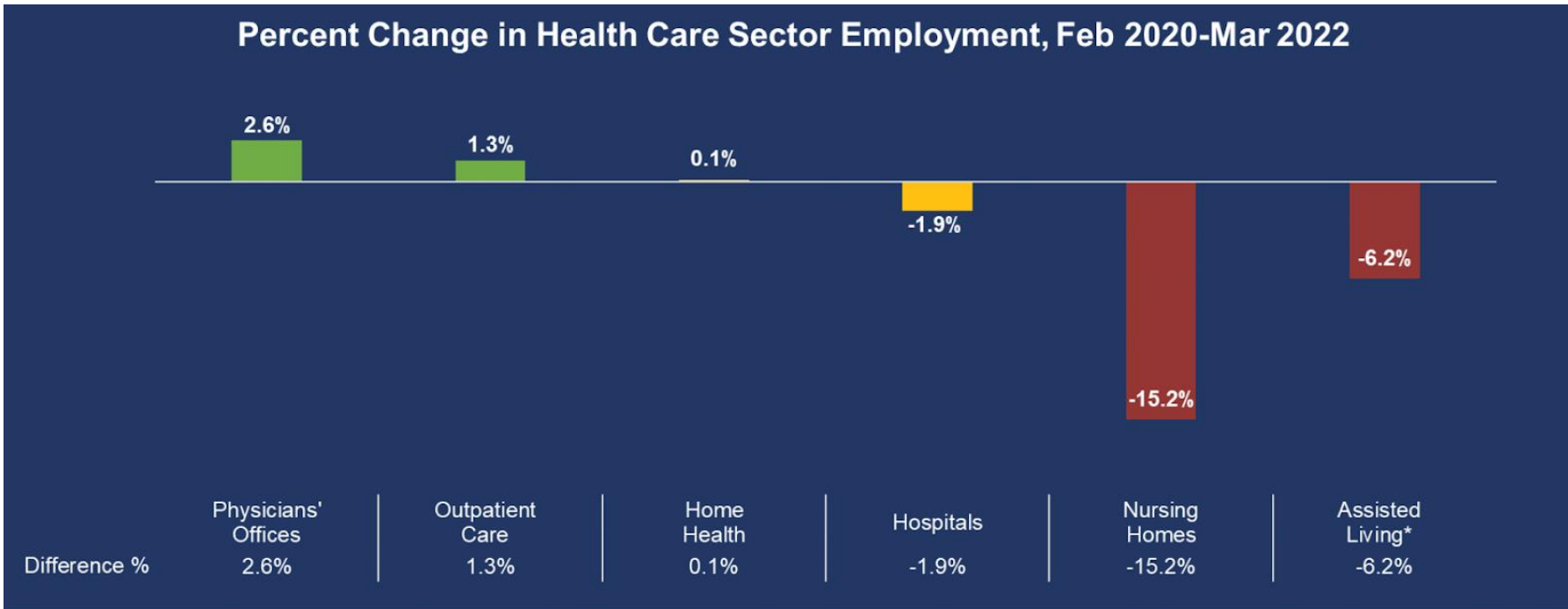


Nursing Home Clinician Shortages and Implications



Nursing Home Staff Shortages

Percent Change in Health Care Sector Employment, Feb 2020-Mar 2022



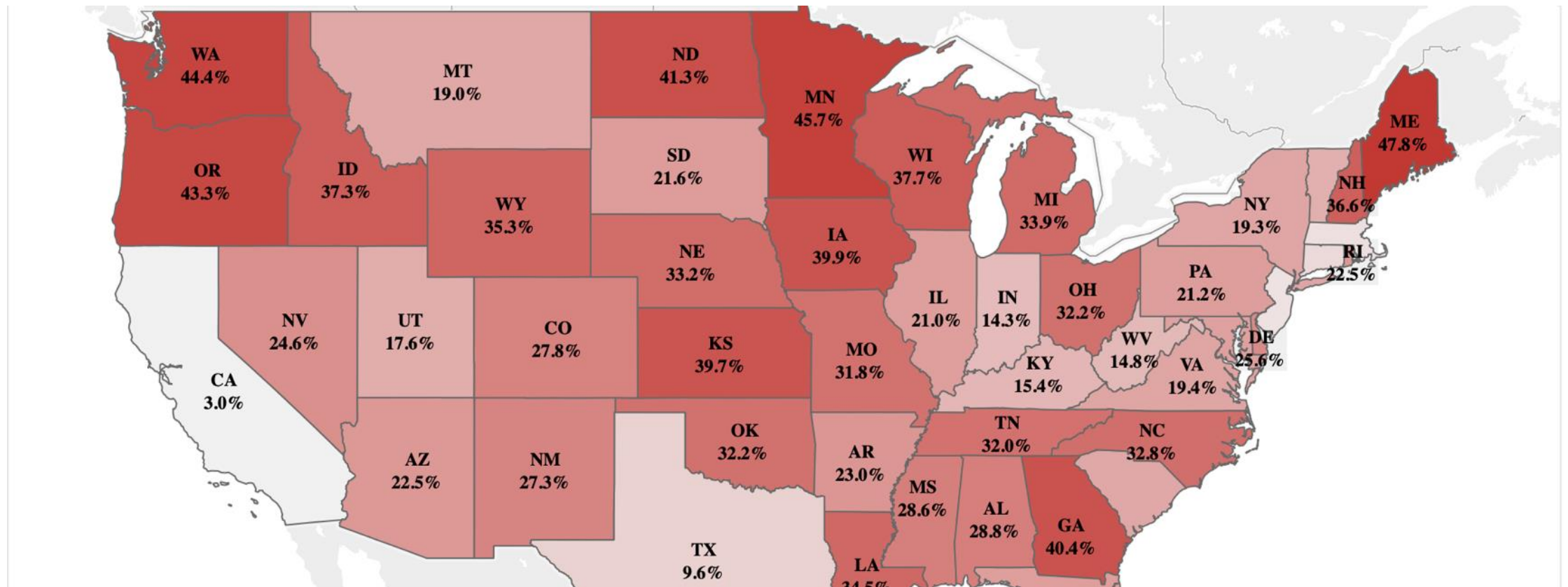
Source: Bureau of Labor Statistics (BLS) February 2020 – March 2022
*Assisted Living BLS data through February 2021

Many shortages in Nursing Homes:

- Nursing Homes (Minnesota)
- Nurses
- Nurses' Aides
- Healthcare Professionals

Percent of Nursing Facilities with a Shortage of Nursing Staff &/or Aides

- <https://www.aarp.org/ppi/issues/caregiving/info-2020/nursing-home-covid-dashboard.html> July 15, 2021



Staffing/Workforce



AMDA statements:

- Staffing and trained workforce are key to quality care
- Benefits/career ladders and training all factors for direct care workforce
- Continued support Geriatric Workforce Enhancement Program (GWEP) and Geriatric Academic Career Awards (GACA)
- We must find means to recruit, retain, and support our certified nursing assistants, licensed nurses, and other members of the care team who deliver and maintain the high-quality care of our residents.
- Public Pressure:
 - Center for Medicare Advocacy – staffing levels impact COVID deaths
<https://medicareadvocacy.org/nursing-home-staffing-is-key-to-covid-deaths/>
 - Health Affairs in March 2021 – staff turnover exceeds 100%
 - More pressure on minimum staffing levels- expected CMS rule soon
 - Full time infection control specialist
 - 24hr RN coverage
 - Infection control specialist

Complex Issue: Any decisions about staffing need to consider broader issues, including:

- the complexity and acuity of a facility's population;
- the functional level of residents and services required;
- creating consistent work schedules that are flexible to accommodate the changing needs of the residents along with improving consistent communication and documentation regarding the care needs of residents;
- the existence of staffing shortages for some types of staff in some geographic locations, and temporary staffing shortages due to such events as employee illness or termination;
- defining and including other categories of caregivers, such as medication aides, feeding assistants, restorative aides, family members, and activities professionals;
- the quality, competence, and engagement of staff leadership and supervision;
- addressing adequacy of training and skills development, and
- the career and educational development of staff (especially among newly licensed nurses).

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

CONSENSUS STUDY REPORT

THE NATIONAL IMPERATIVE TO IMPROVE
NURSING HOME QUALITY

Honoring Our Commitment to Residents, Families, and Staff

National Academies Of Sciences Report

- “The way in which the United States finances, delivers, and regulates care in nursing home settings is ineffective, inefficient, fragmented, and unsustainable.”
- Minimum staffing standards
- Must improve minimum education and competencies of interdisciplinary staff
- Transparency around medical director role!
- Improve financing mechanisms including value-based medicine!
- Adopt Health Information Technology in all nursing homes
- Full report <https://www.nationalacademies.org/our-work/the-quality-of-care-in-nursing-homes>

AMDA Workforce Initiatives

AMDA Workforce Development Committee – established March 2022.

AMDA Futures Program – increasing early career exposure to PALTC

PALTC Provider Curriculum – provides training and education to providers entering this area of medical practice at any point in their career

Advocating for clearer measurement of the PALTC provider workforce and provider shortages.



Shortage of Physicians in PALTC



DEFINING THE ISSUE



MEASURING THE
PROBLEM



ENACTING CHANGE

Who is Providing PALTC Medical Care

- NP/PA continue to increase presence in 2021 (through billing data):
 - NP: 41.4% all visits PA: 6.3% all visits NP/PA: 47.7% all visits
 - IM: 21.7% all visits FP: 12.1% all visits PMR: 5% all visits



Defining the Problem

- Virginia Example
- Demand: 287 nursing homes, approximately 100 residents/facility = 28,700 residents. Approximately 20% skilled patients = 5,000 SNF pts + 25,000 LTC pts
 - SNF patients visits 2x/week (520,000 visits per year)
 - LTC patients visits 2x/month (600,000 visits per year)
 - Total = 1,120,000 visits/year
 - Medical Directors (can't effectively cover >3 facilities), need 100
- Supply: 1 provider can see 10 residents/day at 5d/week, 4 weeks/month = 2,400 visits per year
- Demand / Supply = 1,120,000 / 2,400

467, 1.0 FTE PALTC clinicians + 100 medical directors needed

Measuring the Problem

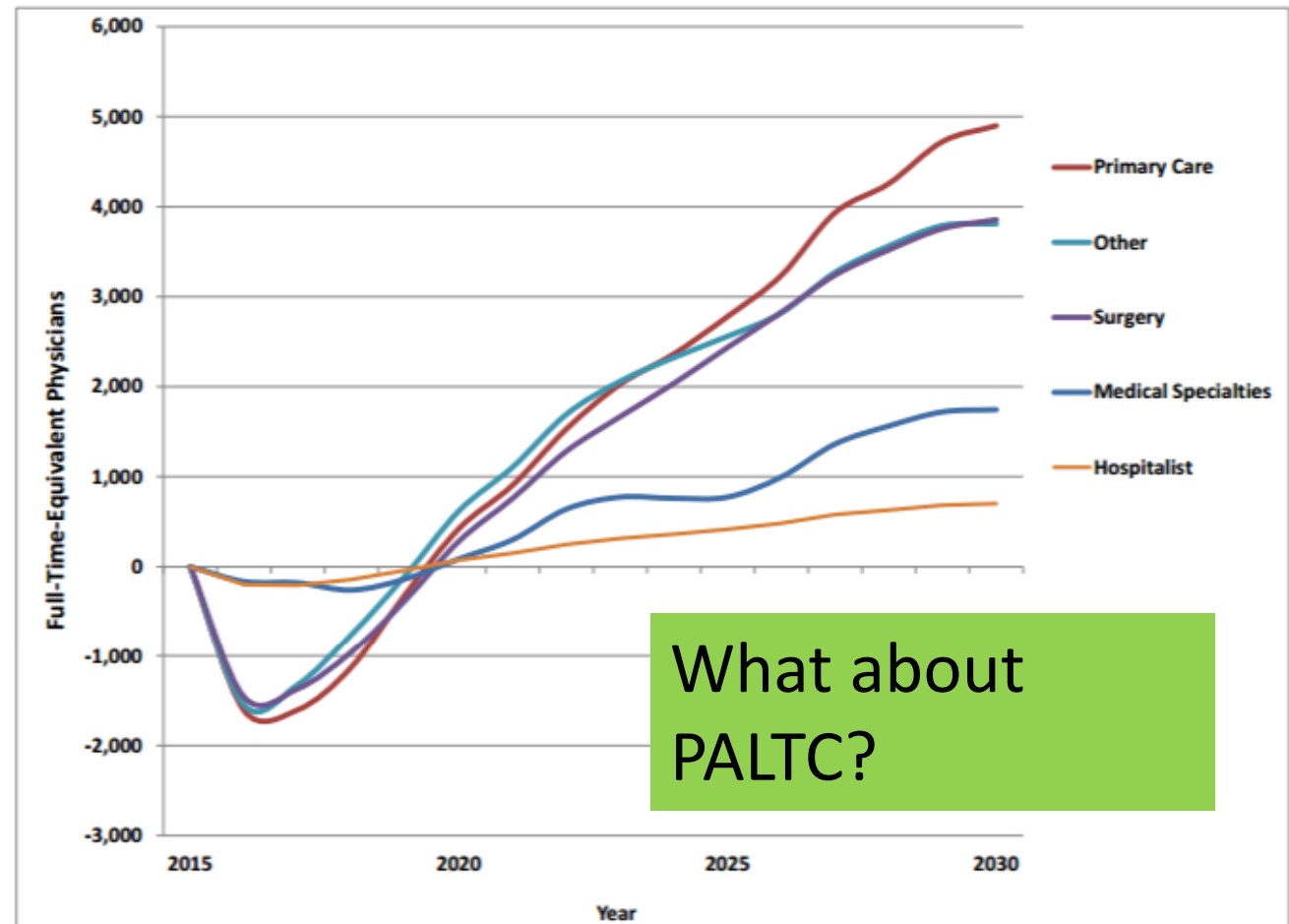
467, 1.0 FTE PALTC clinicians +
100 medical directors needed

How many do we have?

I don't know. Do you?

Workforce Analysis – PALTC vs. Primary Care

Exhibit 29: Implications of Achieving Modeled Population Health Goals: Net Difference in Physician Demand



Note: This chart compares national projections of physician demand if the modeled population health goals are achieved vs demand under a continuation of the status quo.

<https://healthitanalytics.com/news/population-health-management-may-worsen-physician-shortage>



AUDIENCE INPUT

- PAUSE
- Questions? Concerns?
- What issues do you think relate to physician shortages in PALTC? How can we solve those issues through policy change?

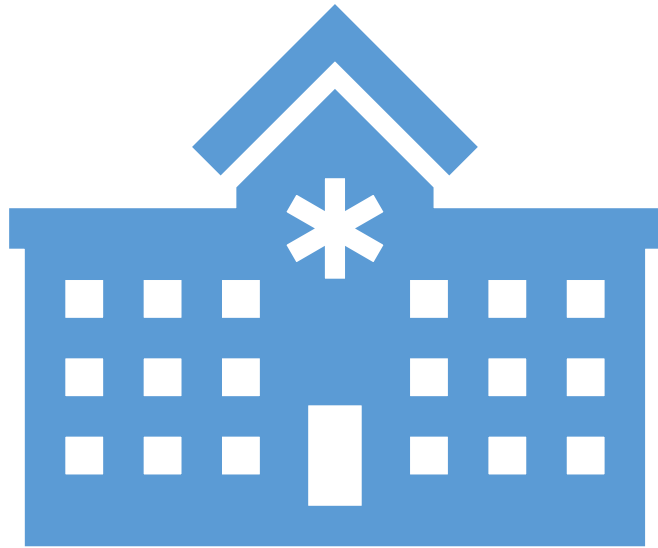
AMDA/State Advocacy Initiatives



How Does AMDA Advocate

- Direct Lobbying
 - Congress
 - Federal Agencies
- Grassroots
- AMA House of Delegates
- AMA Relative Value Scale Update Committee (RUC) - group of 32 physicians who advise Medicare on how to value a physician's work
- Many technical expert panels, coalitions etc





AMDA Policy initiatives

- HR177 – Nursing Home Disclosure Act
 - Co-sponsored by Reps. Mike Levin (D-CA) and Brian Fitzpatrick (R-PA)
 - Require nursing facilities to report medical director information and CMS to post on Care Compare website
 - Public and policymakers need to have access to this information
- Subcommittees that focus on State issues, Clinical Issues, Telemedicine and Value-Based Issues

Nursing Home Disclosure Act

118TH CONGRESS
1ST SESSION

H. R. 177

To amend title XI of the Social Security Act to ensure nursing facilities report information on medical directors of such facilities.

A BILL

To amend title XI of the Social Security Act to ensure nursing facilities report information on medical directors of such facilities.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*
3 **SECTION 1. ENSURING NURSING FACILITIES REPORT IN-**
4 **FORMATION ON MEDICAL DIRECTORS OF**
5 **SUCH FACILITIES.**

Would ensure:

- Facility has Medical Director
- Public access to who Medical Director is
- Medical Director is qualified
- Medical Director goes to appropriate
of facilities
- Bi-directional communication channel
- Access to CMD education
- Improved research in PALTC

State-Based Policy & Advocacy goals

- Educate members on basic/advanced advocacy and public policy principles through invited guest speakers
- Identify and share best practices, successes, and lessons learned at the state-level through partnership with the AMDA “In-The-States” podcast and website landing page.
- Submit a proposal for a workshop-style symposium at AMDA / PALTC 2024 around advocacy at the state level.
- Track and support state initiatives working with public medical director listings.
- Measure, engage, and determine the effectiveness of AMDA state/regional affiliate public policy committees.
- Establish ad hoc workgroups around specific state issues, such as state surveyors relationships, assisted living,
- Medical director listings, and/or Strike-Team Funds.





Specific State Initiatives and Barriers

- States with active PPCs
- CMD issues in states – MD, CA, MA, PA
- PA state-specific Moving Forward
- Virginia and Christian “asks”
 - Study shortage of PALTC physicians
 - Partner with VDH to list medical directors



State-specific quality initiatives using Medical Director expertise

- Can states establish funding for medical director/primary care training as a resource to improve quality of care under a quality program, using AMDA Workforce training materials?
- Enhance partnership with QIOs?
- Ombudsman partnership in state?

Audience Input

- Questions?
- Concerns?
- What would you do to make PALTC better regarding quality and cost?



Conclusions: Why you should engage with AMDA



WE ARE NOT BUSINESS
STAKEHOLDERS



FOCUS ON QUALITY OF
CARE



ALLY ON ADVOCACY



PHYSICIANS AS SUBJECT
MATTER EXPERTS

AMDA asks

1

Engage with AMDA members and its state affiliates

2

Include PALTC clinicians and subject matter experts in state government discussions around healthcare

3

Support HB 177

4

Advocate for PALTC medical director training and certification at state-level.

Questions/Discussion Items

- Are you familiar with AMDA?
- Any examples of successful state advocacy with LTC physicians?
- Is anyone interested in developing a closer working relationship with AMDA/state affiliates?
- How do you see AMDA affiliates being recognized at the state level?
- Other allies?



- For more information or follow up questions, contact:
- AMDA: www.paltc.org
1-800-876-AMDA (2632)
- Alex Bardakh abardakh@paltc.org
- Christian Bergman carl.bergman@vcuhealth.org
- Dan Haimowitz geridoc1@comcast.net
- Nancy Istenes nancy.istenes@saberhealth.com
- Victoria Walker vwalker@mac.com



QUESTIONS



Next Steps

- Next Network Meeting: Late July
- Focus: Career Pathways for Long-Term Care Workers
- Coming Soon: National Online Resource Center:
<https://longtermcare.csg.org>
- Send Us: Relevant Bills, Reports, Resources, Articles, Initiatives
- Request State Technical Assistance Services
- Reach Out With Your Thoughts (sslone@csg.org)

Thank You!

