RESEARCH SUMMIT ON
DEMENTIA CARE
Building Evidence for Services and Supports

# Workforce Development

## Stakeholder Group Interviews

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Additional information can be found at the Summit website (https://aspe.hhs.gov/national-research-summit-care-services-and-supports-persons-dementia-and-their-caregivers) or the National Alzheimer's Project Act website (https://aspe.hhs.gov/national-alzheimers-project-act). The opinions and views expressed in this report are those of the authors. They do not necessarily reflect the views of HHS, the contractor or any other funding organization.

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# Interview with Workforce Development Stakeholder Group
## Co-Chairs Elyse Perweiler, Nina Tumosa, and Joan Weiss
## July 25, 2017, 1:00–2:00 pm ET

## Interview Questions

1. What are the main concerns of this stakeholder group in relation to care and support services for people with dementia and their caregivers?

2. There are many types of services and supports for people with dementia and their caregivers, including education programs, training on caregiving skills, counseling/support, respite care, home modification and other safety services, and support in navigating medical care and other supports. What services and supports do members of the group think are most effective for people with dementia? For caregivers? Are there any that are less important or helpful?

3. How do members of this group define "effectiveness" when it comes to services and supports? What kinds of outcomes or results are most meaningful for people with dementia? For caregivers? What research is needed to test those beliefs about effectiveness?

4. What level of evidence do you need to see before adopting or funding an intervention? What criteria do you use in selecting programs or approaches to fund or deliver?

5. Among people with dementia, are there groups whose experience needs to be better understood? What do we need to know?

6. Among caregivers, are there groups whose experience needs to be better understood? What do we need to know?

7. What do we most need to know to better serve people with dementia and their caregivers? What questions should researchers be asking?

8. Are there any topics related to care and support services that generated a lot of debate or discussion within your stakeholder group? If yes, what are the topics, and how would you describe the different positions or ideas that have been shared?

9. Have there been any topics of discussion or ideas that have surprised you?

## Summary of Workforce Development Interview

### 1. Recruitment and retention of workforce

There is a shortage of paid direct care workers, and the need is going to grow dramatically as the population ages. Salaries for this group have stagnated for decades, yet they are essential members of a care team who are providing the most direct levels of care to people with dementia.

There is also a shortage of geriatric specialists within the medical community. The number of geriatricians and geriatric specialists is declining. Not only are these specialists needed to provide care, but these are also the professionals who help educate the rest of the health care workforce on aging issues.

*Questions to inform research:*

- How can we compensate direct care workers with salary and other benefits that will help attract and retain people in these positions?
- How can we recruit more people to geriatric specialties within medicine?

### 2. Workforce training

There are many questions about the most effective means of workforce training. These questions are not new, yet still do not have good answers.

*Questions to inform research:*

Who and what to train

- What are the minimum competencies needed to provide dementia-capable care?
- Should dementia capability training be provided to a wide range of professionals in the health care workforce? Or does it make more sense to focus training efforts on developing dementia care specialists?
- Some recent studies suggest that the background and education of people working as care coordinators, care managers, and dementia care specialists is quite varied. Are there certain credentials or degrees that are best suited to this role?
- What requirements will or should states, managed care organizations (MCOs), and accountable care organizations (ACOs) place around training?
- What kind of training is needed to provide culturally sensitive services to diverse caregiver populations? Does training change provider behavior and outcomes?
- How can providers best accommodate different levels of health literacy? What training do they need in this area?

How to train the workforce

- What is the most effective way to train people who provide various types of dementia care and support? For example: is in-person, self-directed, or virtual learning, or some combination of these methods most effective? Is this approach also cost-effective?
- How many hours should be spent on training?
- Does specialized dementia training work better, or should training on core dementia competencies be integrated into existing training programs?

How to evaluate dementia capability

- How can we measure training outcomes in a way that is both meaningful and feasible? Demonstrating competency requires more than pre/posttests of knowledge. The larger goal is to improve the quality of health care, but measuring practice change sometimes requires more labor- and time-intensive types of evaluation such as observation.
- Organizations should consider implementing measures of "hard" outcomes such as reduced hospitalization and reduced medication use. This is an increasing area of focus as attention shifts to cost-effectiveness.
- Which is a better approach for demonstrating competency—continuing education units or certification? Certification can be more time and resource intensive because it usually requires ongoing monitoring and renewal. Continuing education units are easier to administer but may not provide the same opportunity to demonstrate expertise to consumers.

Training costs and return on investment

- What does it cost to provide effective training to various health care professionals and direct care workers?
- For certain workers, such as direct care workers, home health aides, certified nursing assistants, and personal care workers, there are big questions about who should pay for certification or continuing education.
    - If individuals pay for their own training and certification, will they be "compensated" through salary increases or other incentives? Will these workers be more marketable?
    - If agencies pay for training, do they also provide release time for their employees to train during work hours? Will/should they make this training a requirement?
- If individuals or agencies become certified as dementia specialists, does this affect consumers' interest in using their services? Does it affect how much they are willing to pay for services? Can agencies charge more?
- How are ACOs and MCOs requiring a return on investment for training? What does this look like in practice? If they are putting money into hiring or training for certain skill sets, they will want to see how this reduces other costs of care, such as avoidable hospitalizations and use of LTSS by caregivers.
- What is the optimal investment of resources in training? What type of training? Who should be trained?

## 3. Technology

Technology has the potential to impact the ways that care and services for people with dementia and their caregivers are delivered: (1) training and education for professionals and family members may be less expensive and more widely distributed via online modules; (2) assistive technology in the home may enable real-time, ongoing monitoring of safety and well-being; and (3) telecommunications may facilitate inter-professional case management and communication with patients and caregivers in a way that is less resource intensive than in-person visits.

The advent of smart-home technologies is accelerating the types of monitoring that can be provided at a distance, which has the potential to significantly affect safety and care for people with dementia, particularly those living alone.

Technology is a key component in care coordination. Appropriate technology can facilitate communication among team members and provide real-time updates, decision support, and analytics.

*Questions to inform research:*

- What do people with dementia and caregivers want from home monitoring technologies? There is a range of preferences in terms of privacy and interest in using these types of tools. We need to learn more about what people really want before investing in specific approaches.
- What functionalities would be of greatest benefit to people with dementia and their caregivers?
- Do current technologies facilitate the functioning of people with dementia and their caregivers? Do these technologies help people with dementia remain in their homes longer?
- Can technology be used to help long-distance caregivers provide appropriate care and support?
- What impact can technology have on the quality of care that people with dementia receive?
- What kind of training does the workforce need in technology applications to support care coordination and care management and care transitions?
- When technology enables communication between care providers and people in their homes, there may be issues related to providing care “over state lines.” We need a better understanding of the licensing and legal issues that may exist.

## 4. Developing a dementia-capable system

### *Effective staffing models*

Care coordination has become a greater focus in providing health care to people with dementia, and yet there are significant differences in how this service is provided. We do not yet know which approaches are most effective or cost-effective, in terms of the credentials, training, and specific role of a care coordinator or dementia services specialist. There are currently no good data on this, although some MCOs or demonstration projects may be starting to collect these data.

*Cultural sensitivity and end of life*

Across cultures there are many differences in terms of what services people want at the end of life and how they want to go through that process. Just as cultures look at dementia differently, they also look at death differently. Health care providers need training in how to discuss advance care planning and how to communicate in culturally sensitive ways. They also need to take the time to understand cultural differences and facilitate discussions that will acknowledge and take those differences into consideration when providing end-of-life care. People with dementia and their families and caregivers also need more support in putting their advance directives in writing.

*Navigating services and supports*

A big challenge for everyone—people with dementia, family caregivers, and professionals—is how to navigate the "system" of health care providers, community supports and sources of information. There are lots of good education materials available on Alzheimer's disease and related dementias, but people are not aware of them, do not know how to find them, and do not know how to use them. Families dealing with this disease are also frequently overwhelmed by information, especially when processing a diagnosis. Sometimes there is too little information, but sometimes there is too much.

People need assistance with how to navigate services and supports. We need to know more about what is helpful, not just in terms of specific services or supports, but in how and when to access them.

*Questions to inform research:*

- Can a general care manager or patient care navigator meet the needs of people with dementia and caregivers, or are specialized dementia care specialists needed?
- What education or training should a care coordinator have? Should a care coordinator be a nurse or social worker? Or can it be anyone who has been trained in dementia and in providing support and resources?
- Do people with dementia and caregivers work better with certain providers than others, and does this differ by group? For example, are there cultural differences in terms of the types of providers people feel comfortable working with?
- How can discussions about end-of-life care and advance planning best meet the needs of culturally diverse patient populations?
- How can care and service providers help people access only the information they need when they need it (i.e., in small doses)? What information and support do people need at different points in the disease, and how do we assess this?