Community Health Choices and Direct Care Workforce Development
Integrated Delivery & Finance System

UPMC Health Services Division has:
- More than 30 academic, community, and regional hospitals with more than 5,000 licensed beds
- Centers of Excellence in transplantation, cancer, neurosurgery, psychiatry, rehabilitation, geriatrics, and women's health
- 500+ clinical locations Pennsylvania
- 40+ UPMC Cancer Center locations
- More than 3.9M outpatients visits
- Magee-Women's Hospital of UPMC has the largest Neonatal Intensive Care Unit in Pennsylvania and treats more than 1,800 seriously or critically ill babies each year

UPMC Insurance Services Division has:
- More than 3 million members
- A financial strength rating of A- (excellent) from A.M. Best
- 11,000+ local employers
- 34% market share across all covered lives in western Pennsylvania
- The largest behavioral health insurance provider in Pennsylvania
- A full product portfolio: HMO, PPO, EPO, HSA, Dental, Vision, COBRA, Worker’s Comp, Absence Management, EAP, and more
- More than 125 network hospitals and more than 11,500 physicians
- A large national network and 50,000 pharmacies nationwide

Highly integrated system with an academic medical center hub that is closely affiliated with the University of Pittsburgh
About UPMC Health Plan

Large Network Anchored by UPMC

3,400,000 Members
- Medicaid – 425,000 Physical Health
  950,000 Behavioral Health
- Medicare – 151,000 HMO PPO
  26,000 SNP
- CHC – 43,000
- CHIP – 38,000
Key Elements of UPMC’s Approach to CHC

- **D-SNP Platform and Experience**
  - Large D-SNP dating back to 2006
  - Quality leadership with CMS 4 Star rating
  - Innovative clinical programming
  - Provider partnerships

- **Integrated Financing and Delivery System**
  - Payer-provider relationship propels shift away from volume-based care
  - Deep partnership with UPMC Health System and laboratory for innovation
  - Value-based partnerships beyond fueled by continuous learning model

- **Community Partnerships**
  - Coordination with SCEs and AAAs
  - Work with behavioral health
  - Build on Partners in Care and other nursing facility programs
**GOAL 1:** Enhance opportunities for community-based living

**GOAL 2:** Strengthen coordination of LTSS and other types of health care, including all Medicare and Medicaid services for dual eligibles

**GOAL 3:** Enhance quality and accountability

**GOAL 4:** Advance program innovation

**GOAL 5:** Increase efficiency and effectiveness

**Innovative community relationships**

**Track record of quality, including D-SNP**

**Experience in value-based care**

**History of integrated physical and behavioral health care and large, innovative D-SNP**

**Nationally recognized analytics and clinical innovator**
Current State of UPMC CHC

• Serving approximately 7K HCBS participants, 2K of which have self-directed PAS

• Contracted with 350+ HCBS providers

• Continuity of Care ended on June 30, 2018
Survey to Identify Direct Care Workforce Needs

• Developed a survey that will be going out this fall to get a baseline understanding of the PAS direct care workforce and their needs

• Questions include:
  ➢ Agency demographics (e.g., count of FTEs, average hours number of hours worked per week)
  ➢ Benefit availability
  ➢ Currently required and available staff trainings
  ➢ Staff recruitment and retention best practices
  ➢ Use of available technologies (e.g., EVV)
The Direct Care Workforce and UPMC CHC

- The direct care workforce is critical to the success of UPMC CHC because they play a critical role in supporting our participants.

- The direct care workforce makes it possible for our participants to live meaningful lives in their homes and communities while remaining connected to their families.

- PAS agencies and the direct care workforce are essential collaborators in promoting the health of CHC participants.
# Pennsylvania Direct Care Workers - Employment

<table>
<thead>
<tr>
<th>OCCUPATION</th>
<th>2014</th>
<th>2024</th>
<th>CHANGE</th>
<th>% CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME HEALTH AIDES</td>
<td>57,620</td>
<td>72,840</td>
<td>15,220</td>
<td>26%</td>
</tr>
<tr>
<td>NURSING ASSISTANTS</td>
<td>79,130</td>
<td>88,350</td>
<td>9,220</td>
<td>12%</td>
</tr>
<tr>
<td>PERSONAL CARE AIDES</td>
<td>62,170</td>
<td>75,310</td>
<td>13,140</td>
<td>21%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>198,920</td>
<td>236,500</td>
<td>37,580</td>
<td>19%</td>
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</tbody>
</table>
### Pennsylvania Direct Care Workers – Age Range

<table>
<thead>
<tr>
<th>AGE</th>
<th>HOME CARE</th>
<th>NURSING HOMES</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-24</td>
<td>14%</td>
<td>18%</td>
<td>17%</td>
</tr>
<tr>
<td>25-34</td>
<td>20%</td>
<td>25%</td>
<td>22%</td>
</tr>
<tr>
<td>35-44</td>
<td>20%</td>
<td>21%</td>
<td>19%</td>
</tr>
<tr>
<td>45-54</td>
<td>20%</td>
<td>18%</td>
<td>20%</td>
</tr>
<tr>
<td>55-64</td>
<td>17%</td>
<td>14%</td>
<td>16%</td>
</tr>
<tr>
<td>65+</td>
<td>8%</td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>MEDIAN</td>
<td>43</td>
<td>37</td>
<td>40</td>
</tr>
</tbody>
</table>
# Pennsylvania Direct Care Workers – Health Insurance

<table>
<thead>
<tr>
<th>Health Insurance Status</th>
<th>Home Care</th>
<th>Nursing Homes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANY Health Insurance Coverage</td>
<td>75%</td>
<td>84%</td>
<td>82%</td>
</tr>
<tr>
<td>Health Insurance Through Employer/Union</td>
<td>39%</td>
<td>67%</td>
<td>57%</td>
</tr>
<tr>
<td>Medicaid, Medicare, or Other Public Coverage</td>
<td>32%</td>
<td>19%</td>
<td>24%</td>
</tr>
<tr>
<td>Health Insurance Purchased Directly</td>
<td>12%</td>
<td>7%</td>
<td>10%</td>
</tr>
</tbody>
</table>
## Pennsylvania Direct Care Workers - Wages

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSONAL CARE AIDES</td>
<td>$11.01</td>
<td>$10.83</td>
<td>$10.87</td>
<td>$10.90</td>
<td>$10.98</td>
<td>$10.36</td>
<td>$10.41</td>
<td>$10.47</td>
<td>$10.54</td>
<td>$10.65</td>
<td>$10.84</td>
<td>-$0.17</td>
<td>-2%</td>
</tr>
<tr>
<td>HOME HEALTH AIDES</td>
<td>$10.92</td>
<td>$11.09</td>
<td>$10.95</td>
<td>$11.11</td>
<td>$10.85</td>
<td>$10.34</td>
<td>$10.13</td>
<td>$9.90</td>
<td>$10.00</td>
<td>$10.37</td>
<td>$10.97</td>
<td>$0.05</td>
<td>0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$12.22</td>
<td>$12.28</td>
<td>$12.13</td>
<td>$12.35</td>
<td>$12.20</td>
<td>$11.72</td>
<td>$11.54</td>
<td>$11.51</td>
<td>$11.52</td>
<td>$11.66</td>
<td>$11.93</td>
<td>-$0.29</td>
<td>-2%</td>
</tr>
</tbody>
</table>

### MEDIAN ANNUAL EARNINGS

<table>
<thead>
<tr>
<th></th>
<th>HOME CARE</th>
<th>NURSING HOMES</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDIAN ANNUAL EARNINGS</td>
<td>$13,700</td>
<td>$22,000</td>
<td>$18,700</td>
</tr>
</tbody>
</table>
# Pennsylvania Direct Care Workers – Employment Status

<table>
<thead>
<tr>
<th>WDC Industry</th>
<th>Part Time or Part Year</th>
<th>Full Time, Full Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Care</td>
<td>69%</td>
<td>31%</td>
</tr>
<tr>
<td>Nursing Homes</td>
<td>52%</td>
<td>48%</td>
</tr>
</tbody>
</table>
DIRECT CARE WORKERS BY PUBLIC ASSISTANCE STATUS, 2015

PENNSYLVANIA

- Any Public Assistance: 35%
- Food and Nutrition Assistance: 25%
- Medicaid: 15%
- Cash Assistance: 5%
UPMC’s Three-Pronged Approach to Workforce

• The responses to the survey will support the design and implementation of a three-pronged approach that will serve the needs UPMC CHC participant and the direct care workforce
  ➢ Direct care workers as a part of the treatment team
  ➢ Create an Enhanced direct care workforce
  ➢ Partner with PAS agencies to enhance the career trajectory of the direct care workforce
Direct Care Workers As Part Of The PCPT

• Direct care worker retention supports the development of an ongoing trusted relationship with CHC participants
• As a member of the PCPT, the direct care worker can provide critical information to care management on any changes in the participant’s physical, emotional, social, and cognitive status
• Establishing a set of enhanced core competencies for the direct care worker to deliver to participants in a professional and compassionate manner will benefit the participant and will demonstrate the direct care worker’s integral role on the PCPT
The Model Personal Care Services Curriculum

• Equip entry-level staff with the core clinical, relational, and communication skills they need to begin and remain successful on the job.

• Improve in-house training by providing internal trainers with a shared conceptual framework, common skill-set, and language to implement effective adult learner-centered programs.

• Enhance the quality of care and increase productivity by fully preparing and supporting your direct-care staff for the challenges they face on the job.
The Workshops

What:
Recruited trainers for five 3-day Workshops adult learner-centered, experiential, challenging, empowering

Who:
Diversity of organizational representation: home care agencies, assisted living residences, disability service agencies, adult day service centers

Diversity of individual roles among participants (nurses, HR staff, direct care workers, consumers)
185 individuals from 94 organizations participated in one of 14 Educator Workshops in 2009-2011
The Educator Workshops
Enhanced Direct Care Workforce

- Expand the clinical expertise of the direct care workforce to ensure they are providing quality health-related services to our participants and supporting a reduction in unnecessary hospital admissions.

- Possible additional service could include:
  - In-home nutritional support
  - Infection control
  - Assisting with medication and insulin
Creating Career Trajectory

- Working in parallel with agencies to train the direct care workforce to become an enhanced direct care worker
- Providing training badges and certifications through UPMC commitment to enhanced PAS skillset
- Offer the direct care workforce career opportunities to encourage a long-term commitment to the field
Benefit Solutions

- We are exploring a partnership with internal UPMC partners to provide affordable benefits and other solutions to PAS agencies and the direct care workforce:
  - Benefit packages
  - Employees wellness
  - Productivity solutions
  - Workers compensation
  - Employee Assistant Programs (EAP)
  - Employee wellness and health management
Addressing Wage Concerns

- UPMC CHC rate is examining opportunities to work with our partner PAS agencies to create mechanisms to achieve more robust reimbursement rates and offer non-rate based financial support and incentives
  - Program that incentivizes PAS agencies and the direct care workforce to communicate changes in members clinical, social, and mental status to appropriate team members
  - Subsidize the cost of agency use of Electronic Visit Verification (EVV) through a UPMC CHC preferred vendor
Outcomes and Metrics

• Understanding our PAS agency partners and the direct care workforce via a survey tool is the first step of UPMC CHC’s approach to workforce development

• Upon receipt of the survey results, UPMC will identify next steps and associated timelines to determine priorities in building a stronger working partnership with our PAS agency partners