

CLTCEC

CALIFORNIA LONG-TERM CARE EDUCATION CENTER

WHO IS CLTCEC?

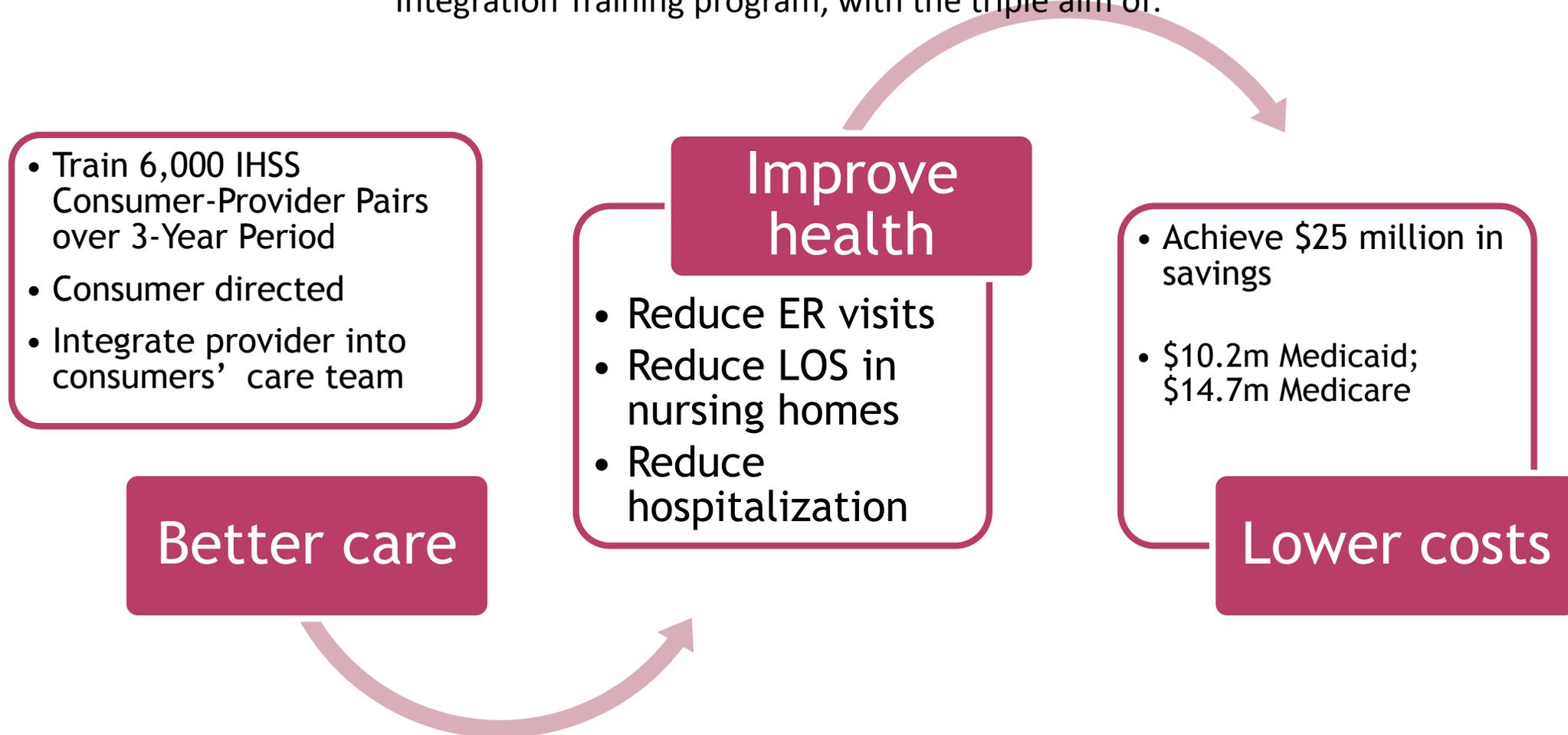
- ◉ The California Long Term Care Education Center (CLTCEC) is a 501(c)3 that was founded by homecare workers of SEIU ULTCW, and provides educational opportunities of empowerment to long-term care workers
- ◉ CLTCEC is the largest trainer of IHSS workers in California, serving 5,000 workers per year

THE CALIFORNIA MODEL

- Over 400,000 IHSS providers
- Consumer-directed care
- Independent Providers
- IHSS services in 8 counties are part of Managed Care as of April 2014, through the Coordinated Care Initiative
- The Home Care workforce is the 2nd quickest growing workforce in the nation with predicted increase of 70% by 2020.

CARE TEAM INTEGRATION OF THE HOME-BASED WORKFORCE

In 2012, CLTCEC received a Health Care Innovation Award from CMS for our Homecare Integration Training program, with the triple aim of:



PROJECT PARTNERS

- **CLTCEC, Lead Agency**
 - Overall project management and program development
- **Partner Agencies:**
 - Care 1st
 - Contra Costa Employment and Human Services Department
 - Contra Costa Health Plan
 - IEHP
 - LA Care
 - Molina Healthcare
 - St. John's Well Child and Family Clinics
 - Shirley Ware Education Center
 - SEIU United Long Term Care Workers (ULTCW)
 - SynerMed
 - SEIU UHW
 - UCSF Center for Health Professions

INTERVENTION - BETTER CARE

- ◉ **TRAINING** the In-Home Supportive Services provider with a curriculum that enhances the training given to them by the consumers and to serve as health monitors, coaches, navigators, communicators and care aides.
- ◉ **INTEGRATING** into the healthcare system as a member of the consumer's integrated care team.
- ◉ **CONSUMER CHOICE** where participation and engagement in the intervention strategy is the consumer's choice.

TRAINING PROGRAM

- ◉ 17 week training
- ◉ 3.5 hours per session, 62.5 hours total
- ◉ Recruitment honors consumer directed care: participation and health assessment
- ◉ Consumer **and** provider attend second and last session together
- ◉ At home assignments
- ◉ Competency checks and skills demonstration
- ◉ Attendance policy
- ◉ Curriculum designed for population of adult learners

CORE COMPETENCIES

○ Soft skills

- **Communicating** about changes in health or any healthcare issues
- **Monitoring** health conditions or medication adherence
- **Coaching** to support overall improved quality of life for the patient (e.g., eating healthy foods, getting exercise)
- Working as a **Care Aide** to help support the patient's overall care in the home
- **Navigating** through the healthcare system with the patient

○ Hard skills

- CPR and First Aid
- 10 Core Competencies

CORE COMPETENCIES

1. Infection Control and Standard Precautions: Tracheostomy and Nasogastric tubes, PPE's, Catheters and Colostomy	6. Body Systems and most common diseases: Arthritis, Cancer, Kidney Disease, Multiple Sclerosis, Parkinson's Disease, and Stroke
2. Oral Care and Dental care	7. Fall and Fire Prevention
3. Grooming and Personal Hygiene	8. Diet and Nutrition
4. Body Mechanics in lifting objects	9. Medication Management and Introduction to Vital Signs: measure or record vitals, but no diagnoses
5. Body Mechanics in transferring individuals	10. Communication and working relationship with patient's health care providers on chronic conditions, such as: heart and lung, diabetes behavioral health conditions, dementia.

INTEGRATION

- Bottom Up and Top Down Approach
 - IHSS Providers
 - Tool for 1st visit
 - Empower the consumer and provider
 - Consumer asks for provider to be included as part of his/her care team
 - Recorded in the EMR
 - Educates the “traditional” care team members about the training program
 - Health Plans and Medical groups
 - Partner on our training program
 - CLTCEC educates health plans / medical groups about the program
 - Communication methods and best practices developed

MEASURING EFFECTIVENESS OF TRAINING AND INTEGRATION

- ◉ Internal research and evaluation partner: University of California, San Francisco (UCSF)
 - Pre and post surveys
 - Consumer and Provider
 - Quality of Life, Frequency, Relationship
 - Workforce: tenure, satisfaction, skill use
 - Utilization Data
 - Medicare
 - Medicaid
- ◉ CMS appointed NORC out of the University of Chicago as the external project evaluator

MEASURING INTEGRATION

Focus Groups to understand real life application

- IHSS provider on the care team
- Use of FAQ tool

Continued work with Health Plans and Medical Groups to track frequencies of interactions and method of interactions

- Deeper partnerships with Health Plans
- PCP education

PROJECT STATUS - NOVEMBER 2014

- Over 2300 consumer and provider pairs have completed training program.
 - 2170 in LA, 51 San Bernardino, 102 Contra Costa
- Program operational in 3 counties:
 - Los Angeles → Spanish, English, Mandarin, Cantonese, Armenian, Korean
 - San Bernardino → Spanish and English
 - Contra Costa → English and Spanish
- Cohort of over 1,500 consumer and provider pairs enrolled in current semester.
 - 1366 in LA, 207 San Bernardino, 13 Contra Costa

CONSUMER AND PROVIDER STORIES

“Before I took this class I did not know as much about how to understand different conditions and what do to about them. My father (consumer in his 70’s) suffered a stroke. If I had not taken the class I would have thought that he was just sleepy. Because I learned about stroke and the details about what to look for and how to deal with that emergency, I was able to call the ambulance. They took him to the hospital and later the doctor told me that it had been a minor stroke but because I took quick action it helped him in minimizing the effects. “

CONSUMER AND PROVIDER STORIES

- Provider: “It has not been just one thing, it has been many. Diet, exercise and Diabetes were the best. It has helped me in how I work with my consumer.”
- Consumer: “Yes, he tells me everything he learns after every class and tries it on me. It has helped me with my diabetes because he has changed the menu now he includes a lot more vegetables. I did not like it at first but I knew it was for my health and now I feel better. He also continually asks me to do exercise, and he puts stationary pedals on the floor for me to exercise. Sometimes I tell him I do not want to do it but I end up doing it because he encourages me. It has helped me because I have grandchildren and that allows me to still play with them and it also helps me with my Diabetes.”

SELECTED SURVEY RESULTS: PRE-TRAINING PROVIDER (IHSS WORKER)

EDUCATIONAL BACKGROUND

EDUCATION/TRAINING	PERCENT (n=366)
Less than high school	49.5%
High school graduate	15.6%
Some college or associate degree	26.0%
Bachelor's degree or higher	9.0%
TOTAL	100%

SELECTED SURVEY RESULTS:
POST-TRAINING PROVIDER
(IHSS WORKER)

TRAINING

COURSE	MEAN 5=Strongly agree 1=Strongly disagree (n=375)
Overall, I am satisfied with the training.	4.81
The length of each class session was just right.	4.58
The length of the entire training was just right.	4.62
The time of day the classes were held was convenient.	4.62
It was hard to learn the material because there were too many students in my class.	2.28
I did NOT have enough time to learn the content covered in this training.	2.37

TRAINING MATERIALS

MATERIALS	MEAN 5 = Strongly agree 1 = Strongly disagree (n=373)
I will use the materials from this training program.	4.67
The materials used in this training program were easy to understand.	4.61

BEING KNOWLEDGEABLE AND PREPARED

KNOWLEDGEABLE AND PREPARED	MEAN 5=Strongly agree 1=Strongly disagree (n=373)
My knowledge about how to care for a person at home increased after taking this training program.	4.78
I feel better-prepared to perform the job of an IHSS provider	4.79
I understand how the training I received will be used on the job.	4.77
I feel prepared to be involved in my IHSS consumer's health care discussions.	4.70

SKILLS EVALUATION

SKILLS	MEAN 5=Strongly agree 1=Strongly disagree (n=370)
I have learned the hands-on skills I need to improve as an IHSS provider.	4.72
I feel I am more skilled now as an IHSS provider than I was before I completed this training program.	4.76
The skills I have learned in this training program will be useful in my work as an IHSS provider.	4.79
I learned new skills in this training program.	4.78
I am confident that I have the skills I need to do a good job as an IHSS provider.	4.76
The communication skills I have learned in this training will be useful in my work as an IHSS provider.	4.75
The listening skills I have learned in this training will be useful in my role as an IHSS provider.	4.73
I have learned the skills needed to confidently communicate with my consumer's health care team.	4.70

INVOLVEMENT IN CARE OF CONSUMER

INVOLVEMENT SCALE	MEAN 10=Very involved 1=Not involved at all (n=327)
Please rate how involved you have been in your consumer's health care discussions since the training began.	8.96
INVOLVEMENT	MEAN 5=Increased greatly 1=Decreased greatly (n=367)
The extent to which I am involved when my consumer goes to the doctor or other healthcare provider.	3.97
The extent to which my consumer wants doctors/nurses/other healthcare providers to speak to me about my consumer's medical condition.	3.92
The extent to which my consumer wants doctors/nurses/other healthcare providers speak to me about my consumer's health and well-being.	3.88
How often your consumer involves you in discussions about their healthcare	3.97
How often your consumer involves you in decisions about their healthcare.	3.97

IHSS WORKER DATA SUMMARY

- ◉ Satisfied with the training program
- ◉ IHSS worker feels better prepared to take care of consumer
- ◉ IHSS worker feels prepared to take on roll on Care Team
- ◉ Room for continued improvement on IHSS worker's involvement on the Care Team

CONTRA COSTA HEALTH PLAN UTILIZATION DATA: PRELIMINARY FINDINGS

COMPLETED TRAINING

- There were 84 consumers whose IHSS workers were trained during the intervention period to date, but only 29 had at least 1 inpatient stay or ER visit during this time.
- Intervention period for this analysis includes July 2013 - August 2014.

CONTRA COSTA INPATIENT STAYS

- There were 14 consumers (with trained IHSS workers) who had at least 1 inpatient stay during the intervention period.

CONTRA COSTA ER VISITS

- There were 20 consumers (with trained IHSS workers) who had at least 1 ER visit during the intervention period.

CONTRA COSTA: INPATIENT STAYS AND ER VISITS

	Comparison Group: Total Stays/Visits (# unique consumers)	Trained Group: Total Stays/Visits (# unique consumers)	Comparison Group: Mean # of Stays/Visits per consumer	Trained Group: Mean # of Stays/Visits per consumer
Inpatient Stay	1021 (509)	23 (14)	2.0	1.6
ER Visit	5510 (1327)	76 (20)	4.2	3.8

CONCLUSION

- Although these findings are based on only a small number of consumers with inpatient stays and ER visits among the trained group, the direction towards reduced utilization is promising.
- Because the sample size is so small, the findings are not statistically significant.

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OBSERVATIONS AND PATH FORWARD

- ◉ Challenges of getting training to scale
 - Large number of IHSS consumers and providers
 - Program Sustainability
- ◉ Awareness of program to PCPs
- ◉ Getting to true integration
- ◉ Training for all members of Integrated Care Team (ICT)
- ◉ Consumer reporting better quality of life
- ◉ Provider feeling more empowered in their role