



**FOR IMMEDIATE RELEASE
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New Workforce Principles Proposed for Pilot and Demonstration Programs

Eldercare Workforce Alliance urges inclusion of principles in program design and implementation

Washington – Demonstration projects and pilot programs that are about to be funded through the new Affordable Care Act must be patient-focused, family-oriented and team-based, stated the Eldercare Workforce Alliance (EWA), to ensure quality care for older Americans. Today the Alliance published 12 principles it recommends to guide these new health care reform demonstration programs.

“With the first of the Baby Boomers turning 65 this year, it is crucial to address the need for improved recruitment, training, retention and compensation of a qualified eldercare workforce,” EWA wrote to the Center for Medicare and Medicaid Innovation (CMMI) and other government agencies developing pilot programs under the new Affordable Care Act.

“EWA considers its proposed principles essential for meeting the needs of an elder care workforce already overwhelmed,” stated EWA Co-Convener Steve Dawson. EWA is a multi-disciplinary group of 28 national organizations representing a wide range of health care providers – physicians, nurses, direct-care workers, psychologists, social workers, pharmacists, physical therapists, as well as eldercare employers, consumers, and family caregivers – all of whom serve the needs of America’s growing older adult population.

Efforts to meet the growing demand from the rising tide of Baby Boomers means that agencies and organizations must “provide training opportunities for members of the care team, including family caregivers, so they are fully competent to deliver interdisciplinary geriatric care within a redesigned healthcare system,” noted Nancy Lundebjerg, co-convener with Mr. Dawson of the Alliance.

EWA is urging policymakers to draw on the findings of the Institute of Medicine’s (IOM’s) landmark report, *Retooling for an Aging America: Building the Health Care Workforce*, which recommends various models of care already tested in the field and makes a strong plea for “fundamental reform.” The IOM report cites a

dozen recommendations ranging from explicit support for well-tested models, to enhanced geriatric training, as well as new investments in wages and benefits for health care professionals and direct-care workers.

Principles in Designing Models of Care

The Eldercare Workforce Alliance is committed to addressing our nation's eldercare workforce crisis by building a caring and competent workforce. To do this, we must address recruitment, retention, training, and compensation issues across the workforce, and provide information and support to consumers and family caregivers. Further, care models should provide well-coordinated, person-directed and family-focused services across settings. We strongly recommend that, as part of the design and implementation of all pilot projects and demonstrations, including those in the Patient Protection and Affordable Care Act, programs should:

- Be consumer-centered and committed to a team-based approach and the organizational redesign required to support it, with the consumer, and/or his/her family caregivers at the center of the care team.
- Make certain that interdisciplinary care team members are allowed and encouraged to practice to the full extent of their knowledge, training, and skills and work together to provide well-coordinated care, as each team member plays a valuable role in providing quality care.
- Build in incentives for social, physical and mental health systems service providers to work together to deliver culturally competent, well-coordinated care.
- Include quality metrics for practitioners and providers that promote quality care and recognize the complexity of caring for older adults with multiple chronic conditions, including those who are cognitively impaired, and support the need to work collaboratively with family caregivers.
- Provide resources and supports to family and other informal caregivers that consider their physical and mental health and well-being and support them in their caregiving role.
- Ensure that the training and education (content and modalities of delivery) are adequate and appropriate for preparing and sustaining a quality eldercare workforce.
- Track and assess the training and education of the workforce, as well as recruitment and retention practices and workforce data.
- Infuse the concepts related to the care and support of older adults and their families into all trainings such as supporting collaboration and team work and pain and symptom management, and create incentives for workforce training specifically focused on the unique social, physical and mental health care needs of older adults.
- Fully engage private-sector and state partners (e.g., credentialing and licensing boards, universities and community colleges) to ensure that the workforce is competent to care for older adults.
- Provide training opportunities for members of the care team, including family caregivers, so they are fully competent to deliver interdisciplinary geriatric care within a redesigned healthcare system.
- Ensure that the workforce is trained to provide culturally-competent care that addresses the variety of languages, ethnicities, cultures, and health beliefs of older adults and is effectively able to serve all older adults regardless of their race, sexual orientation, gender identity, disability status, and geographical location.
- Acknowledge that workforce compensation is a means to increase the stability, effectiveness, and efficiency of the eldercare workforce.

FOR MORE INFORMATION

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