



NDWS

**NATIONAL DEMENTIA
WORKFORCE STUDY**

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Family of four surveys

- Community Clinician – physicians, NPs, PAs
 - Nursing Home Staff
+ administrator survey
 - Assisted Living Staff
+ administrator survey
 - Home Health/Care Staff
+ administrator survey
- Nearly identical content

Community Clinician survey overview

- Clinicians who have cared for a patient with a dementia diagnosis
 - Step 1: Identify PLWD using validated algorithm applied in Medicare claims + MA encounter data; also use MDS assessments
 - Step 2: Identify the clinicians that care for (and/or prescribe to) PLWD, split into 6 license/specialty groups:
 - Physicians: Internal/Family Medicine (incl geriatrics and HPM), Neurology, Psychiatry
 - NPs: Primary care, psychiatry
 - Non-surgical PAs
- N=12,000 unique respondents, 20,300 completed surveys over 5 waves; some longitudinal surveys
 - Drawn from ~490k clinicians on the final frame

Community Clinician survey overview

- Oversampling some license/specialty groups
- Year 1 planned completed surveys:

Clinician Type	Expected Iws
1=PCP:MD DO	3,170
2=PCP:NP	2,630
3=PCP:PA	1,500
4=PSYCH:MD DO	900
5=PSYCH:NP	900
6=NEURO:MD DO	900
TOTAL	10,000

NH/AL Staff surveys overview

- Organizations are the starting point to build sample
- Also facilitates linkage to care & outcomes data:
 - Nursing homes certified by CMS
 - Assisted living communities identified by state license lists
 - Year 1 based on a sample of states
 - Expanding to all states + DC in year 2

NH/AL Staff surveys overview

- Step 1: Develop stratified frame of orgs, which are recruited to participate
 - Nursing homes assumed to have people with dementia; assisted living will be asked if they ever could have residents with dementia
 - Org Administrator asked to complete a survey about the organization
- Step 2: Obtain rosters of staff—specifically RN, LPN, direct care workers
 - Not including physical/occupational therapy, facilities and food service staff, others
- Step 3: Sample from rosters
 - Nursing Home → N=7,700 unique respondents, 19,140 completed surveys (from 700 NHs) over 5 waves; some longitudinal
 - Assisted Living → N=6,300 unique respondents, 15,660 completed surveys (from 700 ALCs) over 5 waves; some longitudinal

Home Health and Home Care

- The challenge: home-delivered care comes from multiple types of agencies, not all of which are licensed by states, plus direct hiring
 - Medicare reimburses only home health agencies (shorter-term care)
 - Medicaid can reimburse personal care, which focuses on support for activities of daily living (ADLs), but state policies differ
 - Some states' Medicaid plans have consumer-directed models of care through which households hire directly

Home Health and Home Care

- Step 1: In Year 1, we are recruiting agencies registered with CMS
 - These are certified for home health services
 - We estimate that 20-40% of these agencies also provide personal care services
 - In administrator survey, will ask to specify the type of services provided
- Step 2: Obtain rosters of staff from agencies: RN, LPN, direct care workers
- Step 3: Sample from rosters → N=8,400 unique respondents, 20,560 completed surveys (from 1,050 agencies) over 5 waves; some longitudinal

Home Health and Home Care

- The CMS-registered agencies are not a complete list of the target population
- Expanding the sample frame
 - Year 2: Use state licensing lists to identify home health and home care agencies
 - PCA training requirements
 - Managed Long-Term Services and Support (MLTSS) programs
- Still likely there will be undercoverage of population

Strata

CC	NH	AL	HC
Number of Patients with Dementia	Number of Certified Beds	Number of Certified Beds	Number of Medicare Episodes of Care
Urban/Rural*	Urban/Rural*	Urban/Rural*	Urban/Rural*
Total Number of Dually Eligible or LIS Dementia Patients	Proportion of Residents Paying via Medicaid	n/a	Proportion of Population in Local Area Using Medicaid Alone for Insurance
n/a	n/a	Census Region	Census Region
Setting**	n/a	n/a	n/a
Clinician License/Specialty***	n/a	n/a	n/a

*Urban=RUCA codes 1-6, Rural=RUCA codes 7-10

**any residential, outpatient (non-residential), Part D prescriber only

***primary care physician, psychiatrist, neurologist, primary care NP, psych NP, non-surgical PA

Proposed sample by survey & year

Survey component	Year 1 ^a	Year 2	Year 3	Year 4	Year 5	Total Surveys	Total Unique Respondents ^b
Community Clinicians						20,300	12,000
New	10,000	500	500	500	500		
Follow-up	–	2,000	2,100	2100	2100		
Nursing Home Staff (700 orgs)						19,140	7,700
New	1,100	3,300	1,100	1,100	1,100		
Follow-up	–	880	3,520	3520	3520		
Home Care Staff (1050 orgs)						20,560	8,400
New	800	4,000	1,200	1,200	1,200		
Follow-up	–	640	3,840	3840	3840		
Assisted Living Staff (700 orgs)						15,660	6,300
New	900	2,700	900	900	900		
Follow-up	–	720	2,880	2880	2880		
Total	12,800	14,740	16,040	16,040	16,040	75,660	34,400

CC data collection

- **Updating contact information**

- Passive location – updates from commercial databases as NPPEs is often outdated
- Active location – RTI outreach to update contact information via mail, email, and telephone

- **Contact to request survey participation**

- Mail, email, SMS, telephone – multiple contact strategy

- **Incentive experiment**

1. \$100 postpaid
2. “early bird” (within 10 days) \$125; \$100 later
3. \$10 prepaid / \$90 postpaid

CC data collection

- **Modes of Completion**
 - Web
 - Paper
- **Nonresponse Follow-up** via telephone
 - Targeting cases to minimize risk of nonresponse bias

NH/AL/HC: Stage 1

- The Nursing Home, Assisted Living, and Home Care surveys start with a **first-stage sample of establishments**
 - Year 1 = 100 organizations in each survey
 - Administrators complete a questionnaire about the facility/community/agency
- We ask each establishment to provide a **roster of eligible staff**
 - We provide an **incentive** to the establishment
 - **Experimenting** with incentive structure
 - \$1,800 to the establishment, \$200 to the administrator
 - \$2,000 to the establishment
- Contact
 - Mail, Telephone, Email
- **Nonresponse Follow-up** is by telephone
- Alzheimer's Association statement in support

Eligible staff for rostering

NH	AL	HC
Registered Nurse	Health Care Supervisor	Registered Nurse
LPN/LVN	Registered Nurse	LPN/LVN
CNA	Licensed Practical/Vocational Nurse	CNA
Nurse Aide in Training	Direct Care Worker	Nurse Aide/Assistant
Medication Aide/Technician	Certified Nurse Aide/Assistant	Home Health Aide / Assistant
	Nurse Aide/Assistant	Personal Care Aide / Assistant
	Personal Care Aide/Assistant	Activity staff
	Medical Technician / Medication Aides	
	Activity staff	

Facility/Community/Agency: Stage 2

- Select a **sample of staff** from the roster provided by each establishment
- Contact staff to **request survey participation**
 - Mail, email, SMS, telephone given the available contact information
 - \$100 incentive
 - Experiment with NH/AL surveys
 - \$100 postpaid
 - \$10 prepaid/\$90 postpaid
- **Modes of Completion**
 - Web
 - Paper
- **Nonresponse Follow-up** via telephone



Thank you!

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