

Home Care Quality Authority Case Manager Web Survey Summary of Results Rev. 6/30/06

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Introduction

In 2004, the Home Care Quality Authority (HCQA) received funding to improve the recruitment and retention of in-home care service providers in Washington State. The project includes an evaluation component. HCQA contracted with Washington State University's Social and Economic Sciences Research Center (WSU-SESRC) to conduct the evaluation.

The evaluation included a pre-post survey of case managers, first to provide baseline data and again after the interventions to collect comparison data. This document presents the comparison of pre and post surveys then a summary of the results of the post survey.

Methodology

The case manager survey was developed in conjunction with HCQA and incorporates input from managers at Home and Community Services (HCS), Division of Developmental Disabilities (DDD), and Area Agency on Aging (AAA).

Data collection took place in March-April of 2005 and in April-May of 2006. In both rounds, case managers were invited to participate via an email distributed by the administration at each agency. Respondents could either complete the survey over the Internet (via a link in the email) or request a printed survey. Response rates were 14 percent (144) for the first survey and 15 percent (153) for the second survey.

Pre-Post Conclusions

While the survey collected a rich database of information, it is not clear that the survey results provide meaningful evidence about the efficacy of the grant interventions. After reexamining the survey assumptions and hypotheses in the light of the open-ended survey responses, it seems likely that some of the base assumptions were flawed.

Assumptions:

In designing the pre-post survey, it was assumed that case managers...

1. Are active in matching individual providers and consumers
2. Are aware of available individual providers
3. Would be more likely to direct consumers to individual providers if more individual providers were available

Assumption #1: Case managers are active in matching individual providers and consumers

In both surveys, over 75 percent of the respondents reported that they assist clients in finding individual providers. However, the written comments made it clear that the vast majority of individual providers in their caseloads are friends and family of the consumers. When a consumer is unable to find an individual provider on their own, case managers generally turn to agencies rather than attempt to personally match the consumer with an individual provider.

About 15 percent of the respondents do not assist clients in finding individual providers. Written comments indicate that in many cases they are actively discouraged from doing so for liability reasons.

Assumption #2: Case managers are aware of available individual providers.

Only one-third to one-half of the case managers reported that they know of available individual providers. (These would be individual providers who are not working but would like to work or who are working and would like to increase their hours.) Written comments were mixed on this topic. Some case managers indicated that they receive lists of available individual providers, and others explained that they do not.

Assumption #3: Case managers would be more likely to direct consumers to individual providers if more individual providers were available

This assumption is the heart of the hypothesis, and it appears that the availability of individual providers is *not* the main factor that case managers consider when deciding if they will recommend individual providers or agencies to consumers.

The written comments from case managers were fairly negative about individual providers. Most of the comments indicated that when the consumer is unable to find an individual provider on their own, the case manager will recommend agency care. They delineated many reasons for preferring agency care:

Individual Provider Care	Agency Care
1. Background checks and contracting take too long. Case managers mentioned that these processes can take months.	1. Background checks and contracting are simple and fast. Comments indicated that these can be as fast as one day.
2. Matching individual providers and consumers can be a time-intensive process for case managers.	2. Directing consumers to work with agencies is easier for case managers.

3. The consumer may be the only supervisor of the individual provider.	3. There is more oversight and supervision of the worker with agency care.
4. Individual providers do not often have pre-arranged back-up workers.	4. Agency care has built-in back-up workers.

The amount of time necessary for background checks and contracting was by far the most common complaint about arranging care with individual providers, and the grant interventions did not address these issues. Therefore, it is not surprising that many of the survey results were the same in both surveys.

The referral registry attempted to make the matching process easier for case managers, and responses indicate that some case managers perceive improvement in that aspect. Some case managers indicated that finding an individual provider had become easier in the past year due to the referral registry. However, other case managers did not find the referral registry to be a valuable resource. It seems likely that many of the RWRC's simply have not been operating long enough to make an impact.

Hypothesis:

The design of the survey rested on the hypothesis that if the interventions improved the recruitment and retention of individual providers, a number of changes would be evident when comparing the two rounds of surveys.

If recruitment and retention improved, case managers would...

- Be aware of a larger pool of available individual providers
- Report that finding individual providers is easier
- Report that finding individual providers is faster
- Report that fewer consumers are going without care because of the inability to find an individual provider
- Report that consumers are spending less time without services because of the inability to find an individual provider
- Report that consumers are suffering fewer adverse affects from going without services because of the inability to find an individual provider

The survey results generally did not show an overall change the responses on theses issues between the two administrations of the survey.

Pre-Post Summary

The world of in-home care is complex, and case managers juggle many different factors as they try to meet the needs of the consumer, the provider, and their own heavy caseloads. For many case managers, agency care seems to offer the best mix of speed in delivering services to the consumer, better wages, perhaps better benefits for the care provider, and ease in managing their caseload. Some of these issues were addressed by the interventions but not all of them.

Because the dynamics of Individual Provider care decisions are clearly different than was assumed in designing the care manager survey, it does not appear that the results will make a substantial direct contribution to evaluating the efficacy of the project interventions.

2006 Survey Results

The results of the survey administered in April and May of 2006 are reported below. The data was analyzed by:

- The absence/presence of an RWRC and the length of time it had been open (17 months, 10 months, three months, or no RWRC as of May 2006)
- DSHS division: Home and Community Services (HCS), Division of Developmental Disabilities (DDD), and Area Agency on Aging (AAA)
- Service Delivery Area

In general, HCS case managers reported having quite different experiences with finding individual providers than the AAA and DDD case managers. HCS case managers were

- more likely to say that it was easy to find an individual provider,
- more likely to report that finding an individual provider had become easier in the previous 12 months,
- more likely to report that finding an individual provider was fast,
- less likely to have a client go without services because of the inability to find an individual provider,
- less likely to know of any providers looking for work.

Many of these survey response differences relate to differences in the role of the case manager between the divisions. HCS case managers are more involved in initial assessments and provider placements. AAA handles ongoing case management, including the difficulties of finding replacement providers. DDD handles both initial placement and ongoing case management.

Case Managers: Background & Caseload

- Over three-quarters (82%) of the case managers reported that they assist clients in finding individual providers. Some of the case managers who do not assist clients in finding individual providers reported that they are discouraged from doing so for liability reasons or that they routinely refer clients to agencies.
- About half (53%) of the case managers had 50 or fewer clients and an additional 36 percent had 51 to 100 clients.
- Respondents estimated that approximately 45 percent of their in-home clients were served by a relative.
 - Case managers in HCS reported that approximately 55 percent of their in-home clients were served by a relative. The AAA case managers reported that 45 percent of their clients had a provider who was a relative, and

DDD case managers reported that approximately 35 percent of their clients were served by a relative.

Finding Providers

- When in-home clients were unable to find their own individual provider...
 - 82 percent of the case managers directed clients to agencies,
 - 43 percent suggested that clients use the referral registry (if available),
 - 38 percent recommended specific individual providers that they knew through their professional experience, and
 - 19 percent directed clients to a different method for finding in-home care.¹
- Eighteen percent of case managers reported that it is “always easy” or “usually easy” to find an individual provider. About one-third of the case managers (30%) indicated that it is neither hard nor easy. Over half of the case managers (52%) stated that it is “always hard” or “usually hard” to find an individual provider.
 - Case managers with HCS were over twice as likely to report that it is “always easy” or “usually easy” to find an individual provider (32%) compared to case managers with DDD (12%) and AAA (10%). This finding could be related to the fact that the HCS clients were more likely to use providers who were family members.
- Overall, half of the respondents (50%) stated that there has been no noticeable change in how easy it is to find individual providers in the past 12 months. Ten percent reported that it is easier; 12 percent said that it is harder. The remainder either did not know or indicated that the question was not applicable.
 - Respondents who worked in an area served by an RWRC were more likely to report that individual providers had become easier to find in the past 12 months (15%) than respondents who did not have access to an RWRC (4%).
 - Case managers with DDD were over twice as likely to report that individual providers had become easier to find in the past 12 months (16%) compared to respondents with HCS (6%) and AAA (0%).
- One-third of the respondents (33%) were aware of individual providers who were not working and would have liked to work, and about half (47%) knew of individual providers who were working and would have liked additional hours.
 - Respondents with HCS were less likely to know of individual providers who are not working and would have liked to work (10%) than case managers with DDD (49%) and AAA (33%).
 - Case managers with HCS were also less likely to know of individual providers who were working and would have liked to increase their hours (31%) compared to respondents with DDD (57%) and AAA (48%).

¹ Responses add to more than 100 percent because respondents could select more than one category.

- Case managers reported that it takes approximately four work hours to find an individual provider. Written responses suggest that this question may have been interpreted to include the time necessary to complete the contracts.
- About half of the case managers (49%) reported that it took two weeks or less to find an individual provider. About one-quarter (23%) stated that it took three or more weeks, and almost one-third (29%) were unable to estimate.
 - Respondents with HCS were over twice as likely to report that it took less than a week to find an individual provider (48%) compared to respondents with DDD (21%) and AAA (10%).
- Case managers reported that in the past six months, the longest amount of time it took to find an individual provider ranged from one day to 540 days, with a median of 28 days.
 - The longest amount of time to find an individual provider for respondents with HCS (median: 14 days) was less than half of that reported by the other case managers (median: 30 days).
- Case managers stated that in the past six months, the longest amount of time they've had a client go without services due to the inability to find an individual provider ranged from one day to 540 days, with a median of 30 days.
 - For respondents with HCS, the longest period of time a client went without services because they couldn't find an individual provider (median: 14 days) was less than half of that reported by the other respondents (median: 30 days).
- In the past six months, about one-third of the respondents (32%) did not have any clients who went without services due to the inability to find an individual provider. About half of the respondents (51%) had one to five clients who went without services. Seven percent of the respondents had six or more clients who went without services, and 10 percent were unable to estimate.
 - Case managers served by an RWRC were more likely to report that they had no clients go without services (35%) compared to the case managers without an RWRC (27%).
 - Case managers with HCS were over twice as likely to report that they had no clients go without services (50%) compared to case managers with DDD (21%) and AAA (24%).
- In the past six months, clients suffered the following consequences due to going without care because they couldn't find an individual provider:
 - 11 percent of the case managers reported having clients placed in a nursing home
 - 15 percent reported clients placed in an adult family home or boarding home
 - 10 percent reported clients with emergency adult protective services placement

- 14 percent reported clients receiving medical treatment not otherwise needed
- 11 percent reported clients being hospitalized (hospitalization not otherwise needed)
- Other consequences of going without care included the following: loss of waiver eligibility, medication noncompliance, increased stress on non-paid caregivers (i.e. family members), lack of services, lack of transportation for essential shopping and appointments, financial consequences.
- Factors that can make finding an individual provider difficult include scheduling, transportation, trust issues, client expectations, client confusion over search process, client unwillingness to participate in search process, individual provider confusion over DSHS bureaucracy, clients with high care needs, finding individual providers with specialized skills, difficult dynamics with client's family, unreliable individual providers, difficulties with the background check and contracting process, language barriers, client's preference for sex/race/religion/culture, individual provider's preference for a certain type of client, and a lack of individual providers in rural areas.

Individual Provider Employment Benefits

- Perceived awareness of the health insurance and worker's compensation benefits seemed to be fairly low among the individual providers who are new to the field.
 - Forty-three percent of the case managers reported that either a few or none of the individual providers with whom they work were aware of the availability of health insurance before they had contact. Six percent stated that about half of the new individual providers knew about the health insurance, and 14 percent reported that most or all of the new individual providers were aware of the health insurance. Thirty-five percent were unable to estimate.
 - Thirty-nine percent of the case managers reported that either a few or none of the individual providers with whom they work were aware of the availability of worker's compensation insurance before they had contact. Five percent stated that about half of the new individual providers knew about the worker's compensation insurance, and 9 percent reported that most or all of the new individual providers were aware of the worker's compensation insurance. Fifty percent were unable to estimate.
- Case managers were split in their opinions of whether the availability of health insurance and worker's compensation insurance have made a difference in the number of individual providers in the field.
 - About one-quarter of the case managers (26%) stated that health insurance has made a difference. About one-quarter (22%) reported that it has not made a difference, and about half (51%) didn't know.

- Thirteen percent of the case managers reported that worker's compensation insurance has made a difference. About one quarter (22%) stated that it has not made a difference, and two-thirds (63%) didn't know.

Referral Registry

- Case managers served by an RWRC that had been operating for at least 10 months were more likely to be aware that they had access to the referral registry (86%) compared to case managers with an RWRC operating for three months (36%). It is not clear why one-quarter (25%) of the case managers in areas without an RWRC indicated that they did have access to a referral registry.
- The longer the RWRC has been open, the more likely case managers are to direct clients to the referral registry (RWRC open 17 months, 83%; 10 months, 64%; 3 months, 31%.)
- Responses indicate that the referral registries have more positive effects the longer that they have been operating. Case managers with an RWRC that had been open for 17 months were more likely to indicate that finding an individual provider took less time after the referral registry was launched (20%) compared to case managers with RWRC's that had been open for 10 months (10%) or three months (8%).
- The survey asked case managers their opinion on whether the referral registry affected the turnover of individual providers, but most respondents were unable to answer the question. Four out of five case managers responded with "don't know" or "not applicable".