

Using Staffing Platforms to Address Long-Term Care Workforce Shortages During the COVID-19 Outbreak and Beyond

By Katherine Kellogg, Tara Gregorio, Becky Allen, Or Dan, Noa Ghersin, Phyllis Spinale and Andrew Surwilo

Nursing facility staffing challenges were at a crisis point prior to the COVID-19 outbreak, due to a full employment economy and the inability of nursing facilities to pay competitive wages, because the wages they offer are linked to adequacy of government funding for nursing facility care. In Massachusetts alone, there were an estimated 14,100 vacant direct care nursing positions—RNs, LPNs, and certified nursing assistants (CNAs)—pre-COVID-19. In the absence of an available workforce and active pipeline that had historically depended upon a robust immigrant population, nursing facilities increasingly relied on an unsustainable strategy of poaching employees from one another. This created a revolving door of staff, as facilities recruited from one another in their attempts to address staffing shortages.

Leaders of nursing home associations have the ability to help the nursing home that are their members address workforce shortages during the COVID-19 outbreak and beyond by attracting new workers into long-term care who haven't previously worked in healthcare, thereby creating a pipeline of candidates that can later fill the critical certified nursing assistant (CNA) position. In Massachusetts, nursing home association leaders have worked with state officials to create and actively market a new resident care assistant (RCA) position. RCAs can help support nursing staff in facilities during the pandemic by performing important tasks such as assisting with meals, helping residents use video calls and other technology to connect with family members, performing housekeeping tasks, and, under supervision, supporting nursing staff in providing direct care.

The Solution of Staffing Platforms

Together, nursing home associations and states can help facilities recruit RCAs using staffing platforms such as the [From Home to Help](#) platform developed in a collaborative effort between Monster.com, the Massachusetts Senior Care Association (MSCA), and the MIT-based COVID-19 Policy Alliance. The Monster.com platform is a job site that offers a two-sided marketplace—it provides a matching system for frontline long-term care workers and care facilities that is arguably more efficient and streamlined than the service provided by traditional advertising.

The platform was launched on April 28, 2020. To launch the platform, Monster.com, MSCA, and the MIT-based COVID-19 Policy Alliance team posted openings for four types of positions (RN, LPN, CNA, and RCA) for each of 329 long-term care facilities. Total job postings were thus 1,316. From program launch at the end of April to mid-July 2020 the platform attracted 1,944 applications and 866 unique applicants. Of these applicants, 19% were for RN, LPN, and CNA positions, and 81% were for RCAs jobs. Twenty-five percent of the applicants for RCA

positions had prior healthcare experience and 75% had no prior healthcare experience. The state of Massachusetts provided a \$1000 signing bonus to candidates who applied through the Monster.com platform or through the state's own job portal, and data on hires through these platforms is being collected by the state government.

To be successful, platforms such as the Monster.com "From Home to Help" platform must make matches quickly and efficiently, and must do so at a price that both incentivizes workers and satisfies nursing facilities. But, managing both sides of a two-sided platform market is not easy; it requires building satisfaction among two very different customer bases—workers and nursing facilities. And it requires reducing market frictions that get in the way of matching supply and demand.

Customer Needs and Marketplace Frictions

Applicants for RCA jobs care about compensation and the potential for career advancement; during the crisis, they also care about safety. MSCA and the MIT-based COVID-19 Alliance team have discovered that some key frictions for workers are inadequate pay, little opportunity for career growth and, during the immediate COVID-19 crisis, uneven availability of personal protective equipment (PPE) across nursing facilities.

Nursing facilities care about meeting staffing demands in as low cost and high-quality a way as possible. Key frictions for facilities are that they have not understood the new entry-level RCA position, have been concerned about perceived conflicts around licensure and responsibility overlap with CNAs, and have not been able to count RCAs in a key industry metric, clinical hours per patient day (HPPD). (The HPPD metric is used as part of the Centers for Medicare & Medicaid Services (CMS) five-star quality rating system designed to help residents and their families select and compare skilled nursing facilities.) Other frictions for facilities have been difficulty getting in touch with candidates, candidates not understanding that they will be working in an environment where COVID-19 may be present, and resistance from overburdened clinical staff in the facilities who do not know how to incorporate the new RCA position into the existing workflow.

Some Practices for Facilitating the Two-Sided Marketplace

1) On the worker side: Generate interest in/use of staffing platform by workers

- ***Sign up facilities.*** Sign up as many facilities as possible, so it becomes worthwhile for a worker to look for a job on the platform.
- ***Help facilities improve their offers.*** Help facilities better advertise the features that workers want: competitive compensation including hero pay during the COVID-19 pandemic, opportunities for training, and safety through the availability of PPE.

In the absence of a state commitment of long-term funding, facilities may be reluctant to increase base pay for RCAs because: a) hourly pay at hire comes with long-term pay expectations, b) increasing base wages for new employees would create discrepancies in pay between new and existing staff, c) increasing base wages for RCAs would call for wage increases for RNs and LPNs as well, and d) increasing base wages would incentivize existing employees to leave current employers to join new ones. Nursing home associations can help facilities understand that they may not need to increase base pay to offer workers competitive compensation during the crisis, thanks to new state and federal government funding during the COVID-19 pandemic, which can be used to support hero pay and shift differentials. Marketing of base pay and shift differentials can attract more applicants by giving potential workers a more accurate understanding of the improved compensation available for direct care employees in skilled nursing facilities during the pandemic.

- ***Help facilities advertise their offers.*** Use both media and community outreach. Issue press releases that advertise attractive compensation, the option of staff training to become Certified Nursing Assistants (CNAs), and facilities' commitment to worker safety. Enlist community leaders to direct workers to the platform and to communicate to them the opportunity for attractive compensation, the possibility of training to become CNAs, and facilities' commitment to worker safety.
- ***Help change regulations around training.*** Work with the state government to allow facilities to offer a combination of onsite and online asynchronous training for RCAs to become CNAs.

2) ***On the facility side: Generate interest in/use of staffing platform by facilities***

- ***Offer a free trial.*** Allow facilities to use the platform for free for a period of time, so that they can see its benefits.
- ***Work in partnership with the state government.*** Work with the state to allow facilities to count RCAs in their clinical hours per patient day (HPPD) metric and to change regulations around training to allow facilities to offer online asynchronous training within their own facilities for RCAs to become CNAs.

Develop state-written documentation about the new RCA role. Work with the state to have the state endorse the RCA position description, clarify any perceived conflicts around licensure and responsibility overlap with CNAs, communicate in writing their decision to include RCAs in the HPPD calculation, and provide a timeline over which the guidance will remain in effect.

- ***Work in partnership with skilled nursing facilities.*** Educate skilled nursing facility executive directors and HR directors by, for example, offering webinars in which providers already using RCAs explain the RCA position and how it can be

useful to facilities. Share best practices for onboarding RCA candidates, so that these new employees can be better integrated into the existing workflow and can be retained over time.

Help skilled nursing facilities offer training for RCAs to become CNAs in order to a) help remedy longer-term pipeline problems and b) enable facilities to ensure a candidate is qualified before investing in the candidate for training. We hypothesize that offering training may also increase retention rates as RCAs are given opportunities for career growth.

- ***Facilitate the recruiting process.*** Centralize prescreening and matching functions at the nursing home association level to help develop a pipeline for new staff on an ongoing basis. Help facilities better advertise on the platform by helping them communicate to workers that they will be working in an environment where COVID-19 may be present, so that facilities reduce time spent pursuing applicants who will not be interested in the position. Enlist volunteers to pre-screen candidates so that facilities can spend less time recruiting RCAs.

By launching a staffing platform and reducing frictions in the new two sided-marketplace, nursing home association leaders have the ability to help nursing homes address workforce shortages during the COVID-19 outbreak and beyond.

Katherine Kellogg is a Professor of Work and Organization Studies at the MIT Sloan School of Management. ***Tara Gregorio*** is President of the Massachusetts Senior Care Association (MSCA). ***Becky Allen, Or Dan, Noa Ghersin, and Andrew Surwilo*** are student volunteers from the MIT-based COVID-19 Alliance. ***Phyllis Spinale*** is a community volunteer from the MIT-based COVID-19 Alliance.