

**AOTA Response to Senate Finance Committee:
Policy Options for Transforming the Health Care Delivery System
May 15, 2009**

The American Occupational Therapy Association (AOTA) is the national professional association representing the interests of more than 140,000 occupational therapy practitioners and students of occupational therapy. We appreciate the opportunity to submit these comments and recommendations regarding the Committee's suggested Policy Options for Transforming the Health Care Delivery System. As the national professional association representing occupational therapy, a profession dedicated to improvement and maximization of performance, function and independence, AOTA and our members have a deep interest in health care reform and bring a unique perspective to the discussion. Our members focus on health, wellness, prevention and rehabilitation—and these appear to be critical components of the current debate. It is through this broad-spectrum lens that we submit these comments.

AOTA supports the Committee's view that health care reform must not only expand coverage but also must improve patient care and outcomes. AOTA shares the belief that improved outcomes and cost efficiency can be achieved by reforming the current system. Emphasis on prevention and wellness to avoid preventable illness, injury and chronic conditions, supporting self management of existing chronic conditions, supporting appropriate primary care, and assuring availability of all appropriate treatment will not only save money in the health care system but will reduce other costs. If Americans are provided the necessary treatment and resources to achieve optimum recovery, restoration of function, ability to return to work and other activities, and be as independent as possible it will lower costs for disability programs, promote productivity and restrain costs for future care or complications. While the comments that follow relate to specific proposals in the delivery system document, AOTA looks forward to providing more comprehensive recommendations as the Committee continues its work.

Establishment of a Value-Based Purchasing Plan (VBP)

AOTA supports the establishment of a Hospital Value-Based Program (VBP) that is appropriately designed and includes all aspects of care, including occupational therapy, to assure the most appropriate and beneficial level of care is provided and to achieve optimal outcomes for patients. AOTA recognizes the effectiveness of the Continuity Assessment Record and Evaluation (CARE) tool currently being used in CMS' post-acute demonstration project and urges the Committee to consider the issues covered in the CARE tool when establishing the Hospital VBP. This tool is being used to determine appropriate discharge and placement. While AOTA recognizes the importance and value of a comprehensive assessment tool, we urge caution that the Committee does not create a standard that is unnecessarily burdensome to provider or patient.

AOTA also recognizes the importance of effective discharge planning in achieving positive outcomes for patients who are leaving the hospital setting. AOTA urges the Committee to

include a comprehensive discharge plan as a major element of “value” and a measure of hospital quality. This discharge plan should include risk assessment for falls, self management, medication management and other critical areas of need central to coordinating the management of chronic or acute conditions. Comprehensive discharge planning can be vital to preventing costly re-hospitalization of patients, to reducing disability or complications, and provide more satisfactory outcomes for beneficiaries and payers alike.

Medicare Home Health Agency and Skilled Nursing Facility Value-Based Purchasing Implementation Plans

AOTA supports the idea of a value-based purchasing plan in home health settings and skilled nursing facilities that recognizes the vital role all services, including occupational therapy, play in providing the most appropriate and beneficial levels of care to patients and urges the Committee to include measures relating to the accessibility and effectiveness of appropriate therapy services, including occupational therapy, in this plan.

Occupational therapy is an effective and critical component of any home health agency’s and skilled nursing facility’s patient care and administrative teams. Through participation in a structured occupational therapy program the individual will improve their ability to perform basic self care functions, thus allowing them to remain in the home and not have to be transferred to the more costly alternative locations (i.e. nursing home). Occupational therapy practitioners can be used in improving efficiency, implementing new administrative requirements, and maximizing outcomes for patients. Occupational therapy brings specialized knowledge and expertise to enhance outcomes for a myriad of conditions including: stroke, low vision, pain management, sensory losses, dementia, depression and patients with fall risks and those with complex or chronic medical histories.

AOTA urges the Committee to require the Secretary of Health and Human Services to coordinate with all stakeholder groups including AOTA to formulate the most appropriate measures relating to the accessibility and effectiveness of services in home health and skilled nursing facilities.

Physician Quality Reporting Initiative (PQRI)

The Committee presents an option for expanding PQRI that does not adequately reflect the fact that non-physician providers such as occupational therapy practitioners in private practice are eligible for the program. AOTA has worked with the American Medical Association Physician Consortium over the past 18 months and now has a voting membership in that group to develop quality indicators. AOTA urges the Committee to consider options for other professions in addition to physicians to be evaluated for quality practice, equivalent to the referenced American Board of Medical Specialties Maintenance of Certification, appropriate for their area of practice. It would be unfair to cover occupational therapy private practitioners under PQRI but not allow them to participate in the longer-term quality program proposed.

Medicare Inpatient Rehabilitation Facility and Long Term Acute Care Hospital Quality Reporting

AOTA supports moving toward a system of value-based purchasing in inpatient rehabilitation facilities (IRF's) and long term acute care hospitals that recognizes the vital role all practitioners, including occupational therapists and occupational therapy assistants, play in providing the most appropriate and beneficial levels of care to patients. AOTA urges the Committee to include measures relating to the accessibility and effectiveness of appropriate therapy services including occupational therapy in any quality reporting program for these settings.

Occupational therapy practitioners play an integral role in the rehabilitation process, especially as they are a core service in IRF's. Occupational therapy has a unique focus on addressing deficits and barriers that limit the patient's ability to perform activities that they need to do, which requires independence in self-care, home management, work-related tasks, and participating in leisure and community pursuits. Through participation in a goal directed occupational therapy program the individual will see improved function and therefore reduce the likelihood of the more costly discharge alternative. Occupational therapy uses activity-based therapeutic techniques across the continuum of care to achieve the patient's desired functional outcomes.

Occupational therapy practitioners can be effective and important components of any IRF's patient care and administrative teams. Occupational therapy practitioners bring specialized knowledge and expertise to assist in maximizing functional outcomes for patients that allow them to recover lost function and return to full participation particularly for patients coping with multiple conditions or co-morbidities. Occupational therapy's focus on self care, independence and function are of particular importance to IRF patients.

AOTA urges the Committee to require the Secretary of Health and Human Services to coordinate with all stakeholder groups including occupational therapists to formulate the most appropriate quality reporting and payment approaches.

Primary Care: Payment for Transitional Care Activities

AOTA agrees with the Committee that changes should be made to Medicare to support integrated, transitional care management for chronically ill patients who have experienced hospitalization. AOTA is pleased that the Committee will recognize other qualified providers, which we would advocate should include occupational therapy practitioners, to provide care management activities. AOTA also believes that this effort should be expanded to include hospitalized and at-risk for hospitalization patients with high-cost, chronic illnesses. As health educators, promoters of self management, specialists in how individuals can perform necessary activities including energy conservation and home ergonomics, medication management, and experts in the psychosocial issues that present with chronic illness and can lead to problems of living including depression, occupational therapy practitioners can be critical actors in achieving optimum outcomes. We urge the Committee to include occupational therapy practitioners as qualified to provide these care management activities in conjunction with physicians.

An important component as noted above is self management. According to research from the California Health Care Foundation (See <http://www.chcf.org/topics/chronicdisease/index.cfm?subtopic=CL613>), 90% of the "care" for a chronic condition needs to be provided by the person who has the condition. *Self management support* has been defined in the literature as emphasizing the patient's central role in caring for themselves; assessing patient knowledge, skills, behaviors, confidence and barriers; providing effective behavior change interventions, home ergonomics, energy conservation and work simplification techniques; assuring collaborative care planning and problem solving; and providing ongoing follow-up and support via peers and professionals. Self management support, as an approach to patient care planning, defies the limitation to a specific disease or condition; rather it can be applied to all patients who need support in their quest for managing quality of life. Occupational therapy is founded on an understanding that engaging in occupations structures everyday life and contributes to health and well-being. Engagement in occupation as the focus of occupational therapy intervention involves addressing both subjective (emotional and psychological) and objective (physically observable) aspects of performance. Occupational therapy practitioners understand engagement from this dual and holistic perspective and address all aspects of performance when providing interventions. As such occupational therapy practitioners should be valued as critical participants in all forms of care management and highly valued for their unique expertise in self management.

Long-Term Payment Reforms: Chronic Care Management

The idea of a Chronic Care Management Innovation Center (CMIC) is excellent. The CMIC should be established immediately but should also be used to guide changes in primary care management bonuses or other approaches. AOTA supports the CMIC role as an evaluator of effective practices and a promoter of new and existing care models. But the key word is coordination, not only of patient care but of all these efforts to bring to Medicare beneficiaries and the entire health care system a rational, harmonized system of care that achieves appropriate outcomes.

AOTA also urges the Committee to use caution on the criteria for those who are at highest risk for hospitalization, particularly with regard to the use of the phrase "homebound" as a requirement. The definition of homebound under home health has been the subject of much interpretation and discussion; the goal of the chronic care management improvements should not be limited to those who fit an outmoded construct. Promoting use of new and better ways to evaluate patient need while not fostering use of weak terms subject to interpretation or misuse, like homebound, should be a priority of the CMIC.

Medicare Shared Savings Program (Accountable Care Organizations)

As above, AOTA appreciates the Committee's goals but the variety of approaches from bundling (discussed below) to care management to shared savings appear to be disparate pieces of the health care puzzle that do not link together to create a more effective system. While Medicare demonstrations have evaluated many of these, the Committee should consider using the CMIC to

determine which of these will achieve the goals of improved patient outcomes and then implement those approaches in a systematic way.

Furthermore, the Committee appears to consider only physicians and physician care as central to efforts such as the Accountable Care Organizations (ACO). Occupational therapy practitioners work closely with physicians in a collaborative approach to patient needs. As the Committee considers the ACO and other options, AOTA urges recognition of the critical nature of occupational therapy to preventing hospitalization, improving patient compliance, and improving patient ability to self manage, all of which are important to producing better outcomes. This effort should be linked with the Committee's recommendations in the "Improving Quality Measurement" section below.

Hospital Readmissions and Bundling

AOTA has significant concerns regarding the proposal to bundle post-acute services and payment with the acute hospital DRG payment. Certainly there is value and benefit to the health care system and more importantly to patients in avoiding preventable readmissions, however, the bundling proposal as presented has not been demonstrated to be the best method of achieving that result. Improving post-acute coordination of care is necessary to reduce preventable hospitalizations but bundling post-acute payments and providing funding to the acute care hospitals will create unintended consequences that will negatively impact patient outcomes. Bundling of any payments should be tested before implementation to assure financial and other incentives are appropriately geared toward achieving positive patient outcomes. Reducing readmissions is an important aspect of post-acute care and quality care coordination but many other post-acute outcome measures are needed to fully define the efficiency and effectiveness of post-acute care. Rehabilitation and functional outcomes of patients not just re-hospitalizations must be targeted as appropriate measures of good practice. Sufficient protections must be in place to ensure that financial incentives do not outweigh the importance of patient outcomes. Coordination of physician and other providers, such as occupational therapists, must also be considered, especially for patients discharged to their home and not home health care or another facility.

According to the New England Journal of Medicine (N Engl J Med 2009; 360:1418-28), "Although the re-hospitalization rate is often presented as a measure of the performance of hospitals, it may also be a useful indicator of the performance of our health care system. From a system perspective, a safe transition from a hospital to the community or a nursing home requires care that centers on the patient and transcends organizational boundaries." AOTA's earlier comments on chronic care management echo this statement and provide insight into the role of occupational therapy in care coordination.

In the hospital discharge process issues such as patient self management skills must be evaluated and addressed to assure patient ability for such activities as self care management including dressing, personal hygiene and toileting, bathing, home care management including cooking, cleaning, energy conservation and work simplification including home ergonomics, medication management and getting follow-up care. The previously referenced article on re-hospitalizations indicated that 50% of re-hospitalized patients did not appear to have a follow-up visit with their

health care professional. Improved evaluation of patient abilities and of the home situation (such as evaluating ability to manage appointments and medication, obtain transportation, or maintain good nutrition and reduce risks for falls in the home) can be conducted by occupational therapy practitioners. Patient self management skills, supported by occupational therapy practitioners and mastered by the patient through active participation in activities, will enhance patient performance and compliance necessary for optimum recovery or management of multiple conditions and life factors.

AOTA urges the Committee to promote more research about bundling and other efforts to prevent re-hospitalization, to develop discharge protocols as well as options for alternative payment mechanisms that can be linked with the other goals stated in the options paper of chronic care management, promotion of quality primary care, and rewarding accountable care. All these must be viewed systemically not independently to really reform the health care system, including the Medicare program.

Health Information Technology-

AOTA shares the Committees view that adoption and utilization of health information technology, including interoperable electronic health records, may have promise for reducing health care costs and improving patient outcomes. AOTA particularly supports the expansion of incentives to other health care providers in order to establish an integrated system that will allow for the maximization of efficiencies health information technology can deliver to the health care system. Although occupational therapists were eligible for some incentives under the American Recovery and Reinvestment Act, AOTA encourages the Committee to include therapists under all incentive programs where occupational therapy is a covered service. Such a step would dramatically improve adoption of health information technology and ensure the capture of critical health information from the acute and post-acute stages of treatment and rehabilitation.

Comparative Effectiveness Research

AOTA is supportive of the recognition by the Committee of the importance of assuring that the future health care system provides appropriate care to appropriate patients.

The occupational therapy profession is science-driven and evidence-based and as such is itself moving forward with many efforts to keep practitioners informed of current research and best practices. For example, the findings of the USC Well Elderly study (JAMA, 1997; 278:1321-25; J Am Geriatr Soc, 2002; 50:60-63) indicate that preventative occupational therapy cost-effectively slowed down the declines associated with aging and improved health in the elderly. However, the results of this comparative effectiveness study have not yet impacted public policy. Overall the state of research in the larger health care arena at the present time is weak in many areas of medical practice so the use of comparative effectiveness research to guide decisions about treatments or interventions on a broad scale should be implemented carefully, cautiously and slowly to assure time for the research to catch up to the desire to have perfect practice.

AOTA also asks that a broad-spectrum of stakeholders, including representatives of occupational therapy and related research, are included in any external advisory groups, expert panels or oversight committee to direct research efforts and implementation.

Improving Quality Measurement

AOTA applauds the Committee for its recognition of a very broad and appropriate set of measures that should be considered in the Secretary's biennial report and other efforts. We particularly support the inclusion of patient outcomes and functional status as key components of quality. Health is not separated from the ability of individuals to pursue their daily lives. Occupational therapy's purpose is to improve or restore the ability of individuals to live life to its fullest, which must be the goal of a new health care system. AOTA supports not just reform of the health care system but establishment of a system that assures true health for all Americans. AOTA also appreciates the issues of diversity and patient satisfaction being included.

Nursing Home Transparency-

AOTA supports the proposed recommendations that would improve nursing home transparency.

- Disclosure of Ownership- AOTA believes that patients and staff would benefit from inclusion of this provision to help ensure more complete accountability related to quality care in skilled nursing facilities and nursing homes.
- Accountability Requirements- AOTA fully supports requiring accountability systems and ethics programs for nursing home staff. Eliminating waste, fraud and abuse is a goal that AOTA shares with the Committee and our members working in these settings. AOTA believes that quality improvement plans should include training and support for the appropriate provision and billing of services, including therapy services. AOTA also encourages the Committee to direct the Secretary to work with stakeholders including professional associations when developing and implementing the quality assurance and performance improvement regulations.
- Reporting of Expenditures- This provision would improve transparency and fiscal accountability for both facility administration and direct care staff.
- Standardized Complaint Form- Such a form would streamline and simplify the complaint process as well as facilitate improved tracking and comparison of complaints and the resolution process. These improvements would benefit both patients and staff.
- Ensuring Staffing Accountability- AOTA supports the intent of this provision and believes that it would improve transparency and agrees that the information could be disseminated to the public to better inform them of the staffing conditions within a given facility. Nursing Home Compare is the appropriate place for the information to be made available to the public. AOTA would also be willing to work with the Secretary to assist in evaluating the results of tracking staffing data. AOTA suggests collection of additional data on staff time, including time directly with patients, as a check on effective use of staff.
- Demonstration Projects on Culture Change and Use of Health Information Technology- As a profession dedicated to maximizing performance and function so individuals can engage in activities of meaning and live life to its fullest, AOTA fully supports all

initiatives to promote culture change and improve quality of life for nursing home residents. AOTA and our members are committed to a patient-centered approach to care.

- Dementia and Abuse Prevention Training- AOTA supports the requirement for additional training in these areas and suggests that the Secretary consult with groups and associations with experience in this area when developing the training requirements and modules. Research has shown that occupational therapy provided to individuals with Alzheimer's disease or dementia can improve behaviors, mental status and ability to follow directions. (See Gitlin, Laura N.; Dennis, Marie P.; Hauck, Walter W.; Winter, Laraine; and Schinfeld, Sandy , "Caregiver strategy use to contend with cognitive and functional decline in persons with dementia " (2003). *Center for Applied Research on Aging and Health Research Papers*. Paper 3.http://jdc.jefferson.edu/carah_papers/3). Providing families with the appropriate tools to select facilities that can appropriately care for their loved one with Alzheimer's or dementia will also increase the quality of care for this population. Preventing abuse must be first approached by assuring that individuals providing care are given the appropriate tools, such as training from an occupational therapy practitioner, to create and maintain an environment and activities that can keep patients with dementia or Alzheimer's from becoming problematic and thus creating an environment for breeding abuse. Occupational therapy is underutilized in this area in nursing facilities and efforts should be made to increase the availability of these proven interventions.

Workforce

AOTA understands the impact that increased coverage through health care reform will have on the need for qualified health care professionals. An increase in coverage will lead to additional demand for services that are essential to the health and well being of recipients. However, with appropriate intervention from a variety of professionals including occupational therapy, the need for more expensive alternative care will be reduced and thus the overall consequences of expanded services will be a reduction in overall cost. Of concern to all stakeholders in this discussion is how to best insure that recipients of medical care have access to all necessary and appropriate health care services like occupational therapy.

Addressing shortages in primary care physicians is a major challenge but AOTA believes it is only part of the solution and that in order sustain significant reform to our health care system, shortages need to be identified and addressed across the entire spectrum of health care providers including occupational therapy practitioners.

Occupational therapy practitioners provide essential services to a variety of populations in various settings across the lifespan including services in early intervention, with veterans, with the elderly, in home health settings, with autism patients and numerous other critical areas. The future need for qualified professionals is poised to drastically increase making it imperative that shortages in qualified occupational therapy practitioners are addressed to protect and promote the health and well being of patients.

AOTA believes that there is a dire need to address current and future workforce shortages in the field of occupational therapy. Limited access to qualified practitioners will adversely affect the

ability of patients to receive the most appropriate services, at the right time and will negatively impact patient outcomes and significantly increase the overall cost of services. Continued workforce shortages will hinder the effectiveness of major health care reform if not addressed.

Congress has passed a mechanism that can be used to improve workforce shortages. Most recently occupational therapy was included as a profession of national need under the College Opportunity and Affordability Act of 2008 (PL: 110-315). Under this program occupational therapists working with children and veterans are eligible for loan forgiveness. AOTA urges Congress to fund this important new program.

Medicare Advantage Programs: Paying for Chronic Care Management

As noted earlier in these comments, AOTA supports any movement to improve management of care, especially for those with high cost or chronic conditions. It is essential to reduce or eliminate financial incentives for Medicare Advantage programs that result in reductions of activities related to management and coordination of chronic care. Chronic care management, including the promotion of self care management as discussed earlier, is essential to reducing long term costs and improving patient outcomes. AOTA supports the Committee's intent to incentivize effective chronic care management and again reasserts the critical role of occupational therapy practitioners in this area.

Medicare Advantage: Benefit Equality

AOTA wishes to raise an additional concern to the Committee. Many occupational therapy practitioners provide services directly to beneficiaries in their homes. This is allowed by Medicare's coverage rules under Part B separate from the home health benefit. However, even though all providers (hospitals, clinics, private practices, etc.) are allowed under fee-for-service to provide occupational therapy in the home, where often it is most beneficial for such things as dementia treatment or falls prevention, Medicare Advantage programs appear to restrict provision of services in the home by providers willing to accept all other conditions of a contract with a Medicare Advantage program. This would appear to prevent beneficiaries from getting a Medicare service to which they are entitled. AOTA believes that Medicare Advantage programs should provide the same benefits as are available under fee-for-service, including allowing the option for providers to serve beneficiaries in their own home environment. As noted, this is not the home health benefit but rather the Part B outpatient occupational therapy benefit. AOTA brings this to the attention of the Committee as it works to improve and enhance the provision of services under Medicare Advantage.