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Comparative Effectiveness Research
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Thank you for this opportunity to provide comments on behalf of the American Occupational Therapy Association regarding the priorities for comparative effectiveness research. AOTA, representing the interests of over 140,000 occupational therapists, occupational therapy assistants and students of occupational therapy, is concerned about the health, active engagement in daily activities, and participation of all individuals. .

Comparative effectiveness research plays a critical role for health professionals, policy-makers, and consumers. However, comparative effectiveness research should be conducted beyond primary care settings, because important health care questions need to be answered in rehabilitation, long-term care, and community settings as well. Occupational therapy practitioners work with infants and elderly, in schools, homes, nursing facilities and hospitals. We strive to improve people's abilities to perform the daily activities that are most meaningful to them, thus improving their functional activities and quality of life. Occupational therapy enables "Living Life To Its Fullest;" and research has shown that occupational therapy, by improving life, can positively affect health outcomes and costs (Hay et al., 2002).

AOTA has completed systematic reviews on Occupational Therapy and children and adolescents with autism, children with behavioral and psychosocial needs, adults with stroke, driving and community mobility for older adults, adults with Alzheimer's disease, and children and adolescents with sensory processing/sensory integrative disorders. However, more reviews are needed to examine the evidence for different health conditions in different health care settings. Additionally, resources are needed to disseminate and promote use of evidence at the point of care, especially in rehabilitation, which can vary among inpatient, outpatient, home, and community settings.

Dr. Carolyn Clancy, Director of AHRQ underscored the need to "focus on patients with multiple **chronic illnesses**, a group of people for whom we spend the most money and provide the worst care" (Clancy, 2008). The diagnoses of autism, stroke, and dementia are often chronic, requiring multiple interventions, including occupational therapy services. Research is needed to determine the optimal dose, frequency, duration and type of occupational therapy interventions for individuals with conditions such as autism, stroke, and Alzheimer's. Such research would aid occupational therapy practitioners to deliver services efficiently and effectively, which is especially important in the context of the current economic climate and the workforce shortage that we are experiencing in occupational therapy. The following studies are examples of research that is needed based upon AOTA's systematic reviews.

Autism

Research Question: Is behavioral intervention with occupational therapy intervention more effective than behavioral intervention (without occupational therapy) to improve the performance of daily tasks and participation in school, home, and community in children diagnosed with autistic spectrum disorders (ASD)?

Justification: Behavioral interventions are commonly used to treat autism, but given the high prevalence of sensory issues in children with Autistic Spectrum Disorders (ASD), this approach fails to address what are believed to be underlying reasons for these children's behaviors: i.e., problems with processing sensory information. Occupational therapists can assess and treat sensory processing problems that negatively influence children's behaviors and daily performance. They also can modify environments (e.g., reduce sensory overload) and tasks so that children can perform them as independently and functionally as possible, whether the task is dressing or completing a class assignment.

Stroke

Research Question: Does rehabilitation with special focus on cognition for functional activities result in better outcomes, long-term recovery, increased productivity, and greater participation in the community, compared to standard rehabilitative care? And does greater cognitive rehabilitation emphasis result in any cost savings over the long-term recovery of individuals who have had a stroke?

Justification:

Each year, 795,000 people have a stroke in the United States, and stroke is the third leading cause of death. Early interventions and rehabilitation post-stroke are crucial to better functional outcomes. And yet, there are variability in the rehabilitation treatment approaches, depending upon professionals' knowledge of the literature, rehabilitation equipment and staffing availability, and even reimbursement policies. Thus, funding for CER should address knowledge translation or knowledge transfer, or else valid effective interventions will not be utilized and patients' potential for better functioning could be unnecessarily limited.

Research suggests that cognition is a mediator of functional outcomes in stroke rehabilitation, but more studies are needed to compare outcomes of rehabilitative approaches. Concurrently, these studies should measure use of health care services and its associated costs, so that we can compare interventions not only in terms of outcomes but costs as well.

Dementia

Research Question: Are intervention programs that facilitate routines and environmental cueing, as provided under the supervision of an occupational therapist and under an occupational therapy plan of care, more effective than standard care to improve

the performance of daily activities (e.g., toileting, sleeping, taking medications) in people with dementia? And does the improvement help promote health for caregivers?

Justification: Research suggests that routines are beneficial to performance of daily occupations (e.g., sleep) in people with early dementia. While some studies have examined the intervention of routines on behavior and performance, few studies have investigated the effect of routines and environmental cues on performance of activities of daily living (e.g., toileting, sleeping,) and mortality. If the maintenance of daily routines and provision of environmental cues provide purposeful and meaningful activity throughout the day, people with dementia could live longer, have fewer health problems and higher quality of life, which could decrease the stress of caregivers and lower costs.

Summary

Occupational therapy promotes the performance of daily activities and participation of individuals who have illnesses or injuries that limit their daily performance and participation in society. We have recommended specific CER studies for autism, stroke, and dementia, but occupational therapy practitioners work with people of all ages, across educational, business, and health care settings. Further research is needed to identify the most effective and efficient occupational therapy interventions, especially in rehabilitative settings and other contexts in which individuals with chronic illnesses are served.

The American Occupational Therapy Association greatly appreciates this opportunity to comment and looks forward to forming partnerships with other organizations to promote the health, productive living, and quality of life of all individuals.