

February 11, 2013

Senator Bernard Sanders, Chairman
U.S. Senate HELP Committee: Subcommittee on Primary Health and Aging
Dirksen Senate Office Building, Room: 332
1st and C Streets, N.E.
Washington DC, 20510

Senator Michael Enzi, Ranking Member
U.S. Senate HELP Committee: Subcommittee on Primary Health and Aging
Russell Senate Office Building, Room: 379A
1st and C Streets, N.E.
Washington DC, 20510

Dear Chairman Sanders and Ranking Member Enzi,

The American Occupational Therapy Association (AOTA) is the national professional association representing the interests of more than 140,000 occupational therapists, occupational therapy assistants, and students of occupational therapy. We greatly appreciate the recent Subcommittee hearing, “30 Million New Patients and 11 Months to Go: Who Will Provide Their Primary Care?” As the Subcommittee proceeds in forming recommendations to improve the current healthcare system and promote timely, cohesive, quality healthcare services, AOTA would like to provide a brief explanation of the critical role occupational therapy practitioners can play in primary care settings through promoting wellness, coordinating care, and providing rehabilitative services to individuals throughout the lifespan, thus reducing healthcare costs and promoting a healthier nation.¹

Occupational Therapy (OT) is a profession dedicated to the improvement and maximization of function and performance—how, when and how well people do the activities or “occupations” important to them--so that people can live healthier, more productive and satisfying lives. People define health in many ways but it is beyond being disease-free. When people describe “healthy” it usually involves being able to DO things: to work and care for oneself despite conditions or age, being interested in the world, having energy and vitality. All of this involves performance of activities of daily life which ultimately contribute to quality of life.² Including Occupational Therapy as part of the team providing services and interventions in a coordinated manner, is the way for people to live life to its fullest.

¹ Journal of the American Medical Association, Vol. 278 (1997). Occupational therapy for independent-living older adults: A randomized controlled trial.

² British Medical Journal, Vol. 319 (1999) Population based study of social and productive activities as predictors of survival among elderly Americans.

Primary care can be defined very narrowly, simply identifying practitioners – physicians, nurse practitioners, and physician’s assistants, or it can be defined from the much broader view of *primary health care* – comprehensive care that addresses the majority of a patient’s needs over time including both preventative and curative services. This latter, more broad view of primary care is essential to improving health outcomes and reducing healthcare costs. We believe that Occupational Therapy can be central to many aspects of a cohesive, quality healthcare system:

Primary Care Teams

Primary care addresses basic health needs but must also include the ability to effectively link to rehabilitative services that enable individuals to become or stay healthy. Because of the holistic nature of occupational therapy and expertise related to performance and function across the lifespan, occupational therapy practitioners should be utilized in primary care teams. Occupational therapy’s collaborative approach to the provision of healthcare and focus on increasing client capacity and independence make practitioners a valuable part of beneficiaries’ primary care team particularly in critical areas such as preventing falls for elderly patients, working with individuals with diabetes on assuring their lifestyles support health, monitoring child development to increase early and appropriate intervention. Other areas where occupational therapy can be useful in a coordinated model are in premature infants/NICU, mental health (e.g., schizophrenia), and hand, wrist or shoulder injuries to begin the rehabilitation process immediately or even avoid more expensive treatments.^{3,4}

Medical Homes

Similar to the arguments for primary care participation, AOTA supports the medical home concept and sees a unique role for occupational therapy as part of the medical home team to help clients get the right services to maximize their functional independence. Additionally, occupational therapy interventions help clients with compliance with their medical regimen delivering improved outcomes and thus cost savings.

Prevention

Occupational therapy practitioners have the education, perspective and knowledge base to be recognized as qualified providers of preventative services. Occupational therapy practitioners have expertise in falls risk assessment, smoking cessation, obesity interventions and a variety of other lifestyle management techniques important to the formulation and implementation of comprehensive, successful personalized prevention plans. Research indicates that preventative occupational therapy cost-effectively slowed down the declines associated with aging and improved health in the elderly or simply prevented injuries (e.g., through preventable falls) and improved lives.^{5,6,7}

³The British Journal of Occupational Therapy, Vol. 132 (2008). Audit of a therapist-led clinic for carpal tunnel syndrome in primary care.

⁴ Occupational Therapy International, Vol. 15 (2008). Effectiveness of a peer-support community in addiction recovery: participation as intervention.

⁵ Journal of Gerontology: Psychological Sciences, Vol. 56 (2001). Embedding health promoting changes into the daily lives of independent-living older adults: Long-term follow-up of occupational therapy intervention.

⁶ Journal of the American Geriatrics Society, Vol. 54 (2006) A randomized trial of a multicomponent home intervention to reduce functional difficulties in older adults.

⁷ Journal of Rehabilitation Medicine, Vol. 40 (2008) A single home visit by an occupational therapist reduces the risk of falling after hip fracture in elderly women: a quasi-randomized controlled trial.

Care Coordination

Occupational therapy practitioners bring a unique skill set and expertise that can and should be a vital component of any new or existing care coordination models to achieve optimal client outcomes and deliver more targeted, effective care. Occupational therapy addresses issues of daily living that are often ignored but are critical to care coordination, particularly for individuals with chronic conditions. Occupational therapy is particularly effective in addressing children with disabilities like autism in school or in other settings⁸ or families addressing Alzheimer's disease⁹.

Chronic Care Management

Occupational therapy focuses on enabling individuals to participate in productive and meaningful activities of daily life using approaches that help individuals self-manage—vital to such things as appropriate medication management skills, fall prevention, energy conservation, self-care, and maintaining participation in key activities such as work, family management or leisure. Savings can be achieved as people maintain their health and independence through their own actions. Practitioners achieve improved outcomes through active collaboration with clients and their caregivers during the evaluation and intervention process. Occupational therapy should be a part of chronic care management teams for persons with traumatic brain injury, multiple sclerosis, spinal cord injury, diabetes, autism, stroke among other conditions.^{10,11}

As stated throughout the Subcommittee hearing, allied health professionals have the potential to be a key component to reducing healthcare spending costs if utilized properly. **While considering new and innovative ways to provide primary health care and improve outcomes within our healthcare system, we strongly encourage you to consider the important role that occupational therapy can play as part of the healthcare solution.**

Thank you for the opportunity to express our views to the Subcommittee. Should you have any questions or need additional information about the role occupational therapy practitioners in primary care, please contact Heather Parsons at hparsons@aota.org or (301) 652-6611 Ext. 2112.

Sincerely,



Christina Metzler
AOTA Chief Public Affairs Officer
American Occupational Therapy Association, Inc.

⁸ American Journal of Occupational Therapy, Vol. 62 (2008) Evidence-based review of interventions for autism used in or of relevance to occupational therapy.

⁹ The Gerontologist, Vol. 41 (2000). A randomized controlled trial of home environmental intervention to enhance self-efficacy and reduce upset in family caregivers of persons with dementia.

¹⁰ American Journal of Occupational Therapy, Vol. 63 (2009). Changing face of stroke: Implications for occupational therapy practice.

¹¹ Multiple Sclerosis, Vol. 14 (2008). A longitudinal study on effects of a six-week course for energy conservation for multiple sclerosis clients.