

## **Occupational Therapy: Part of the Health Care Solution**

Occupational therapy 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. Occupational therapy and the American Occupational Therapy Association (AOTA) are committed to quality health care, prevention, wellness and rehabilitation services for individuals across the life-span. This can reduce health care costs and promote a healthier nation. (*Journal of the American Medical Association*, 1997).

**Health: 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 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. (British Medical Journal, 1999) Occupational therapy, combined with other services and interventions, is the way for people to live life to its fullest.**

Occupational therapy is holistic, goal-oriented and can play an essential role in meaningful and effective efforts to improve society’s health along with improving the health care system. Research has also developed tools specifically directed at addressing issues of “how” people function when they have conditions such as stroke. (*American Journal of Occupational Therapy*, 2008) Occupational therapists are specialists in using these tools and effecting healthy change in clients. Research also has shown that training and assistance (i.e., occupational therapy) in “how” to do things and addressing underlying lifestyle changes increases the compliance with fitness activities. (*Arthritis and Rheumatism*, 2008) Thus occupational therapy should be central to many aspects of the health care system:

### **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 settings (*American Journal of Occupational Therapy*, 2008) or **families addressing Alzheimer’s disease**. (*The Gerontologist*, 2000)

### **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 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**. (*American Journal of Occupational Therapy*, 2009; *Multiple Sclerosis*, 2008)

### **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. (*Journal of Gerontology: Psychological Services*, 2002; *Journal of the American Geriatrics Society*, 2006; *Journal of Rehabilitation Medicine*, 2008)

## **Primary Care**

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 health care and focus on **increasing client capacity and independence** make practitioners a valuable part of beneficiaries' primary care team particularly in critical areas such as 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. (*The British Journal of Occupational Therapy*, 2008; *Occupational Therapy International*, 2008)

## **Medical Home**

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.

## **Medicare Bundled Payment Pilot Program**

AOTA and the occupational therapy community are very interested in the Medicare Bundling Pilot Project. AOTA recognizes the importance of reducing the number of avoidable hospital readmissions and wants to insure that there is a strong focus on rehabilitation outcomes as a key component for preventing unnecessary re-hospitalizations.

## **Studies:**

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

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

*American Journal of Occupational Therapy*, Vol. 62 (2008) Reliability, validity, and clinical utility of the Executive Function Performance Test: a measure of executive function in a sample of people with stroke.

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

*Arthritis & Rheumatism* (Arthritis Care & Research), Vol. 59 (2008). Effects of Activity Strategy Training on Pain and Physical Activity in Older Adults with Knee or Hip Osteoarthritis: A Pilot Study.

*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.

*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.

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

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

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

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

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

*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.

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