New Markets Emerge From Society’s Needs

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What do people need and want to do in their everyday lives? How can you help them achieve their goals and participate in the activities and roles that they find meaningful? As society’s demographics and values change, so do the nature of health care and the market for occupational therapy. However scary change may be, it can be a positive thing for the profession. “The skills of occupational therapy practitioners and the needs of society are intersecting to create opportunities for the future,” says The American Occupational Therapy Association’s (AOTA’s) Executive Director Frederick P. Somers. Although most occupational therapists and occupational therapy assistants still practice in facility-based settings, many are exploring emerging practice areas.

As Christina Metzler, chief operating officer of AOTA’s Public Affairs Department, points out, these emerging practice areas are often rooted in more traditional roles. “Home modification really derives from occupational therapy’s involvement and unique expertise in home health. I see emerging areas as retail, and traditional areas as wholesale. The retail areas present lots of opportunities for individuals to branch off and start their own operations that draw from these existing wholesale areas. In retail, of course, you have to be more assertive about selling your product or service.”

This is especially true of emerging practice areas, where typical sources (e.g., Medicare, private insurance) may not cover the services you provide. Often, entering an emerging area requires learning at least basic business skills, the ability to identify unmet needs in your community and assess the market for your services, and the ability to promote yourself and demonstrate to potential clients why they should pay for your services. Practitioners interested in pursuing these areas should begin by ensuring that their endeavors comply with their state’s statutes and regulations governing occupational therapy practice. For more information and resources, see “Capital Briefing” in the December 20 issue of OT Practice (p. 7) and the Licensure section of the AOTA Web site at www.aota.org. AOTA’s 11 Special Interest Sections (SIs) also are a good source of information and networking for those interested in emerging practice areas. For information on the SIs, go to the AOTA Web site and click on Special Interest Sections.

The list below is based on information gathered from many practitioners and health care providers. Watch for more information on emerging practice areas in future OT Practice issues.

1. Ergonomics consulting. Evidence about the benefits of ergonomics programs has been accumulating over the past few years, and in 2002 the U.S. Department of Labor established ergonomics guidelines for employers. Although compliance is voluntary, many employers have recognized the connection between worker safety and injury prevention and their bottom lines. Some occupational therapy practitioners have established consulting businesses that design prevention programs and workplace modifications for industry and state governments, and those with experience in work hardening and rehabilitation programs are beginning to take on consulting duties related to injury prevention.

2. Design and accessibility consulting and home modification. The concept of aging in place is gaining cachet in the American marketplace, and many entrepreneurs are capitalizing on the desire of older adults to live independently in their homes for as long as possible. Occupational therapy practitioners can bring something unique to this growing market: a holistic perspective and an emphasis on the activities that people find meaningful. They also know that aging in place bridges the lifespan. Older adults, families, and persons with disabilities can all benefit from environmental modifications that allow for fuller participation in life. Universal design, or designing homes and businesses to accommodate everyone, is gaining popularity and increasing demand for consultants with knowledge of special populations. Occupational therapy practitioners in this area work with engineers, architects, city planners, developers, and others to create accessible homes and communities.

As persons with and without disabilities live longer and society looks for more effective and less costly alternatives to nursing homes, home modification consultants may find increasing demand for their services. Because they are trained to evaluate clients’ mobility, sensory, and cognitive limitations and potential obstacles in the home environment, occupational therapy practitioners are well-suited to be home modification consultants.

3. Older driver assessment and training. As the population ages, the issue of mobility and driving among older adults is becoming a public safety concern. Not only can age-related illness or disability alter people’s ability to drive, but so can processes associated with normal aging (e.g., slower reaction times, decreased peripheral vision). Officials at local, state, and federal levels have recognized the crisis that could result if the mobility needs of older adults are not addressed. In fact, the National Highway Traffic Safety Administration (NHTSA) and the Centers for Disease Control and Prevention have provided funding for projects aimed at addressing older driver safety and building the capacity of health professionals to meet older driver needs. These projects include AOTA’s own Older Driver Initiative. “NHTSA has recognized that a key to maintaining independence for older adults is maintaining mobility within their communities. While changes in community planning and infrastructure are needed, they are not likely to happen quickly. To promote the safety of older adults and public safety in general, NHTSA has recommended unfettered access by consumers to valid and reliable evaluation and training services. Occupational therapy practitioners can provide leadership and services to meet this pressing need,” says Somers.

4. Consulting to assisted living facilities. Assisted living facilities vary widely in complexity, clientele, and format. Generally, these facilities provide residents with housing and services such as meals, housekeeping, and transportation within the community. Occupational therapy practitioners can use their expertise to help residents maintain health and enhance function, prevent illness, facilitate engagement in leisure activities, and promote overall well-being. For example, practitioners may provide workshops in falls prevention or recommend environmental modifications that foster participation in meaningful activities; train housekeeping, personal care, and other staff to understand and promote activities of daily living; and design fitness programs for residents, as well as programs to address depression. Under Medicare Part B, they also can provide rehabilitation services.
5. Technology and assistive-device development and consulting. Technology grows exponentially, providing the potential to find new and better ways to foster people's participation in daily life. Many occupational therapy practitioners are using technology and assistive devices to help clients with cognitive, functional, or mobility limitations. Practitioners may find opportunities in helping schools develop testing systems that promote access and inclusion of all students, recommending and training individuals in the use or installation of customized technology and assistive devices, or inventing new equipment to help people maintain their quality of life and mobility.

6. Health and wellness consulting. Although some overlap exists with other emerging areas, health and wellness consulting generally involves working with businesses and individuals who are exploring lifestyle changes. Many employers are recognizing the economic benefits of keeping employees healthy in body and spirit. Occupational therapy practitioners may conduct corporate wellness seminars that focus on job performance issues and well-being or develop support programs for adults who are caring for elders or a family member with a disability. Some practitioners have even started life coaching businesses that help clients meet professional and personal goals while addressing the physical, social, emotional, cognitive, and spiritual facets of their lives. Others are tapping into the concept of lifestyle redesign. The landmark “well-elderly” study by researchers at the University of Southern California demonstrated that occupational therapy interventions are effective in maintaining the health and well-being of older adults who are living independently. As the population ages and society looks for ways to counter disease and disability, occupational therapy practitioners are sure to find creative ways to apply interventions that prevent functional decline and maintain well-being.

7. Low-vision rehabilitation. Many older adults are experiencing vision loss, secondary to age-related disease such as macular degeneration, diabetic retinopathy, and glaucoma. Occupational therapists have the knowledge and skills to address vision deficits and related functional issues. The Balanced Budget Refinement Act of 1999 facilitates access to these services by allowing optometrists to directly refer Medicare Part B clients to occupational therapists.

8. Addressing Alzheimer’s disease and caregiver training. In 2011, the first baby boomers will begin turning 65. With older adults making up a larger percentage of the population, Alzheimer’s disease will become an even greater challenge for America’s health system. The Centers for Medicare & Medicaid Services has clarified Medicare policy to enable beneficiaries with Alzheimer’s disease or dementia to receive occupational therapy services when medically necessary. Nursing homes, assisted living facilities, and communities will be looking for effective interventions and programs to address the needs of persons with Alzheimer’s disease. And of course, elders and their families will need assistance and support to help loved ones with the disease remain independent for as long as possible. The expertise of occupational therapy practitioners also lends itself to developing quality respite, training, and other support programs for caregivers.

9. Addressing the needs of children and youth. As services for students with disabilities expand, the number of children diagnosed with autism spectrum disorders grows, and parents become savvier about their children’s rights, the need for occupational therapy in school systems is likely to increase. However, occupational therapy practitioners also have the knowledge and expertise to help children and youth without disabilities. Government-sponsored youth antiviolence and antibullying campaigns have identified the need for programs that address such areas as social skills, anger management, and coping with fears and frustrations. Nationwide, many students are becoming disconnected from schools—they feel as if they don’t belong, which leads them to withdraw socially and drop out. In addition, America is struggling with an obesity epidemic that affects children as well as adults. Occupational therapy practitioners could design programs that help students feel connected or that focus on preventing disease and maintaining health. They might assist students who cannot or do not want to attend college to identify vocational options and provide early job training. Practitioners could also consult with businesses on how to hire students with disabilities or with colleges on how to meet the needs of students with disabilities.

10. Community services. Health care systems have recognized that prevention and health maintenance programs can help them cut costs. Many have started community health initiatives, using occupational therapy practitioners, that educate community members about managing and preventing diseases such as stroke and diabetes, preventing falls among elderly persons, and coping with chronic conditions such as arthritis or low back pain. Some practitioners also have made inroads with state or local government agencies by convincing these entities of the value of occupational therapy in addressing the needs of the populations they serve. Examples include consulting with Area Agencies on Aging and designing programs that teach life skills to jail inmates or homeless persons.

References

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