The American Occupational Therapy Association’s
94th Annual Conference & Expo
April 3–6, 2014
Baltimore, Maryland

Boldly Navigating a Changing World
Centennial Vision 2017 & Beyond
OT as Primary Care: Health Care Systems Change

• Introduction
  – Overview of AOTA’s Primary Care Initiatives
  – Environment of Necessary Change
    • Drivers of Delivery System Reform
    • Importance of Primary Care

• Case Examples
  – Carol Siebert, MS, OTR/L, FAOTA
  – Sherry Muir, MOT, OTR/L

• Panel Discussion/Q&A
Primary Care

• Why primary care?
• What is the profession’s role?
• What is your role?
AOTA commissioned the preparation of an environmental scan of current conditions by two expert consultants.

Review of New Models of Primary Care Delivery (2013) is a review of the trends and challenges driving changes in primary care delivery, new models of primary care delivery, and a summary of various experts’ opinions regarding these developments and the potential for occupational therapy practitioners to contribute to this evolution.

See more at: http://www.aota.org/Publications-News/AOTANews/2013/Primary-Care-Promote.aspx#sthash.8QtZ1FfZ.dpuf
Understanding Primary Care Issues

• In early 2013 AOTA convened a forum of thought leaders including occupational therapy educators and practitioners, as well as a variety of representatives from outside the profession.

• The forum allowed this diverse group to dialogue about evolving primary care delivery models and to explore potential contributions from and roles for occupational therapy.

• See the summary at: http://www.aota.org/Publications-News/AOTANews/2013/Primary-Care-Promote.aspx#sthash.8QtZ1FfZ.dpuf
Primary Care Involvement

• **Networking** with other professional associations.
• Attending and **participating in key regional and national meetings**.
• **Ongoing engagement** with a variety of stakeholders outside the profession:
  – Institutes of Medicine Global Forum on Health Care Education.
  – Academies of Practice
  – Interprofessional Professionalism Collaborative.
Addressing Primary Care

• AOTA developed action items to guide its ongoing work related to occupational therapy and evolving primary care models.

• Multifaceted and involves the collaboration of AOTA staff and volunteer leaders as well as occupational therapy practitioners and educators around the country.
Addressing Primary Care

• Create a position paper.
• Develop detailed profiles of existing models to identify the various ways in which OT can contribute to primary care and interprofessional collaborative practice.
• Identify existing research and evidence supporting what OT can contribute to primary care delivery.
Addressing Primary Care

• **Ongoing outreach** and trend monitoring related to primary care:

• **Disseminate information** to members and external stakeholders highlighting OT practitioners currently in primary care and how OT skills add value in order to encourage understanding and recognition of the potential role for occupational therapy.
Environment of Necessary Change

What is the primary care crisis?

https://www.youtube.com/watch?v=Sq7gzJY6_tM&feature=youtu.be
Themes of Change

- DISCLAIMER – Obviously physician-centric
- Nonetheless, themes represent general consensus
  - “Triple Aim” is the name of the game
    - Increase patient satisfaction, lower costs, improve outcomes
  - Demand curve up
    - Newly insured under ACA & aging population
  - Supply curve down
    - Primary care physicians lowest paid grows specialist ranks
  - Enhanced focus on primary care as part of the solution
    - Use of interprofessional teams to provide patient-centered care
    - Increased focus on chronic disease management, care coordination, wellness, and prevention
  - Pharmacists, soc. workers, med. assists. establishing new roles
Aging Population

Number of Older Americans, 1960-2040 (in millions)

Year

1960 17
1980 23
2000 31
2020 47
2040 65

Federal Spending on Major Health Care Programs, by Category, Under CBO’s Extended Baseline

Percentage of GDP


Actual  Projected

Medicaid, CHIP, and Exchange Subsidies

Medicare

CONGRESSIONAL BUDGET OFFICE

SEPTEMBER 2013 • WWW.CBO.GOV/PUBLICATION/44521
Outcomes Not Matching Spending

StatLink http://dx.doi.org/10.1787/888932916040
“Why is primary care so important?
It’s simple: Primary care clinicians ensure that patients get the right care, in the right setting, by the most appropriate practitioner, and in a manner consistent with the patient’s desires and values. Data on our health care system increasingly show that areas with higher concentrations of primary care clinicians have lower cost, higher quality health care.”

Source: http://primarycareprogress.org/learn/the-issue
“Team-Based Care: A Critical Element of Primary Care Practice Transformation”

"All team-based care models require some level of change in the roles and responsibilities of individual professionals, as well as additional training in the use of health IT and expanded clinical functions such as engaging patients in self-management of chronic illnesses."

### Broad Picture of the Primary Care Workforce – Where’s OT?

#### Who’s in the primary care workforce?

<table>
<thead>
<tr>
<th>Patient &amp; family</th>
<th>Scribe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical assistant</td>
<td>Patient navigator</td>
</tr>
<tr>
<td>Community health worker</td>
<td>Primary care technician</td>
</tr>
<tr>
<td>Promotora</td>
<td>Floor manager</td>
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<tr>
<td>Project manager</td>
<td>Referral coordinator</td>
</tr>
<tr>
<td>Care/case manager</td>
<td>EHR coordinator</td>
</tr>
<tr>
<td>Care guide</td>
<td></td>
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<tr>
<td>Health coach</td>
<td>Health professionals:</td>
</tr>
<tr>
<td>Receptionist</td>
<td>Physician, APRN, PA, RN, LPN, Pharmacist, SW, Behavioral health</td>
</tr>
</tbody>
</table>

Source: 2014 National Medical Home Summit presentation

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Need to Assert Role for and Value of OT

AOTA Engaged in Ongoing Effort to Promote Role of OT in Primary Care

http://www.aota.org/Publications-News/AOTANews/2013/Primary-Care-Promote.aspx
Working in Primary Care

• Case Examples from Carol Siebert, MS, OTR/L, FAOTA
  – Owner, The Home Remedy
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OT’s Role in Primary Care at SLU

Six settings:
1. Patient Centered Medical Home (PCMH)
2. Family & Community Medical Residency Program
3. Geriatric Primary Care Clinic
4. Internal Medicine
5. ALS Center for Excellence
6. Student Health & Counseling

*Not meant to replace traditional OT practices, rather this is a new or expanded role for OT and can serve as a conduit for referrals.*
“Intrusionary OT”

- Because physicians & other health care professionals don’t really know what we do, especially not family physicians, we cannot wait for them to invite us in.
- We much politely, but firmly push our way into cases where we know we can be helpful. (We attached ourselves to a physician, and saw nearly all of the patients with the physician).
- Ask function/occupation based questions, do assessments, offer suggestions across our scope of practice, provide on-demand direct treatment, recap directly with doctor.
- Do EXCELLENT notes
- Ethical precaution: Know your own competencies and practice within them.
Case Study #1

- Middle-aged female with a diagnosis of Osteogenesis Imperfecta
  - Occupational Profile:
    - Mother of two, works a desk job full time
    - Has a long history of medical complications and fragmented care
    - Out of control pain
    - Starting signs of carpal tunnel
    - No restful sleep secondary to pain and poor positioning
    - No previous experience with adaptive equipment
    - No history or prior occupational therapy treatments
OT Interventions

- Workspace ergonomics
- Adaptive equipment
- Exercises for Carpal Tunnel
- Education on adaptive techniques
- Home modifications
- Sleep positioning
- Energy Conservation
- Activities to reduce constipation
Case Study #2

- “Reilly”: 5 month old male
- Brought to Primary Care Provider (PCP) for follow up after d/c yesterday from Peds hospital for pneumonia
- Mom concerned that Reilly is no longer putting weight on left leg when he is held in standing. Began ~ 1 week ago
- OT asked to consult
Case Study #2 - Reilly

• Occupational Profile completed with Mom & Grandmother:
  – Typically developing until now
  – Good sleep schedule
  – Uses a bottle without difficulty
  – Happy & relaxed disposition
  – Engages & interacts well
OT Eval revealed:

- PROM on right side WNL
- PROM on left side = moderately ↑ tone UE/LE
- Can roll from supine to prone toward left, but not right
- When held upright when both feet contact the hard surface, the left lower extremity withdraws into flexion
- Classic ATNR to left, but head turned to right, left arm goes into extension, adduction, int. rot. & pronation
- In sitting & prone, right UE is used normally, left is in extension, adduction, int. rot., slightly behind him
- If LUE is brought forward, into line of sight, he attempts some gross movement, but it is not functional
- Impaired visual tracking (smooth pursuits) to the left of midline
OT Interventions

- Instruction and demonstration of gentle range of motion for upper and lower extremities with illustrated handouts.
- Encouraged caregivers to take every opportunity to bring the left upper extremity to midline and assist child to use it, either to weight bear or functionally.
- Demonstrated and instructed methods to stabilize left upper and lower extremity at the elbow and knee to aid in weight bearing.
- Instructed in ways to facilitate visual tracking to all quadrants.
- Recommended referral to out-patient OT & PT
Case #3

• New Mother in the Delivery Room
• Occupational Profile
  – Woman in early 20’s
  – No social/family support
  – First child, Had not been through birth classes
  – No structured family support
  – No current job
  – No current idea of expectations of a newborn
OT Interventions

• Support during the delivery itself
• Education:
  – Self care to aid recovery after childbirth
  – Importance of sleep & gentle exercise
• Resources in this community
• Expectations and care of a newborn:
  – Bonding (holding during feeding, eye-contact, & social interaction)
  – Establishing a sleep schedule
  – Positioning of infant
Student Health & Counseling: OTonCampus

- Newest initiative
- College students who are having difficulty being successful at SLU
- Usually because of psychosocial, sensory, or substance abuse issues
- Currently individual treatments, but plan is to add group treatment
- Frequently occurs in natural environments
- Occupation centered treatment
- **OTeams**- individualized for students
OT Interventions

- Residence Hall Living
- Scheduling/Time Management
- Study Skills for working with others
- Independent study skills
- Social skills
- Transition to independence
- Self advocacy/meeting skills
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True *Family* Medicine

- OT has been formally integrated into a Federally Qualified Health Center - Family Medicine Residency Training Site
- Downtown Los Angeles
- Integrated into cost based reimbursement system
- Able to care for families of patients
First entry point into family health

Nancy

• 26 year old
• Mother
• Married
• Unemployed
• Decreased occupational engagement
• Medical history includes dyslipidemia and obesity
• Nancy regularly accesses care from our primary care clinic
Nancy

- Nancy has persistent rash that she has been treated for in our clinic 3x over past 6 weeks
- Nancy presents again, frustrated that rash persists despite compliance with medications
- Family medicine MD concludes Nancy previously misdiagnosed and inquires about Nancy’s lifestyle and her current stressors
- Nancy becomes tearful and reports inability to manage behavior of her 4 year old daughter
- MD consults with OT – OT meets with Nancy
Nancy

- Nancy reports she is unable to complete own ADLs
- Fearful that daughter will hurt herself when in community due to unsafe behavior, resulting in decreased community activity
- No presence of structured daily routines
- Low back pain, poor sleep hygiene
- Nancy completes PHQ9 – positive for depression
- During same visit, Nancy completes ASQ for daughter (Mary) – concerning for communication & fine motor skills
Second entry point into family health

• Mary, 4 years old
• Has attended all Well Child visits with a pediatrician – developmental concerns not identified
• Eager to engage with therapist, playful
• OT assessment demonstrated deficit with visual motor, fine motor and gross motor and balance and motor planning
• Impulsive behavior
• Irregular breathing patterns during challenging activity
Third entry point into family health

• On a separate visit, a 56 year old female, Linda, presented alone for follow up care
• Diagnoses include diabetes mellitus Type 2, hypertension, obesity
• Pt self manages 13 medications including insulin
• Linda reports she lives with daughter and 4 year old granddaughter and often cares for her granddaughter
• Per physician, Linda is non compliant with medications, and diet and exercise recommendations
Linda

• OT attempted to evaluate cognition with Montreal Assessment of Cognition – Linda was unable to complete.
• OT evaluated Linda’s ability to complete simple meal preparation task, fair object recognition of ingredients.
• Linda unable to successfully sequence task to prepare a sandwich.
• OT communicated to team Linda’s decreased functional cognition – cognition not previously addressed.
• Team social worker discovered that Linda is mother to Nancy and grandmother to Mary.
True Family Based Care

- In family medicine practice, able to understand impact of individual health on family health and address health as a family
- Weekly family based OT visits focused on promoting Mary’s development and establishing family based structured daily routines
- Facilitate Nancy’s problem solving skills to manage home & community occupations
- Develop safe & enriching home environment
Communication Activity

Share a short, persuasive explanation (elevator speech) describing the unique role and value of OT in primary care.
Discussion

Discuss effective ways we can increase awareness of OT’s role and distinct value in primary care within our profession.
Discussion

Discuss effective ways we can increase awareness of OT’s role and distinct value in primary care for other professions and clients.
What opportunities are available to engage in “intrusionary” OT?

Be specific, what information from this session applies in your setting?

What will you do with information learned at this session?
To Continue The Conversation

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