

## Primary Care

The American Occupational Therapy Association (AOTA) asserts that occupational therapy practitioners are well prepared to contribute to interprofessional care teams addressing the primary care needs of individuals across the lifespan, particularly people living with one or more chronic conditions. Occupational therapy practitioners' distinct knowledge of the significant impact that habits and routines have on individuals' health and wellness will make their contribution to primary care unique. The purposes of this position paper are to define primary care, describe the environment leading to reforms in the delivery of primary care, and establish occupational therapy's role in primary care.

### Definition of Primary Care

*Primary care* is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community (Institute of Medicine [IOM], 1994; Patient Protection and Affordable Care Act, 2010). Evolving standards for care indicate that comprehensive primary care requires a coordinated team-based approach that promotes collaborative care, shared decision-making, sustained relationships with patients and families, and quality improvement activities. New primary care delivery models have increased the emphasis on management of chronic conditions to reduce costs and improve population health (Interprofessional Education Collaborative Expert Panel, 2011; IOM, 2010; National Committee for Quality Assurance [NCQA], 2011; National Quality Forum [NQF], 2012).

### Importance of Primary Care

A combination of factors necessitates reforms to the health care delivery system. These include unsustainable public and private health care spending growth, an increased prevalence of chronic health conditions, and rising demand for health care services due to the aging of the population and the expected growth in the number of people with health insurance. The goals of reform are aptly summarized by the "Triple Aim": improving the individual experience of care, improving the health of populations, and reducing the per capita cost of care (Berwick, Nolan, & Whittington, 2008). The Affordable Care Act and other health care reform initiatives have incentivized increased integration and coordination of care delivery. A fundamental component of these reforms is an enhanced focus on primary care and the utilization of interprofessional teams of providers to achieve the goals of the Triple Aim (AOTA, 2013). New models of primary care delivery are expected to be the best way to address the needs of the more than 133 million Americans with one or more chronic conditions that account for more than 75% of health care costs, as well as enhance the health and wellness of the population as a whole (Centers for Disease Control and Prevention [CDC], 2009; Grundy, Hagen, Hansen, & Grumbach, 2010).

## Occupational Therapy's Preparation for and Role in Primary Care

Occupational therapy practitioners are prepared by completing a broad educational program in the liberal arts and sciences, making them well-suited to the dynamic nature of contemporary health care delivery systems. This includes a strong foundation in the biological, physical, social, and behavioral sciences supporting an understanding of occupations across the lifespan (Accreditation Council for Occupational Therapy Education, 2012). Practitioners are prepared to be direct care providers, consultants, educators, case managers, and advocates for patients and their families. Specific interventions occupational therapy practitioners can provide to address patients' primary care needs include, but are not limited to,

- Chronic disease management and prevention;
- Health promotion and lifestyle modification;
- Mental and behavioral health management;
- Acute care, including pain management;
- Safety and falls prevention;
- Promoting community integration;
- Palliative and end-of-life care;
- Driving and community mobility;
- Ensuring access to community resources;
- Redesign of physical environment to support participation; and
- Family and caregiver assistance and support (Canadian Association of Occupational Therapists, 2013; Metzler, Hartmann, & Lowenthal, 2012).

Table 1 provides specific examples of occupational therapy practitioners' contributions to primary care.

*Occupations* are all activities that people engage in throughout everyday life that have meaning and value (AOTA, 2014). Successful participation in occupations can contribute to effective management of chronic conditions and improvements in health and wellness, helping to achieve fundamental goals of new primary care delivery models. (Metzler et al., 2012). The focus of occupational therapy is to identify barriers (behavioral, developmental, cognitive, physical, emotional, social, and psychological) and provide interventions and strategies that specifically address those barriers to allow successful participation in occupations. As members of interprofessional primary care teams, occupational therapy practitioners are distinctly qualified to improve patients' health by addressing their ability to participate in desired occupations, particularly the approximately one-fourth of people diagnosed with a chronic condition that experience significant limitations in daily activities (AOTA, 2014; CDC, 2009).

Evidence shows the efficacy and cost-effectiveness of occupational therapy interventions that may be utilized to provide primary care (Borg & Davidson, 2008; Clark et al., 1997; Chang, Park, & Kim, 2009; Eklund, Sjöstrand, & Dahlin-Ivanoff, 2008; Graff et al., 2007; Gutman, Kerner, Zombek, Dulek, & Ramsey, 2009; Nagle, Valiant Cook, & Polatajko, 2002; Rexe, Lammi, & von Zweck, 2013; ).

## Ethical Considerations

It is the professional and ethical responsibility of occupational therapy practitioners to provide services only within each practitioner's level of competence and scope of practice. The *Occupational Therapy Code of Ethics and Ethics Standards (2010)* (AOTA, 2010) establishes principles that guide safe and competent professional practice and that must be applied when providing primary care. Practitioners should refer to the relevant principles from the Code and Ethics Standards and comply with state regulatory requirements.

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Edited by the Commission on Practice, 2014.

**Table 1. Case Examples Highlighting Occupational Therapy Practitioners' Contributions to Primary Care**

<b>Case Description</b>	<b>Considerations for Primary Care Service Delivery</b>	<b>Selected Examples of Occupational Therapy Interventions</b> <i>(all to be completed in collaboration with the patient, family, and other care team members)</i>	<b>Research Evidence and Related Resources Guiding Practice</b>
<p>A <b>26-year-old woman</b> with obesity and dyslipidemia has received regular medical care for a skin rash all over her body. After a series of misdiagnoses, it has been determined that the rash is likely a physical, acute reaction to stress. The woman is a mother and primary caretaker of a 4-year-old girl with delayed development. She reports an inability to address her own ADLs and health needs due to her daughter's hyperactive and impulsive behavior and inability to follow directions. The woman is also experiencing significant symptoms of depression, as evidenced by the PHQ-9.</p>	<p>The intervention focuses on caregiver education about child development, effective parenting strategies, and making lifestyle modifications to manage her depression and decrease the mother's stress related to caring for a child with special needs.</p>	<ul style="list-style-type: none"> <li>• Educate the mother on the behavioral and developmental needs of the child, including establishing appropriate expectations of the child's skills.</li> <li>• Lifestyle modification interventions to facilitate development of independent problem-solving skills to manage home and community occupations and integrate sustainable health-promoting daily routines, including ADL completion and sleep hygiene.</li> <li>• Weekly goal setting and review, including self-identifying barriers and supports.</li> <li>• Referral to additional intervention services for the child.</li> </ul>	<p>Arbesman, Bazyk, &amp; Nochajski (2013); Case-Smith (2013); Clark et al. (2001); Clark &amp; Schlabach (2013); Haracz, Ryan, Hazelton, &amp; James (2013); Kroenke, Spitzer, &amp; Williams (2001)</p>
<p>A <b>5-month-old infant</b> presents with a history of</p>	<p>The intervention focuses on education and</p>	<ul style="list-style-type: none"> <li>• Complete an occupational history and profile to</li> </ul>	<p>Case-Smith (2013); Chang, Park, &amp; Kim (2009); Clark &amp; Schlabach (2013); Howe &amp; Wang (2013);</p>

<p>repeated hospitalizations for pneumonia. The focus of the primary care visits has been on medical management of the infections causing the pneumonia. The occupational therapy screening identifies moderately increased tone on the left side, limiting participation in occupational roles.</p>	<p>support of the family members to promote successful participation by the infant in activities of play, ADLs, and social participation.</p>	<p>identify barriers to participation in play, social participation, and ADLs.</p> <ul style="list-style-type: none"> <li>• Educate caregivers on strategies to prevent development of contractures and other limitations to participation in occupations.</li> <li>• Identify strategies for family members to facilitate participation in play, social participation, and ADLs.</li> <li>• Identify community resources for family support and education.</li> </ul>	<p>Kingsley &amp; Mailloux (2013)</p>
<p>A <b>60-year-old woman</b> reports to her primary care physician that she has “too much going on” to improve the management of her poorly controlled hypertension and Type 2 diabetes mellitus. Secondary complications of peripheral neuropathies in both lower extremities and intermittent double vision interfere with her ability to perform ADLs, resulting in fall and safety risks. She lives with her husband and works an inconsistent schedule in a fast-food restaurant.</p>	<p>The intervention focuses on making lifestyle modifications to incorporate medication management, blood sugar checks, healthy eating routines, adaptations, and environmental changes into her daily life.</p>	<ul style="list-style-type: none"> <li>• Complete an occupational history and profile to identify daily routines and the presence of health-promoting and health-depleting habits.</li> <li>• Increase patient activation by making lifestyle modifications to incorporate medication management, blood sugar checks, healthy eating routines, adaptations, and environmental changes into her daily life.</li> <li>• Perform functional task analysis and activity modification to develop achievable strategies to produce quick, nutritious, and satisfying meals.</li> </ul>	<p>Arbesman &amp; Mosley (2012); Clark et al. (2001); Fritz (2013); Orellano, Colón, &amp; Arbesman (2012); Pyatak (2011)</p>

		<ul style="list-style-type: none"><li>• Integrate physical activity into daily routines.</li><li>• Identify adaptations and environmental changes needed to address fall risk, vision difficulties, and home safety.</li><li>• Identify self-management tools, monitor own progress, and identify barriers and supports to reaching self-identified goals.</li></ul>	
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*Note.* ADLs = activities of daily living; PHQ-9 = Patient Health Questionnaire-9.