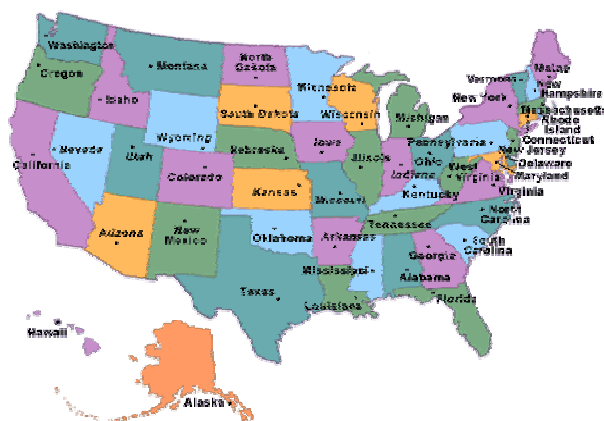


Occupational Therapy Service in USA

Keli Mu, PhD, OTR/L
Chair and Associate Professor
Department of Occupational Therapy
School of Pharmacy and Health Professions
Creighton University, USA
Chair Professor
Institute of Disaster Management and Reconstruction
Sichuan University, China

State of Nebraska The heartland



Creighton University

- | The number 1 regional university in the Midwest
 - | US NEWS & World Report



Occupation

- | Refers to the ordinary activities that people engage in as part of their daily lives
- | Gives meaning to individuals' lives and in a sense, defines who they are
- | Involves cognitive, physical, emotional, psychosocial & spiritual components
- | Has a unique purpose and meaning to each individual

Current definition AOTA Model Practice Act (2004)

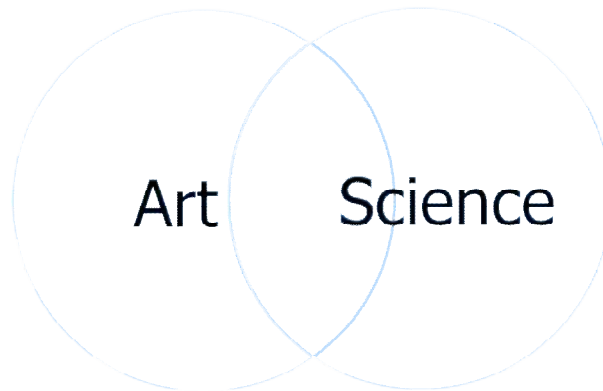
- | Serves as a model to legally define OT scope of practice in state practice acts
- | "...the therapeutic use of everyday life-activities (occupations) with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for the purpose of promoting health and wellness and to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction"

AOTA's Current Definition of Occupational Therapy (cont.)

- | "Occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life."
(AOTA, 2004)
- | AOTA Model Practice Act goes on to describe specific strategies/methods used by OT practitioners, factors OT practitioners evaluate, & interventions/procedures OT practitioners use.

What's missing from the current definition?

Robnett, 1997



Examples?

Occupational therapy definition, simplified

“The art and science of helping people do the day-to-day activities that are important and meaningful to their health and well-being through engagement in valued occupations” (Crepeau, et al., 2003)

“Helping clients learn or reclaim occupations is a complex art backed by science.”

(Pierce, 2003)

...day to day activities that are important despite impairments....

Examples of impairments

- | Stroke
- | Arthritis
- | Head injury
- | Tendon injury
- | Spinal cord injury
- | Schizophrenia
- | Depression
- | Chemical dependency
- | Cerebral palsy
- | Down syndrome
- | Sensory integration dysfunction

Occupational therapists work with individuals across the lifespan

- | Wide angle lens
- | Whole person
- | Encompasses social, emotional, cognitive, physical, and spiritual aspects of ability and disability.
- | Including a focus on health promotion and prevention.

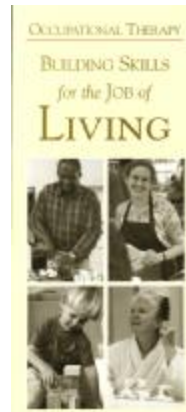


Purpose of OT is to increase performance

- | ADL (eating, dressing, etc.)
- | IADL (interaction, community, etc.)
- | Education (schooling)
- | Work (productivity)
- | Play (children play, adult play)
- | Leisure (restoration, etc.)
- | Social participation (belonging, etc.)

Occupational therapists practice in diverse settings

- | Hospitals (physical or psychiatric)
 - | Acute
 - | Inpatient
 - | Outpatient
- | Public Schools
- | Clinics
- | Communities
- | Home Health
- | Nursing Homes
- | Assisted Living Facilities
- | Industry
- | Higher Education



•Private Practice or Business

You guide your clients when they are in your care.

What happens to them after you discharge them?

As an Occupational Therapist you undoubtedly give your patients and clients your best effort to help them achieve their goals. You do your best to prepare them for as independent and satisfying a life as possible after discharge.

We all know that people's skills continue to change after they complete your program. While you try to help them learn the skills to be able to meet the challenges of their community environments, you can never be sure that they and their families have the knowledge, skills, and resources to solve the problems that may arise in the future. Your discharge planning probably includes providing as many resources as you can to improve the odds that they can find the right help when they need it.

I would like for you to feel comfortable including Home Access Solutions in your resource list. My personal mission is to help people live as safely and independently as possible whenever they choose to call home. I have over twenty years of experience as an Occupational Therapist and a new education as a Realtor to draw upon as I provide my three unique services to accomplish this mission. Every one of my clients is important to me. I assure you that I will provide people you refer to me with respectful and professional service that will not only help them, but reflect well on you as

HOME
ACCESS SOLUTIONS
Opening Doors of Opportunity



Bev Van Phillips, OTR/L
Realtor

Expertise to help people with disabilities and people affected by aging live safely and independently wherever they choose to call home.

Would you rather be an *occupational* therapist or an *activity* therapist?

“Let us consistently use and more imaginatively implement the concept as well as the term occupation as the common core of occupational therapy.”

- Wilma West

Core Concepts of OT

- | Humans are holistic
- | Humans are active beings and occupation is critical to well-being
- | Occupations are classified as ADLs, IADLs, self-care, education, work, play/leisure, and social activities
- | Learning entails experience, thinking, feeling, and doing.
- | Occupation is both a means and an end
- | Humans have potential for adaptation
- | Based on humanism: values of altruism, equality, freedom, justice, dignity, truth, and prudence
- | Client-centered approach: Client, family, & sig. others are active participants in therapeutic process

O'Brien, Hussey, & Sabonis-Chafee (2012)

Client-Centered Practice

- | Clients are active participants in their care
- | Occupational therapists need to step into client's shoes to understand his or her situation (culture, family, community, religion, gender, age, socioeconomic status, etc.)
- | Client is seen as the team leader and directs his or her care

Occupation-Centered Practice

- | Occupation is the unique modality of occupational therapy
- | Occupation-centered practice emphasizes meaningful occupations chosen by clients and performed in proper context, with the proper tools
- | This emphasis is rooted in the profession's historical beliefs and is supported by research today

Evidence-Based Practice

- Health care is trending toward basing assessment and intervention on current best evidence, supported by research
- Occupational therapists are charged with the responsibility of integrating clinical evidence/research with clinical-reasoning
- Clients must be informed, in language they can understand, the options for treatment based on current research in order to make informed decisions about their therapy

Your mission as future occupational therapists is to...

- Improve the independence, health and well-being, and quality of life of people via engagement in occupations which are meaningful to each individual
- Provide client-centered, occupation-centered, and evidence-based care
- Remember the philosophical base upon which occupational therapy was built

What is service delivery?

- ▮ Service delivery is client-centered delivery of services that recognize client's needs, wants, and priorities.
- ▮ OTs provide services in many roles and in various settings to meet the needs of clients.
- ▮ OT service delivery is consistent with professional standards/ethics in accordance with federal, state, and local regulations.
- ▮ Service Delivery Model- an approach to the delivery of services offered.

OT Service Delivery Models

- ▮ Direct Therapy
- ▮ Supervision/Monitoring
- ▮ Consultation
- ▮ Education



Examples of intervention strategies in different service delivery models

	Create	Establish/ Restore	Modify	Prevent
Direct Service	Develop an afterschool art class for children to practice fine motor coordination and social interaction	Shoulder/ hand strengthening exercises to improve grasp of pencil and handwriting	Develop a plan for the child to conduct all written assignments using a computer	Facilitate weight bearing through arms to support development of UE strength
Consultative Service	Help Head Start teacher develop a curriculum to promote I in self-cares	Teach the preschool teacher how to incorporate more sensory input to play	Provide suggestions to teacher for best play partner based on child's play performance.	Teach parents ROM activities to prevent joint deformities

Characterizing Practice Settings

1. Administration of setting
 - | Refers to system's organization & management
2. Levels of care
 - | Refers to the type of service and length of time the patient receives services
 - | Organized around the *continuum of care*
3. Areas of practice
 - | Relate to the types of conditions that the setting serves

1. Administration of Setting

- Public Agencies- federal, state, or county government operated
 - Examples: VA, Indian Health Service (IHS), state mental hospitals or facilities for persons with DD schools, etc.
- Private not-for-profit agencies
 - Example: hospitals, Easter Seal Society, etc.
- Private for-profit agencies
 - Example: large for-profit agencies (hospitals, nursing homes)

2. Levels of Care

- Acute Care
- Subacute Care
- In-Patient Rehabilitation
- Long Term Care
- Outpatient Care
- Home Health



Levels of Care: Acute Care

- | Sudden and short-term needs
- | Typically hospital setting,
- | Stabilizing medical condition is priority
- | Includes ICUs (neurosurgical, neonatal, cardiac, etc.) as well as regular acute care floors
- | Fast-paced, average length of stay 3-5 days
- | Wide range of diagnoses
- | Reimbursed by a prospective payment system (PPS) using diagnostic-related groups (DRGs); a predetermined, fixed fee
- | Role of OT: work with RN/MD/SW to determine current status, potential for d/c, amount of rehab needed.



Levels of Care: Subacute Care

- | Less intensive level of care compared to acute
- | Typically located in a hospital
- | Complex medical situations requiring longer period of rehabilitation
- | Length of stay usually from 1-4 weeks (e.g., persons with strokes, hip fractures, cardiac condition, etc.)
- | Reimbursed by a PPS using resource-utilization groups (RUGs).
- | Role of OT: work with RN, MD, PT, SLPs, cardiac rehab, SW for rehab and d/c planning



Example of Acute & Subacute Care

- | Acute- ICE video (pg. 4)
 - | <http://www.icelearningcenter.com/university-video-library/icu-treatment-begins-part-iii>
- | Acute and Subacute:
 - | <http://www.youtube.com/watch?v=woofpnw-u74>

Levels of Care: In-Patient Rehabilitation

- | Highly structured schedule
- | Pts receive 3+ hours of therapy daily usually divided into 2 sessions.
- | Average length of stay 2 weeks
- | Rehab units must comply with 75% rule
- | Reimbursed by a PPS using case mix groups (CMGs) that are determined heavily by functional status of the patient, not just the diagnosis
- | Role of OT: works with PT/PTAs/COTAs/SLP/SW implementing intensive strength and conditioning program for return to PLOF and d/c home.



Example of Inpatient Rehabilitation

I Example:

<http://www.youtube.com/watch?v=2CFHXsw31hQ&NR=1>

Levels of Care: Long Term Care

- I Patients are medically stable but have a chronic condition or condition requiring extended time to treat
- I Includes skilled nursing facilities (SNFs), institutions, home, community-based program, long term acute care (LTAC), etc.
- I Reimbursement varies based on setting
- I Role of OT: works with RNs, CNAs, PT, PTAs, COTAs, restorative aides, SLPs, SW, Rec Therapist, Activities Director, Families to maximize independence through rehab or maintain skills.



Example of Long Term Care

I Example:

- I http://www.youtube.com/watch?v=S_CDrLaDqEI

I Pet Therapy

- I <http://www.youtube.com/watch?v=8IMZtNNujLg>

Levels of Care: Outpatient Care

- I Clients with disabling conditions and may focus on medical issues
- I Clients have been discharged from a hospital setting and are still in need of therapy services (provided at a lower level of care)
- I Treatment frequency varies from 5 days per week to once every other week
- I Can be general, specialized (e.g. hand therapy), pediatric, etc.
- I Reimbursed on a Medicare Physician Fee Schedule
- I Role of OT: works with PT/PTAs/COTAs, rehab techs, families, payer source to rehabilitate to improve and maximize function of the individual for daily living in their natural environments.



Example of Outpatient Care

- | ICE Video (pg. 12)
 - | <http://www.icelearningcenter.com/university-video-library/rotator-cuff-repair-part-3-increasing-rom-shoulder-flexion>
- | ICE Video (pg. 10)
 - | <http://www.icelearningcenter.com/university-video-library/peds-sensory-integrationsensory-processing-scooterboard-and-letter-recognit>

Levels of Care: Home Health

- | Therapy at the client's home environment (e.g. house, assisted living facility, etc.)
- | Providers may also work in the home of persons who receive hospice care
- | Patients must be "homebound" to qualify.
- | Reimbursed by a PPS via a home health resource group (HHRG)
- | Role of OT: works with PT/SLP/RNs/families to maximize and maintain function, promote health in client's home



Example of Home Health Care

I ICE Video (pg. 8)

<http://www.icelearningcenter.com/university-video-library/washing-dishes>

<http://www.youtube.com/watch?v=YNKkemLI2n8>

3. Areas of Practice



Biological/Medical Area

- | Focus: disease, trauma, disorders, loss of ROM or sensation, pain, damage to body systems
- | Team: physical therapist (PT), speech language pathologist (SLP), physician, nurse, social worker (SW)/case manager (CM), pastoral care, certified therapeutic recreation specialist (CTRS), etc.
- | **Settings:** hospital, clinics, work sites (industry), home health, SNFs, etc.



Sociological/Social Area

- | Focus: intellectual disabilities, developmental delay, functional limitation
- | Team: SW/CM, special education teacher, SLPs, CTRSs, etc.
- | **Settings:** early intervention (0-3), schools (public or private, mainstream or specialized), day treatment, workshops, special camps, ARC, etc.



Psychological Area

- | Focus: emotional, psychiatric, addiction, problems that affect thinking, memory, attention, emotional control, judgment, and self-concept
- | Team: psychiatrists, psychologists, CTRSs, etc.
- | **Settings:** state institutions, community mental health centers, supervised living, etc.



Other Settings

- | **All-inclusive:** LTC facilities that provide OT services that address biological, sociological, and psychological functions.
- | **Nontraditional:** may include correctional facilities, hospice, health maintenance organizations, community transition programs, therapeutic riding programs, aquatherapy, senior citizen centers, programs for migrant workers, homeless shelters, programs for victims of disasters, etc.
- | **Private practice:** self-defined

AOTA's Defined Practice Areas

1. Children and Youth
2. Health and Wellness
3. Mental Health
4. Productive Aging
5. Rehabilitation, Disability & Participation
6. Work and Industry

Information from:

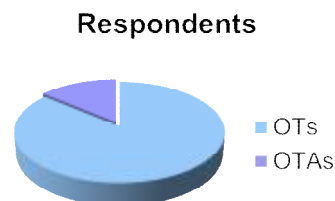
<http://www.aota.org/Practitioners/PracticeAreas.aspx>

2010 AOTA Workforce Study

Online survey

N=9,910 occupational therapy practitioners employed in 2009 in the U.S.

- OTs = 86%
- OTAs = 14%
- Women = 91.6%
- White = 88.2%
- Black=2.2%
- Hispanic = 1.7%



AOTA, 2010. Available to AOTA members on

<http://www.nxtbook.com/nxtbooks/aota/2010salarysurvey/index.php#12>

Primary Work Setting Trends	Occupational Therapists		Occupational Therapy Assistants	
	2010	2006	2010	2006
Academia	5.8%	6.1%	1.8%	1.7%
Community	1.8%	1.6%	3.1%	2.1%
Early Intervention	5.2%	*	1.8%	*
Freestanding Outpatient	10.2%	11.2%	4.3%	3.3%
Home Health	5.9%	7.2%	4.8%	3.3%
Hospital (non-mental health)	28.1%	23.5%	14.4%	17.5%
Long-Term Care/SNF	15.8%	15.4%	45.0%	36.3%
Mental Health	3.0%	3.6%	2.4%	4.2%
Schools	21.7%	29.6%	21.4%	29.6%
Other	2.5%	1.9%	1.1%	2.1%
*Included with schools in 2006				

Median Annual Salary	Occupational Therapists		
	2010	2006	% Increase
Academia	\$70,060	\$66,000	6.2%
Community	\$68,000	\$58,250	16.7%
Early Intervention	\$59,850	*	
Freestanding Outpatient	\$64,000	\$57,000	12.3%
Home Health	\$68,000	\$55,000	23.6%
Hospital (non-mental health)	\$64,480	\$58,000	11.2%
Long-Term Care/SNF	\$70,000	\$58,000	20.7%
Mental Health	\$65,000	\$53,750	20.9%
Schools	\$58,201	\$50,500	15.3%
Other	\$67,122	\$62,000	8.3%
*Included with schools in 2006			

Who owns the settings in which OT practitioners work?

Administration of Setting	2010	2006
Private, for-profit agencies	38.1%	29.6%
Private not-for-profit agencies	34%	29.6%
Public (government)	25.6%	17.6%

Age Groups of Clients Treated by OT Practitioners

Age Group	2010	2006
Adults age 65 or older	35.9%	29.6%
Adults age 21-64	15.7%	16.7%
Children 3-21	32.2%	35.1%
Infants up to 3 years	4.4%	5.6%



Employment Trends



- I Occupational therapists held about 99,000 jobs in 2006. About 1 in 10 occupational therapists held more than one job (Occupational Outlook Handbook 2008,2009).
- I Employment of occupational therapists is expected to increase 20% or more between 2008 and 2018, **much faster than the average** for all occupations.

Source: Bureau of Labor Statistics, U.S. Department of Labor, (2010)

Centennial Vision of 2017

“We envision that occupational therapy is a powerful, widely recognized, science-driven, and evidence-based profession with a globally connected and diverse workforce meeting society’s occupational needs.”

AOTA's Emerging Practice Areas

- | Autism in kids & adults
- | **Needs of Children and Youth**
- | Bullying
- | **Assistive Technology**
- | **Driving Assessment and Training Programs**
- | **Community Health and Wellness**
- | Sensory approaches to MH
- | Obesity Prevention
- | Aging in Place
- | Low Vision
- | **Ergonomics Consulting**
- | Veterans and Wounded Warriors MH
- | **Educational Trends towards EBP**
- | Alzheimers/Dementia
- | Telehealth
- | Home Modification

www.aota.org/Practitioners/PracticeAreas/EmergingAreas.aspx

Categories of Reimbursement Sources for OT Services (all influenced

1. Public sources
 - Include federal, state, and local government agencies
2. Private Payers
 - includes insurance companies
3. Other sources
 - include service agencies and volunteer organizations.

The Profession of Occupational Therapy

American Occupational Therapy Association



The Profession of Occupational Therapy

American Occupational Therapy Association



The Profession of Occupational Therapy

World Federation of Occupational Therapists



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