

CAOT-BC BRIEFING NOTE: OCCUPATIONAL THERAPY AND PRIMARY CARE

INTRODUCTION

In their 2018 BC Budget, the provincial government announced a \$150 million investment over three years to improve citizens' access to team-based primary care services¹. Improving access to quality primary health care has long been a priority for the Governments of BC. Demands to meet the changing health needs of an aging population, increased attention to mental health and substance use, and a growing focus on preventative health care combined with inconsistent local access to primary care are compelling calls to action². This CAOT-BC Briefing Note outlines the vital role that occupational therapists (OTs) can play in primary care, particularly as members of a primary care team.

WHAT IS PRIMARY HEALTH CARE?

The Government of BC defines primary health care as the “first contact with the health system...Primary care helps British Columbians stay healthy, get better, manage chronic conditions and die with dignity.” According to this definition, primary health care involves:

- Preventative health,
- Complex/chronic disease management,
- Client-centred approaches that include patients in their own care, and
- Understanding the many factors that influence health.³

In other words, primary health care is instrumental in achieving and maintaining health care and well-being across the spectrum of health from managing chronic disease or mental health to preventing illness and hospitalizations.

WHAT IS OCCUPATIONAL THERAPY IN PRIMARY HEALTH CARE?

Occupational therapy is a regulated health professional focused on helping people of all ages and abilities participate in all daily activities that a person wants or needs to do including activities related to self-care (e.g. dressing, eating,

and grooming), productivity (e.g. volunteering, studying, and working), and leisure (e.g. sports, gardening, and socializing). When an illness or disability prevents an individual from participating in these activities, occupational therapists are integral in restoring functioning. Additionally, occupational therapists work to prevent or minimize the impact of health problems.⁴

The value of occupational therapy in primary care is reflected in a growing body of evidence for the efficacy of the interventions and the unique skill set that OTs bring to the team. Occupational therapy interventions address a multitude of issues that clients face that often result in increased health care costs⁵ including physical, medical, environmental and psychosocial concerns. Their interventions have an important impact in a variety of practice areas that are particularly relevant to primary care including chronic disease management, mental health, illness and injury prevention, and case management.

Occupational therapy can improve primary care delivery by:

- Promoting health by enabling people to participate in meaningful activities in daily life
- Implementing recommendations for health promoting lifestyle choices
- Addressing barriers to adopting health promoting behaviours
- Making changes to keep people safely living at home for longer through falls prevention, home safety assessments, and pressure injury prevention
- Supporting self-management of chronic conditions, including mental health, substance use issues, and chronic pain
- Identifying individuals requiring care prior to crisis or hospitalization
- Providing rapid and extended access to care as multi-disciplinary team member

Chronic Disease Management

Recent evidence shows that occupational therapy intervention focused on building health promoting habits and routines improved blood glucose levels and quality of life for people living with diabetes⁶.

Additionally, evidence supports occupational therapy services as part of team-based care for the management of chronic pain⁷⁻⁸, and may be more effective than pain medication and physical treatment⁹. By facilitating improved chronic disease management, occupational therapists can reduce reliance on pharmaceutical interventions (such as opioids) and improve participation in activities that provide meaning and improved quality of life¹⁰⁻¹¹.

Case Management

OTs are well-known for their case management skills, particularly as they relate to chronic illness care²². Likewise, research demonstrates that occupational therapy case management for older adults results in improved physical and mental health, even in a short timeframe²³.

Mental Health and Substance Use

Not only does research implicate occupational engagement (“active participation in daily life within naturally occurring rather than therapeutic contexts”)¹² in mental health recovery, evidence for the efficacy of occupational therapy interventions in mental health recovery is well-established in a variety of populations across the lifespan¹³⁻¹⁴.

Prevention / Staying at home

OTs are skilled clinicians who support aging in place by conducting thorough person/environment assessments, adaptive equipment prescription, and home modifications¹⁵⁻¹⁶. Evidence also shows that OTs represent a cost effective solution for maintaining home safety and quality of life for an aging population¹⁷ and can improve mortality through prevention of falls and injuries¹⁸. In addition, access to an occupational therapist reduces emergency department visits¹⁹, hospital admissions²⁰ and readmissions²¹, representing significant cost savings to the health care system.

CASE STUDY

Mary has several chronic conditions, including diabetes and osteoarthritis. Mary frequently visits her GP because she has trouble controlling her blood sugar and is repeatedly told by her GP to improve her diet and better manage her blood sugar. Despite this, Mary continues to present at her Doctor's GPs office with hypoglycemia. Luckily, Mary was able to access an occupational therapist through her primary care team.

The occupational therapist:

- Completed a home visit and assessment to identify the barriers to Mary implementing her doctor's recommendations. In this case, Mary's osteoarthritis made it difficult to grocery shop and cook and as a result she often relies on delivery or other unhealthy but convenient food options.
- Helped Mary to self-manage her osteoarthritis and her pain, allowing her to better do the things she needs to do, like prepare meals.
- Prescribed a scooter so that Mary can access her local grocery store.
- Helped her reorganize her kitchen so that she can sit down during food preparation.
- Recognized that Mary was at a high risk of falling and injuring herself, and made some simple changes to Mary's home to help her stay safe and independent.
- Now having a thorough understanding of Mary's abilities and needs, the OT also referred Mary to other team members (a physiotherapist and registered dietician) to help her further manage her chronic illness.

THE CURRENT PICTURE IN BC

There is a well-documented shortage of family physicians in the province of BC, which has led Doctors of BC to call for increased support of team-based care²⁴ Through a general assessment for certain clients before they are seen by a physician, OTs can establish a client's physical, cognitive and emotional needs and help triage and streamline the treatment and referral process⁵. OTs can address issues and concerns that do not necessarily require seeing a doctor²⁵ and provide preventative treatments that help reduce a client's reliance on the healthcare system. In this way, OTs play an important role in alleviating workload pressures and physician burnout in our province. Having truly team-based care will help reduce the workforce pressures faced by many health care practitioners by focusing referrals to the professional that is best suited to address the clients' issues. OTs are an integral part of these teams because of both their holistic assessment process and the effective interventions that address primary health concerns.

BARRIERS

A recent survey indicates that while the majority of primary care providers are open to working with occupational therapists, a lack of understanding and awareness of the occupational therapy role and scope of practice has been identified as a significant barrier to OTs being utilized in primary care settings⁵.

In BC, the current shortage of occupational therapists represents an additional barrier to including OTs in primary care settings and on primary care teams²⁶. Extensive wait-lists for occupational therapy services as well as extended vacancies for OT positions have been observed across health sectors and geographical regions in the province. Funding of additional training seats as well as strategic recruitment and retention strategies for occupational therapists is required in order to address the workforce shortage in the province.

Finally, provincial funding models represent a potential barrier to effective team-based primary care that can include primary assessment and treatment by team members such as an occupational therapist.

RECOMMENDATIONS

Occupational therapists have the unique training and skills to address key health issues, reduce reliance on the healthcare system, alleviate workload pressures and physician burnout and ultimately improve primary care delivery in BC. These recommendations are made to support thorough and effective implementation of the Primary Care Networks in BC:

CAOT-BC is recommending continued funding of the 24 seats announced in May 2019, as well as an additional 24 seat cohort in the Fraser Valley to address the needs of this underserved region.

In May 2019, the Ministry of Advanced Education, Skills and Training announced one-time funding to support an additional 8 training seats at the University of British Columbia Vancouver campus and a 16 seat cohort at the University of Northern BC . While this is a promising step in the right direction, additional and sustainable funding is needed to ensure BC's occupational therapy workforce shortage is addressed.

Occupational therapists should be on every primary care team in BC

In addition to addressing the provincial workforce shortage, CAOT-BC encourages the development of a primary care team staffing and funding model that includes occupational therapists as a core component of these teams.

Collaboration with CAOT-BC on the development of primary care team referral guidelines and other policies and procedures is necessary.

Collaboration with the professional association and educational institution in BC will ensure that government ministries and Health Authorities are successful in improving health outcomes and addressing the health needs of our province.

- ¹ BC Government: Ministry of Finance (2018). *Budget 2018: Working for You*. Retrieved from https://www.bcbudget.gov.bc.ca/2018/highlights/2018_Highlights.pdf
- ² BC Government: Ministry of Health. (2015). *Primary and Community Care in BC: A Strategic Policy Framework*. Retrieved from <https://www.health.gov.bc.ca/library/publications/year/2015/primary-and-community-care-policy-paper.pdf>
- ³ Ministry of Health. (2017, November 24). Family Doctors and Other Primary Care Providers. Retrieved October 8, 2019, from <https://www2.gov.bc.ca/gov/content/family-social-supports/seniors/health-safety/health-care-programs-and-services/family-doctors-and-other-primary-care-providers>.
- ⁴ CAOT (n.d.). What is Occupational Therapy? Retrieved October 8, 2019, from <https://www.caot.ca/site/aboutot/whatisot?nav=sidebar>
- ⁵ Dahl-Popolizio, S., Muir, S. L., Davis, K., Wade, S., & Voysey, R. (2017). Occupational Therapy in Primary Care: Determining Receptiveness of Occupational Therapists and Primary Care Providers. *The Open Journal of Occupational Therapy*, 5(3). <https://doi.org/10.15453/2168-6408.1372>
- ⁶ University of Southern California. (2018, January 19). *Occupational therapy improves health, quality of life of young adults with diabetes* [Press release]. Retrieved from https://www.eurekalert.org/pub_releases/2018-01/uosc-oti011818.php
- ⁷ Pietilä Holmner, E., Fahlström, M., & Nordström, A. (2013). The Effects of Interdisciplinary Team Assessment and a Rehabilitation Program for Patients with Chronic Pain. *American Journal of Physical Medicine & Rehabilitation*, 92(1), 77–83. <https://doi.org/10.1097/phm.0b013e318278b28e>
- ⁸ Gatchel, R. J., McGeary, D. D., McGeary, C. A., & Lippe, B. (2014). Interdisciplinary chronic pain management: Past, present, and future. *American Psychologist*, 69(2), 119–130. <https://doi.org/10.1037/a0035514>
- ⁹ CADTH. (2019). *Non-Opioid Options for Managing Pain*. Retrieved from https://www.cadth.ca/sites/default/files/pdf/non_opioid_options_for_managing_pain.pdf
- ¹⁰ Rexe, K., Lammi, B. M., & von Zweck, C. (2013). Occupational therapy: Cost-effective solutions for changing health system needs. *Healthcare Quarterly*, 16(1), 69-75.
- ¹¹ Garvey, J., Connolly, D., Boland, F., & Smith, S. M. (2015). OPTIMAL, an occupational therapy led self-management support programme for people with multimorbidity in primary care: a randomized controlled trial. *BMC Family Practice*, 16(1). <https://doi.org/10.1186/s12875-015-0267-0>
- ¹² Doroud, N., Fossey, E., & Fortune, T. (2015). Recovery as an occupational journey: A scoping review exploring the links between occupational engagement and recovery for people with enduring mental health issues. *Australian Occupational Therapy Journal*, 62(6), 378–392. <https://doi.org/10.1111/1440-1630.12238>
- ¹³ Arbesman, M., Bazyk, S., & Nochajski, S. M. (2013). Systematic Review of Occupational Therapy and Mental Health Promotion, Prevention, and Intervention for Children and Youth. *American Journal of Occupational Therapy*, 67(6), e120–e130. <https://doi.org/10.5014/ajot.2013.008359>
- ¹⁴ Gibson, R. W., D’Amico, M., Jaffe, L., & Arbesman, M. (2011). Occupational Therapy Interventions for Recovery in the Areas of Community Integration and Normative Life Roles for Adults With Serious Mental Illness: A Systematic Review. *American Journal of Occupational Therapy*, 65(3), 247–256. <https://doi.org/10.5014/ajot.2011.001297>
- ¹⁵ Sheffield, C., Smith, C. A., & Becker, M. (2012). Evaluation of an Agency-Based Occupational Therapy Intervention to Facilitate Aging in Place. *The Gerontologist*, 53(6), 907–918. <https://doi.org/10.1093/geront/gns145>
- ¹⁶ Szanton, S. L., Leff, B., Wolff, J. L., Roberts, L., & Gitlin, L. N. (2016). Home-Based Care Program Reduces Disability And Promotes Aging In Place. *Health Affairs*, 35(9), 1558–1563. <https://doi.org/10.1377/hlthaff.2016.0140>
- ¹⁷ Nagayama, H., Tomori, K., Ohno, K., Takahashi, K., & Yamauchi, K. (2015). Cost-effectiveness of Occupational Therapy in Older People: Systematic Review of Randomized Controlled Trials. *Occupational Therapy International*, 23(2), 103–120. <https://doi.org/10.1002/oti.1408>
- ¹⁸ Gitlin, L. N., Winter, L., Dennis, M. P., Corcoran, M., Schinfeld, S., & Hauck, W. W. (2006). A Randomized Trial of a Multicomponent Home Intervention to Reduce Functional Difficulties in Older Adults. *Journal of the American Geriatrics Society*, 54(5), 809–816. <https://doi.org/10.1111/j.1532-5415.2006.00703.x>
- ¹⁹ McGregor, M. J., Cox, M. B., Slater, J. M., Poss, J., McGrail, K. M., Ronald, L. A., ... Schulzer, M. (2018). A before-after study of hospital use in two frail populations receiving different home-based services over the same time in Vancouver, Canada. *BMC Health Services Research*, 18(1). <https://doi.org/10.1186/s12913-018-3040-y>

- ²⁰ Royal College of Occupational Therapists. (n.d.). Occupational Therapy: Improving Lives, Saving Money. Retrieved March 13, 2020, from <https://www.rcot.co.uk/promoting-occupational-therapy/occupational-therapy-improving-lives-saving-money>
- ²¹ Rogers, A. T., Bai, G., Lavin, R. A., & Anderson, G. F. (2016). Higher Hospital Spending on Occupational Therapy Is Associated With Lower Readmission Rates. *Medical Care Research and Review*, 74(6), 668–686. <https://doi.org/10.1177/1077558716666981>
- ²² Robinson, M., Fisher, T. F., & Broussard, K. (2016). Role of Occupational Therapy in Case Management and Care Coordination for Clients With Complex Conditions. *American Journal of Occupational Therapy*, 70(2), 7002090010p1. <https://doi.org/10.5014/ajot.2016.702001>
- ²³ Bierlein, C., Hadjistravopoulos, H., Bourgault-Fagnou, M., & Sagan, M. (2006). A six-month profile of community case coordinated older adults. *Canadian Journal of Nursing Research*, 38(3), 33.
- ²⁴ Kines, L. (2019, January 17). Across province, communities struggle with critical shortages, doctors say. *Times Colonist*. Retrieved from <https://www.timescolonist.com>
- ²⁵ Donnelly, C. A., Leclair, L. L., Wener, P. F., Hand, C. L., & Letts, L. J. (2016). Occupational therapy in primary care: Results from a national survey. *Canadian Journal of Occupational Therapy*, 83(3), 135–142. <https://doi.org/10.1177/0008417416637186>
- ²⁶ CAOT-BC. (2015). *Occupational Therapists Shortage in British Columbia Update*. Retrieved from <https://caot.ca/document/4602/Jun-2015%20%20Update%20on%20Occupational%20Therapists%20Shortage%20in%20British%20Columbia.pdf>