

Partnering Effectively with Occupational Therapists in Primary Care

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Session Objectives:

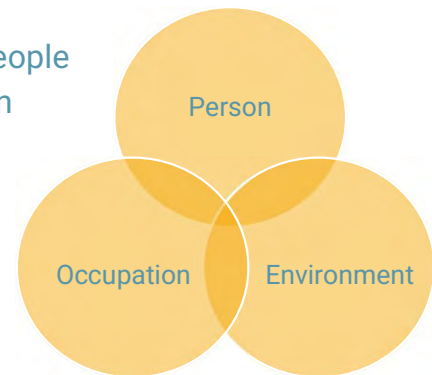
1. Consider the role and scope of occupational therapy for older adults living in the community
2. Gain understanding of how occupational therapy scope of practice aligns with the age-friendly 4-Ms framework.
3. Understand the value of the Occupational Profile as tool to support person-centered care
4. Understand the top 5 opportunities for occupational therapy to provide age-friendly care to older adults
5. Improve ability to create age-friendly referrals for older adults to occupational therapy services



What is Occupational Therapy?

Occupations are activities people need and want to do to occupy time and bring meaning and purpose to life

Occupational Therapists help people across the lifespan participate in meaningful occupations



Occupational Therapy in Productive Aging



- Occupational therapy is **hands-on and practical** - we focus on what occupation looks like in real life
- Occupational therapy is **collaborative**. We collaborate with clients and families to “create a workable plan for everyone involved”
- Occupational therapists adapt activities and environments to **remove barriers** to participation

Occupational therapy is **holistic** - we consider physical, cognitive, and psychosocial aspects of the person, along with the environment

Living Life To Its Fullest
OCCUPATIONAL THERAPY

Scope of OT and Older Adults

Individualized Rehabilitation Interventions: Design and implement tailored interventions to enhance participation in meaningful occupations, addressing the unique needs and preferences of each older adult.

Environmental Modifications: Recommend modifications in the physical and social environments to support older adults in their daily occupations

Health Promotion: Engage older adults in health management occupations, supporting routines that support physical activity, nutrition, and medication management

Assistive Technology: Assess for and recommend assistive devices that facilitate independence in daily living occupations, including self-care and leisure activities.

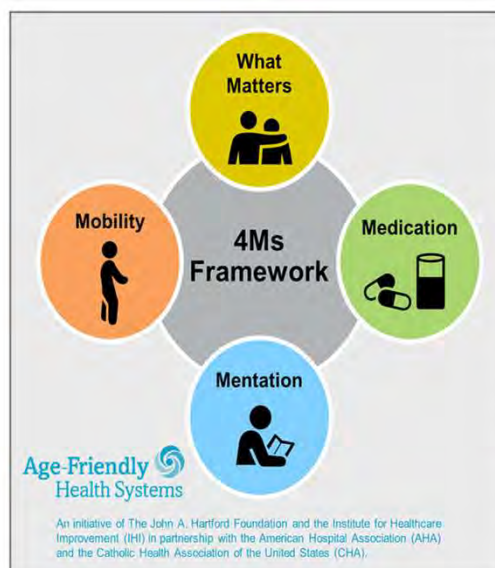
Family and Caregiver Support: Educate and support family members and caregivers to facilitate the older adult's engagement in meaningful occupations and the well-being of the caregiver.

Community Reintegration: Facilitate participation in leisure and social occupations by addressing barriers and enhancing accessibility within the community.

The 4Ms of Age-Friendly Health Systems

Bold vision to build a social movement so that all care with older adults is age-friendly

1. Follows essential set of evidence-based practices
2. Causes no harm
3. Aligns with What Matters



What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

For related work, this graphic may be used in its entirety without requesting permission. Graphic files and guidance at ihi.org/AgeFriendly.

The 4Ms of Age-Friendly Health Systems Through an OT Lens

- What Matters
- Mentation
- Mobility
- Medication

What Matters: Daily routines and habits; values; cultural identity; valued roles; preferred occupations and topics of conversation that bring comfort and sense of self

Mentation: Cognitive performance; self-perception of cognition and mood; impact on daily function; self regulation of emotions; and use of compensatory strategies for cognition

Mobility: Assistive device use; history of falls; environmental barriers at home; daily activity routines, community mobility and access

Medication: Method of obtaining medications; how meds are stored and organized at home; system to organize medication schedule, ability to open containers

Components of Occupational Therapy Process (AOTA, 2020)

Evaluation

- Consultation and screening
- Occupational Profile and Client History
- Analysis of Occupational Performance
 - Assess Occupational Performance
 - Assess contexts
 - Assess performance skills / patterns
 - Assess client factors

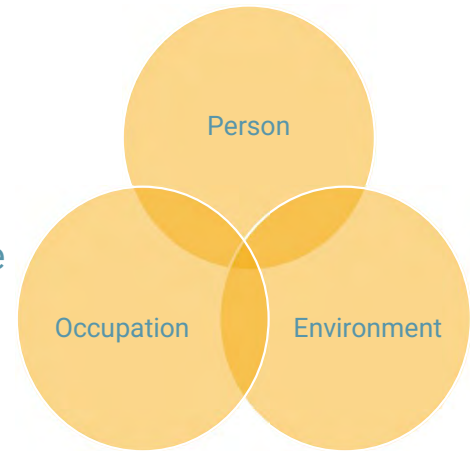
Interventions (health promotion, remediate, maintain, modify, prevent)

- Occupations and Activities
- Interventions to Support Occupations (modalities, orthotics /prosthetics. Assistive technology, environmental modifications, wheeled mobility, self-regulation)
- Education and Training
- Advocacy

Targeted Outcomes (Occupational performance, improvement, enhancement, prevention, health & wellness, quality of life, participation, role competence, well-being, and occupational justice)

Occupational Therapists are Experts in Activity Analysis

- What skills are required to perform the activity?
- Are there barriers to performance of the activity?
- How does the context and environment affect participation in the activity?
- What cultural meaning and values are ascribed to the activity?



AOTA Occupational Profile Template

"The occupational profile is a summary of a client's (person's, group's, or population's) occupational history and experiences, patterns of daily living, interests, values, needs, and relevant contexts" (ACTA, 2020, p. 21). The information is obtained from the client's perspective through both formal and informal interview techniques and conversation. The information obtained through the occupational profile contributes to a client-focused approach in the evaluation, intervention planning, intervention implementation, and discharge planning stages. Each item below should be addressed to complete the occupational profile. Page numbers are provided to reference a description in the *OTPF-4* American Occupational Therapy Association. (2020). Occupational Therapy Practice Framework: Domain and Process (4th ed.). American Journal of Occupational Therapy, 74 (Suppl. 2), 7412410010. <https://doi.org/10.5019/ajot.2020.74sup2.7412410010>

OCCUPATIONAL PROFILE		
Client Report	Reason the client is seeking service and concerns related to engagement in occupations (p. 16)	Why is the client seeking services, and what are the client's current concerns relative to engaging in occupations and in daily life activities? (This may include the client's general health status.)
	Occupations in which the client is successful and barriers impacting success (p. 16)	In what occupations does the client feel successful, and what barriers are affecting their success in desired occupations?
	Occupational history (p. 16)	What is the client's occupational history (i.e., life experiences)?
Contexts	Personal interests and values (p. 16)	What are the client's values and interests?
	Environment (p. 36) (e.g., natural environment and human-made changes, products and technology, support and relationships, attitudes, services, systems and policies, etc.)	What aspects of their contexts (environmental and personal factors) does the client see as supporting engagement in desired occupations, and what aspects are inhibiting engagement?
		Supporting Engagement
	Personal (p. 40) (e.g., age, sexual orientation, gender identity, race and ethnicity, cultural identification, social background, upbringing, psychological assets, education, lifestyle, etc.)	Supporting Engagement

Performance Patterns (rituals)	Performance patterns (p. 41) (e.g., habits, routines, roles, rituals)	What are the client's patterns of engagement in occupations, and how have they changed over time? What are the client's daily life roles? (Patterns can support or hinder occupational performance.)	
	Client Factors	Values, beliefs, spirituality (p. 51)	What client factors does the client see as supporting engagement in desired occupations, and what aspects are inhibiting engagement (e.g., pain, active symptoms)?
Client Goals		Body functions (p. 51) (e.g., mental, sensory, neuromusculoskeletal and movement related, cardiovascular functions, etc.)	Supporting Engagement
	Body structures (p. 54) (e.g., structures of the nervous system, eyes and ears, related to movement, etc.)	Supporting Engagement	Inhibiting Engagement
Client Goals	Client's priorities and desired targeted outcomes (p. 85)	What are the client's priorities and desired targeted outcomes related to the items below?	
		Occupational Performance	
		Prevention	
		Health and Wellness	
		Quality of Life	
		Participation	
Role Competence			
Well-Being			
Occupational Justice			

Additional Resources

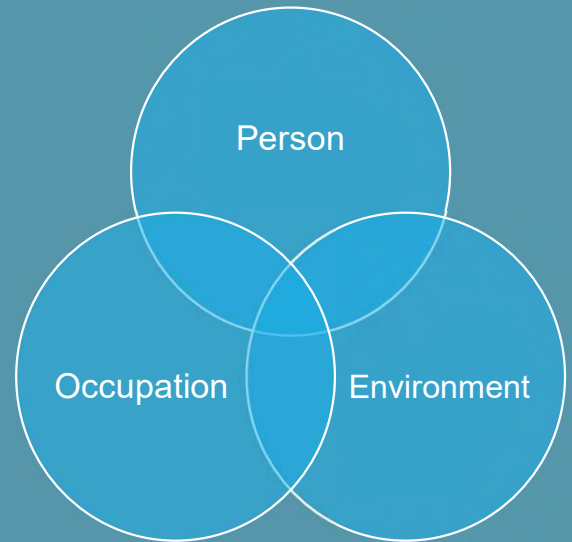
For a complete description of each component and examples of each, refer to the *Occupational Therapy Practice Framework: Domain and Process, 4th Edition*. American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy*, 74 (Suppl. 2), 7412410010. <https://doi.org/10.5019/ajot.2020.74sup2.7412410010>

The occupational profile is a requirement of the CPT® occupational therapy evaluation codes as of January 1, 2017. For more information visit <https://www.aota.org/practice/occupational-therapy/evaluation-codes>

American Occupational Therapy Association. (2021). Improve your documentation and quality of care with ACTA's updated occupational profile template. *American Journal of Occupational Therapy*, 75 (Suppl. 2), 7502420010. doi: <https://doi.org/10.5019/ajot.2021.75sup2.7502420010>

Top 5: Role of OT in Productive Aging

1. Managing Chronic Conditions
2. Dementia Care & Caregiver Support
3. Mobility: Personal & Community
4. Aging in Place and Home Modification
5. Mental Health and Social Participation



OT in the Management of Chronic Conditions



Engagement in Meaningful Occupations
Supporting Habits, Routines, and Roles
Participation in IADLs
Health Management and Maintenance
Fall Prevention and Home Safety
Participation in Driving and Community Mobility
Community Integration

Distinct Value of OT Services to Support the Management of Chronic Conditions in a Variety of Settings

- Acute Care / Hospital
 - SNF
 - Home Health
 - PACE
 - Community-based Practice
 - Outpatient Clinics
- Rehabilitation following acute exacerbation of chronic conditions
 - Adaptive strategies to manage symptoms associated with specific chronic conditions to promote function and engagement in meaningful occupations (i.e. energy conservation, task simplification, and pain management)
 - Incorporation of health management tasks into existing habits and daily routines
 - Modifications of activities and environments to promote function and participation
 - Exploration of interests and occupations that align with client's current context and level of function

Management of Chronic Condition Goals

Client will incorporate energy conservation techniques in daily meal prep routine

Client will identify 3 leisure activities that align with his interests and address potential barriers to participation

Margaret is a 83 year old cisgender female with heart failure who needs to record her daily weights and prepare heart healthy meals. She is seen by home health occupational therapy.

Frank is a 72 old cisgender man who retired 8 months ago and is recently widowed. He lives with diabetes, low vision, and peripheral neuropathy. He wants to increase his participation in leisure and social occupations. He is seeing an occupational therapist in a group wellness program and for individual sessions at a community senior center



OT in Dementia Care: Individuals Living with Dementia and their Caregivers

Functional Cognition

Task and Environmental
Modification

Caregiver Support and Education

Dementia Friendly Healthcare
Systems and Community Programs

Distinct Value of OT Services for Individuals Living with Dementia in a Variety of Settings

- Acute Care / Hospital
- SNF
- Home Health
- Community-based Practice / Outpatient

- Nonpharmacologic management of neuropsychiatric behaviors
- Prevention and management of delirium
- Engagement in meaningful social, self-care and leisure occupations
- Assessment of functional cognition
- Family / caregiver education and support
- Community integration / Dementia friendly care and programming
- Home modifications and safety

Dementia Care Goals

Client will perform oral care standing at sink without physical aggression with adaptive care techniques provided by a trained caregivers.

Client will engage in modified art activity with environmental modifications and visual cues to facilitate

Ruth is a 83 year old cisgender female living in a SNF. She has been losing weight and is becoming increasingly resistant to care with episodes of aggression. She was referred to OT by the behavior committee to trial non-pharmacological approaches to managing her care.

Mark is a 72 old cisgender man in early stage dementia who lives with his wife. His wife reports that he no longer engages with his art and spends most of his time at the computer or following her around the house. Mark and his wife are seen by the OT at the dementia day program he attends

Evidence-Based Practice: Tailored Activity Program (Gitlin et al., 2021) Example



RCT with persons living with dementia and their caregivers to study the effectiveness of Tailored Activity Program (TAP)

TAP is a three-phase program delivered by OTs in up to eight 60- to 90-min sessions

- Phase one includes assessment
- Phase two includes intervention focused on three goals selected by the PLWD and their caregiver
- Phase three includes caregiver education, coaching, and support to generalize intervention

Statistically significant improvements following TAP for ADL and IADL performance for PLWD, as well as caregiver well-being and confidence using activities.



Mobility: Personal and Community

Fall Reduction and Prevention
Wheelchair Management
Seating and Positioning
Public Transportation
Driving

Distinct Value of OT for mobility challenges in a variety of Practice Settings

Acute Care
Skilled Nursing Facilities
Outpatient
Homehealth
Community Programs

- Rehabilitation post surgery or accident
- Reducing hospital acquired disability
- Delirium prevention and management
- Improving mobility during everyday activities
- Adapting occupations to decrease mobility challenge
- Skills training for use of public transportation
- Assistive technology assist to increase community mobility
- Driving Evaluations and adaptive driving

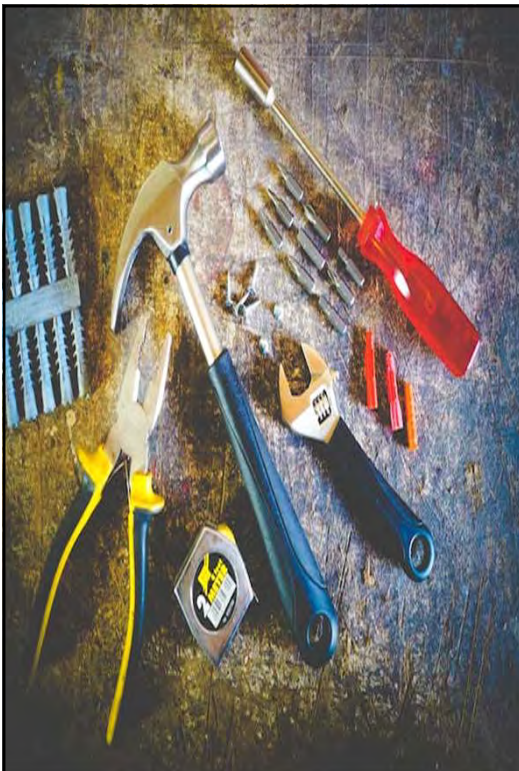
Mobility Goals

Pt will safely complete toileting with modified independence.

Pt will use public transportation independently to attend swim class 3x weekly

Diane is a 72 year old cisgender female who lives alone in a single level home. She recently has been falling at night and is seen by home health occupational therapy.

Robert is a 64 year old cisgender white man. Robert has lost his driver's license after a stroke. He lives in an urban apartment and wants to continue his recovery by attending swim class. He is seeing an occupational therapist in an outpatient clinic.



Aging in Place: Home Safety and Modifications

Fall Reduction and Prevention

Accessible housing

Limiting environmental hazards

Improving household management skills

Improving Instrumental Activities of Daily Living (IADLS)

Distinct Value of OT home modifications for Aging in Place in a variety of Practice Settings

Outpatient
Home Health
Private Practice
Community Services

- Consulting on home modifications
- Removing Hazards
- Adding Accessibility
- Increasing Med management Skills
- Improve strategies for energy conservation
- Improving ability to manage home such as cleaning, washing clothes, scheduling appointments and pet care

CAPABLE PROGRAM:

Community Aging in Place– Advancing Better Lives for Elders

Person-directed, home-based program to address function, healthcare expenses, and improve ability to age in place

Integrates services from an occupational therapist (OT), a registered nurse (RN), and a handy worker . Participants learn new skills, exercises, and how to work with additional tools/equipment/home modifications to improve function to set goals and increase home safety through home modifications

Focuses on prevention and aging in place, lowering healthcare costs, and increasing home safety

CAPABLEinfo@capablenationalcenter.org

Aging in Place Care Goals

Client will utilize home modifications to bathe with modified independence

Client will accurately place a week of pills in pill box to improve independence in med management.

Client schedule and attend weekly medical appointments independently.

Emily is a 82 year old cisgender female living in her own home. She is a widow and is seeing home health due to decreased safety in the shower and challenges with medication management.

Fred is a 64 old cisgender man in living with girlfriend in an assisted living apartment. Fred has Parkinson's Disease. Home health is referred to due to decreased IADLS and fall risk. In the home, OT works with Fred on reducing clutter, removing environmental hazards, and identifying placement for additional grab bars and safety equipment.



Mental Health and Social Participation

Physical functioning for activity participation

Accessible community activities

Strategies for functional cognition challenges

Lifestyle Management

Adapting activities after changes in function

Strategies for nonpharmacologic pain management

Distinct Value of OT for Mental Health and Social Participation in a variety of Practice Settings

Outpatient
Home Health
Skilled Nursing Facilities
Private Practice
Community Services
Acute Care
Geriatric Psychiatry
Pain Clinics

Creating new strategies for mood management

Reintegrating into the community after hospitalization

Developing coping strategies and adaptive activities

Care planning for non-pharmacological pain management

Increasing Med management Skills

Caregiver education

Functional cognition evaluations to identify

Mental Health and Social Goals

Client will participate in 75% of structured group activity with no more than three cues.

Anxiety will not interfere with completing basic self care with supervision.

Pt will demonstrate independence participation in 3 leisure activities weekly.

Ben is a 76 year old gay man living with his partner. He lives with bipolar disorder, and with age has had increased manic episodes. He sees an occupational therapist on a geriatric psychiatry unit for functional evaluation and interventions for med management, social participation, and lifestyle management.

Carla is a 66 year old widow. She is seeing an occupational therapist post stroke in outpatient neuro setting. The OT is working with Carla on IADL independence, increasing social participation, and managing pain in her shoulder.

References

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