Department of Occupational Therapy, Presentations

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Primary Care in Geriatrics: Context, Opportunities, and Resources for Occupational Therapy

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AOTA Specialty Conference: Improving Health and Participation of Older Adults
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Learning Objectives

1. Discuss health care delivery trends and system changes that offer opportunities for occupational therapy in primary care for older adults in the community.

2. Describe the contributions of occupational therapy on the interprofessional primary care team.

3. Utilize current resources and evidence that support the role of occupational therapy in geriatric primary care.

Agenda

1. Overview of primary care
2. Health trends and reform initiatives that open doors for occupational therapy
3. Opportunities (and barriers) for occupational therapy in primary care
4. Current NIH funded study testing a primary care occupational therapy intervention
5. Resources and Discussion

Specialty Care

Secondary Care

- Provided by specialist or facility upon referral from primary care
- Involves advanced knowledge/skills, equipment, therapeutic procedures

In-patient and Outpatient services

Tertiary Care

- Most complex level of care
- Highly specialized
- Over an extended period of time
- Advanced and complex procedures

Specialized In-patient services

Primary Care

"...the delivery of first-contact medicine; the assumption of longitudinal responsibility for the patient regardless of the presence or absence of disease; and the integration of physical, psychological, and social aspects of health..." (Starfield, 1998, p 12)

Characteristics (AOTA, 2013)

- Promoting, maintaining, and improving health
- Person-centered care over time
- Coordination and integration of care with other providers

Barriers to quality treatment in primary care

- Patient waiting time (to schedule appointment and in the waiting room)
- Lack of time primary care physicians have to provide high-quality primary care
- Primary care physicians may not consider the impact of patients' concerns and environments on activity and participation
- Health care cost (insurance premiums and co-pays)
- Patient perceived poor satisfaction
- Patient health literacy – patients not understanding recommendation or instructions

Freed , Shantisha, Hansberry , & Arrieta , 2013; Yarnell, Polak, Ostbye, Krause, & Michener, 2003; Bodenheimer & Pham, 2010

What opportunities immediately stand our for occupational therapy in geriatrics?

Working with interprofessional teams

Identifying facilitators and barriers to health care management

Establishing routines and habits over time

Education and Training

Prevention and wellness

Jefferson
HEALTH IS ALL WE DO

Health Trends

- Aging population – 65 years or older
  - 39.6 million older adults in 2009 (12.9 % of US population)
  - 72.1 million older adult by 2030 (19% of the US population)

  http://www.aoa.acl.gov/Aging_Statistics/index.aspx

- Increased prevalence of chronic health conditions
  - 133 million Americans with >1 chronic condition
  - Accounts for > 75% of health care costs

Health Trends

- Increasing health care costs
  - > 1/6th of the U.S. economy is devoted to health care spending
    - estimated $2.5 trillion spent annually on health care
    - Continues to rise every year
    - Institute on Medicine (IOM) "The Cost of Health Care"
    http://resources.iom.edu/widgets/vsrt/healthcare-waste.html?utm_medium=etmail&utm_source=Institute%20of%20Medicine&utm_campaign=09.11+IOM+News&utm_content=IOM%20Newsletter&utm_term=Media

Health Care Trends

- Increased demand for primary care services
  - Projected to increase through 2020, due largely to the aging population
- HRSA study on supply and demand of PCP (2013) reports
  - Demand for primary care physicians will increase more rapidly than the physician supply
  - Projected shortage of approximately 20,400 full-time equivalent (FTE) physicians by 2020
  - Non-physician providers (NPPs) -nurse practitioners and physician assistants - will increase the number of primary care providers
  - Solutions include team-based care and patient-centered medical homes

http://bhpr.hrsa.gov/healthworkforce/supplydemand/usworkforce/primarycare/projectingprimarycare.pdf

Health Care Reform:
Patient Protection & Affordable Care Act (ACA)

- Federal law providing for a fundamental reform of the U.S. healthcare and health insurance system, 2010
  (http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf)

- The ACA recommends a primary care approach for "developing a sustained partnership with patients, and practicing in the context of family and community" (Section 3502.f).

- Features
  - Interdisciplinary team practice
  - Payment reform
  - Use of information technologies
    (Berryman et al., 2013)

Health Care Reform

- Emergence of team-based primary care

- Triple Aim
Institute for Health Care Improvement

	Improve health
	Enhance patient care experience
	Reduce (control) cost of care

http://www.ihi.org/Topics/TripleAim/Pages/default.aspx
Berwick et al., 2008; Muir et al., 2014; Bodenheimer & Smith, 2013

Models of Care

Patient Centered Medical Home (PCMH)

- **<u>Philosophy</u>** of primary care
- Widely acceptable model for how Primary care should be organized
- Five Functions and Attributes
  1. Patient-Centered Care – meet patients where they are
  2. Comprehensive Care – team of providers
  3. Coordinated Care – across health care system (specialty care, home heath)
  4. Accessible Services – shorter waiting times
  5. Committed to Quality & Safety – patient and family make informed decisions
- Focus on prevention of disease
- Shift from episodic treatment of the disease to the holistic care of the patient (proactive rather than reactive approach)
- Move away from Fee-for-Service (FFS) model

http://pcmh.ahrq.gov/page/defining-pcmh
http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH.aspx
http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH/PCMH2014ContentandScoringSummary.aspx

Care Delivery Systems: Models of Practice

Accountable Care Organization (ACO)

- An entity made up of health care providers who take responsibility for the health care needs of a population of patient
- Goal of achieving the triple aim
- Not dependent on an organization structure or brick and mortar.
- ACA mandated establishment of ACOs for Medicare beneficiaries – Medicare Shared Savings Program (MSSP)

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/All-Starts-MSSP-ACO.pdf

- Delaware Valley ACO

http://delawarevalleyaco.org/

- You can look up your state:

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/ACOs-in-Your-State.html

You can look up your state:

Models of Care

Federally Qualified Health Centers (FQHC)

- Main purpose is to enhance the provision of primary care services to underserved urban and rural communities.

- Receive grant funding under Section 330 of the Public Health Service Act

- Qualify for enhanced reimbursement from Medicare and Medicaid

- October 1, 2014: FQHCs transitioned to a prospective payment system (FQHC PPS)

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Index.html

http://www.hrsa.gov/healthit/toolbox/RuralHealthITtoolbox/Introduction/qualified.html

http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/fqhcfactsheet.pdf

Bundled Payment Models

- Fixed, negotiated fee to cover a set of treatment services, encouraging providers to manage costs, while meeting high-quality care standards

- January 31, 2013 CMS initiated the ***Bundled Payments for Care Improvement*** initiative

  - Organizations enter into payment arrangements that include financial and performance accountability for episodes of care

  - Models may lead to higher quality, more coordinated care at a lower cost to Medicare
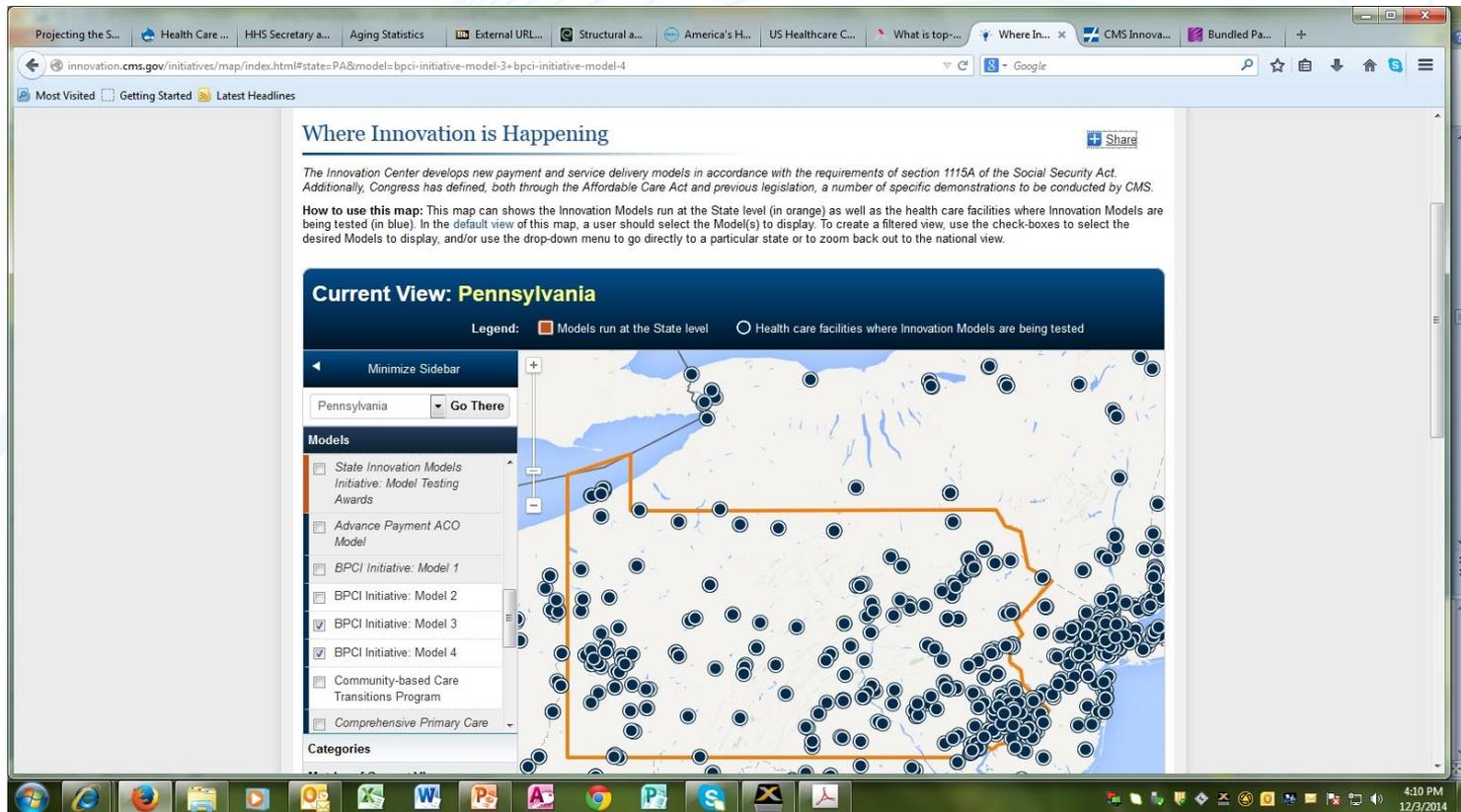
    http://www.rwjf.org/en/topics/search-topics/B/bundled-payments.html
    http://innovation.cms.gov/initiatives/bundled-payments/

- Find your state:

  - http://innovation.cms.gov/initiatives/map/index.html#model=bpci-initiative-model-1+bpci-initiative-model-2+bpci-initiative-model-3+bpci-initiative-model-4

Find your state:

Geriatric Primary Care

- Goal: Maintain health and functional ability in the older adult population
- Family and Community Medicine Departments
- Internal Medicine Departments
- Expanding Interprofessional teams
- Geriatric assessment programs (e.g. fall clinics)
- Coordination of care
  - Chronic disease management
  - Medication management

Physician driven
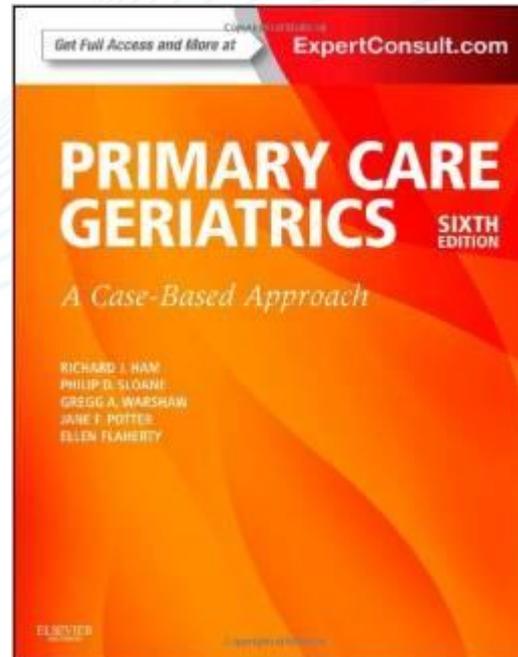
Evidence

- There is an inundation of articles within the **health policy** literature identifying a shortage of primary care physicians; they argue that to increase primary care capacity, the health care arena **must redefine the professional team** to include non-physician licensed practitioners (such as occupational therapy professionals) (Bodenheimer and Smith, 2013)

- Research suggests that outcomes for patients with chronic illness are improved when primary care is delivered within a medical home team-based framework resulting in more efficient and cost effective services (Maeng, Graf, Davs, Tomcavage, & Bloom, 2012)

Evidence

- Comparison of treatment approaches and outcomes among physical therapists and family practice physicians serving as the primary care provider (PCP) for members of the military with musculoskeletal complaints

- PTs used radiology in 11% of cases while family practitioners had an 82% usage rate.

- Medication use for PTs was 24%--family practitioners used medication at a 90% rate.

- Return-to-duty rate was 50% higher for patients whose PCP was a physical therapist.

(McGill, 2013

Evidence

- Review of the literature found that occupational therapy interventions are cost-effective in treating and preventing injury and improving health outcomes in diverse areas, including fall prevention, stroke rehabilitation, and developmental disabilities

- Authors discuss the underutilization of occupational therapy in primary care and highlighted opportunities for occupational therapists in the areas of chronic disease management (e.g. diabetes) and dementia care

(Rexe, Lammi, and von Zweck, 2013)

Opportunities for Occupational Therapy

- Occupational therapy practitioners possess the background and skills to participate as members of primary care teams to meet the needs of patients with chronic conditions and cognitive impairments
  (Metzler, Hartmann, & Lowenthal, 2012; Muir, 2012; Muir, Henderson-Kalb, Eichler, Serfas, & Jennison, 2014)
- Although primary care practitioners focus on prevention and wellness, physicians and other primary care providers have little time to devote to inquiring about patient participation and engagement in desired life occupations
- Occupational therapy practitioners are highly trained in analysis of participation and engagement, and thus are well-suited to address participation limitations within primary care settings
- Using an occupational therapy lens to understand the occupational dilemmas and the environmental factors impacting participation may enhance primary care services

Potential Barriers for Occupational Therapy

- Reimbursement for OT services in primary care is unclear
  - Non-Physician Providers (NPPs) can perform services that are *incident-to services* under the physician's Medicare provider number
    - Medicare requires that the physician complete initial visit and establish relationship with patient…after which NPP can provide services
    - Can occupational therapists use this model in primary care practice?
- Recognition and acceptance by traditional primary care interprofessional teams
  - What types of communication and education is needed for primary care providers to understand role of OT in primary care?
- Occupational therapy education in primary care
  - Is specialized education/skills needed to meet the needs of primary care teams?

Potential Barriers for Occupational Therapy

- Health professional competencies
  - Competencies of health care professionals in primary care need to be defined.
  - Are OT practitioners practicing at the top of their licenses?
- Occupational therapy workforce
  - Is there or will there be enough OT practitioners to meet both the demand in primary care and other areas of practice?
- Space and location
  - Primary care offices are often tight on space
  - How much space and what type of space is needed for occupational therapy services in primary care offices?
- **Outcomes research in needed**

Occupational Therapy Must Produce Empirical Evidence!!!!

- OT Practice just announced (November 24, 2014)
  - Department of Health and Human Services (HHS) announced $840 million in funding to improve health care delivery and lower costs – with emphasis on improving coordination of care
    http://www.hhs.gov/news/press/2014pres/10/20141023a.html

- Current RCT being conducted at Thomas Jefferson University

Improving Medication Adherence in Older African Americans with Diabetes

Funded by NIH (NIDDK) 7/2014 to 6/2018
1R01DK102609-01

Research Team:
Principal Investigator: Barry Rovner, MD

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Laura Gitlin, PhD	Rhea Powell, MD
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Resources for Occupational Therapy Practitioners

1. **AOTA Position Statement: Role of Occupational Therapy in Primary Care** (Roberts, Farmer, Lamb, Muir, Siebert, 2014)
    - Defines primary care and describes the environment leading to reforms in the delivery of primary care
    - Begins to establish occupational therapy's role in primary care
    - Very limited efficacious evidence

2. **AOTA Continuing Education Article - Occupational Therapy in Primary Care: An Emerging Area of Practice** (Muir, Henderson-Kalb, Eichler, Serfas, & Jennison, 2014)
    - Provides overview of key primary care concepts, definitions
    - Describes payment and documentation options

3. **AOTA Forum on Interprofessional Team-Based Care** (AOTA, 2013)
    - Explores and begins to describe the role and contributions that occupational therapy can offer primary care teams

Resources for Occupational Therapy Practitioners

4. AJOT Health Policy Perspectives - Defining Primary Care: Envisioning the Roles of Occupational Therapy (Metzler, Hartmann, & Lowenthal, 2012)
   - Describes primary care models
   - Discusses opportunities and implications for occupational therapy

5. AJOT Health Policy Perspectives - Occupational Therapy in Primary Health Care: We Should Be There (Muir, 2012)
   - Describes fragmentation of health care services
   - Provided examples of occupational therapy in primary care

Discussion Questions

- How is occupational therapy an added value to geriatric primary care services?

- How will occupational therapy lower Medicare/health care costs?

- What are the skill sets that occupational therapy practitioners bring to team based models that serve older adults?

- What difference does an occupational therapy practitioner make in the lives of older adults in primary care?

Let's Develop an Action Plan

- Understand the culture, terms, mechanisms of primary care
- Identify the links between primary care philosophy and service and the knowledge/skill-base of occupational therapy
- Define role(s) of occupational therapy in primary care
  - Consultant
  - Primary care provider
- Partner with interprofessional team
  - Initiate working group
- Establish evidence-base
  - Test manualized OT primary care interventions
  - Encourage post-professional OT doctoral student research
  - Publish in non-OT journals

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1. Starfield, B. (1998). Quality-of-care research; Internal Elegance and external relevance. *Journal of the American Medical Association, 280,* 1006-1008.

2. McGill, T. (2013). Effectiveness of physical therapists serving as primary care musculoskeletal providers as compared to family practice providers in a deployed combat locations: A retrospective medical chart review. *Military Medicine, 178,* 1115-1120.

3. Christopher R. Freed , Shantisha T. Hansberry , Martha I. Arrieta (2013), Structural and Hidden Barriers to a Local Primary Health Care Infrastructure: Autonomy, Decisions about Primary Health Care, and the Centrality and Significance of Power, in Jennie Jacobs Kronenfeld (ed.) *Social Determinants, Health Disparities and Linkages to Health and Health Care (Research in the Sociology of Health Care, Volume 31)* Emerald Group Publishing Limited, pp.57 - 81