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Amanda Amaro
University of St. Augustine for Health Sciences

Lisa Griggs-Stapleton
University of St. Augustine for Health Sciences

Jennifer Summers
University of St. Augustine for Health Sciences

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A Call for Occupational Justice: Amending Medicare Policy

Amanda Amaro, OTS; Lisa Griggs-Stapleton, PhD, OTR; Jennifer Summers, OTD, OTR

BACKGROUND

Under Medicare, a “qualifying health service” is recognized as one that can provide services standing alone. In December of 1980, occupational therapy (OT) was considered a qualifying home health service under the original Medicare Part A through the Omnibus Budget Reconciliation Act of 1980 (H.R.7765 - 96th Congress (1979-1980): Omnibus Reconciliation Act of 1980). However, shortly after, due to cost issues, the Omnibus Budget Reconciliation Act of 1981 removed this benefit. As a result, OT was no longer considered a qualifying service under the Medicare Home Health Benefit. Currently, OT can only provide home health services to Medicare recipients as a service along with speech-language pathology, nursing, physical therapy or as a continuing service after these other services are no longer needed (H.R.3982 - 97th Congress (1981-1982): Omnibus Reconciliation Act of 1981)..

PROBLEM

There is a public health emergency in the form of prevalent chronic conditions among elderly Medicare recipients, which are decreasing their quality of life and increasing hospitalization and rehospitalization rates. These rates are critical contributors to the 1.1 trillion direct cost of chronic diseases each year (Centers for Medicare & Medicaid Services [CMS], 2021a; Immonen et al., 2020; Maresova et al., 2019; National Center for Chronic Disease, 2021; Waters & Graf, 2018). The needs of this population are not being fully met due to current Medicare home health legislation, which limits access to OT for effective chronic condition management.

PURPOSE

To advocate for elderly, Medicare recipients through increasing access to home health OT services by amending Medicare policy with the Medicare Home Health Occupational Therapy Bill.

Outcome objectives:

1. Gather the research and organize in preparation for the white paper. Learn and understand the legislature organization and congressional process. Analyze current healthcare trends for relevance to OT.
2. Create a detailed outline of the white paper. Analyze bills and support AOTA in gathering resources for OT with policy makers.
3. Create a draft of the white paper. Become familiar with resources available to the Federal Affairs Department.
4. Begin going through critical revision process with the writing center and site supervisor. Attend lobbying meetings with AOTA staff, attending meetings with AOTA staff, consultants to understand their role in advocacy.
5. Develop and produce specific deliverable items for use with internal and external stakeholders.

The White Paper Project

Medicare Home Health Legislation to Mitigate America’s Health Crisis

White Paper Components: Interview Summaries, Executive Summary, White Paper & Infographic

Throughout the Capstone Experience: Needs Assessment → Interviews and the Literature Review

Andy Bopp’s legislative strategy for the Medicare Home Health OT legislation involved the student gathering anecdotes through interviewing OT experts in home health using a standard questionnaire. The student followed up with the interviews by writing a summary of the information provided. This information was added to the white paper to support this legislation. The student also expanded on their literature review to support understanding of occupational deficits related to chronic conditions in preparation for introducing the home health legislation. The white paper is titled *Medicare Home Health Legislation to Mitigate America’s Health Crisis*.

Writing Methodology

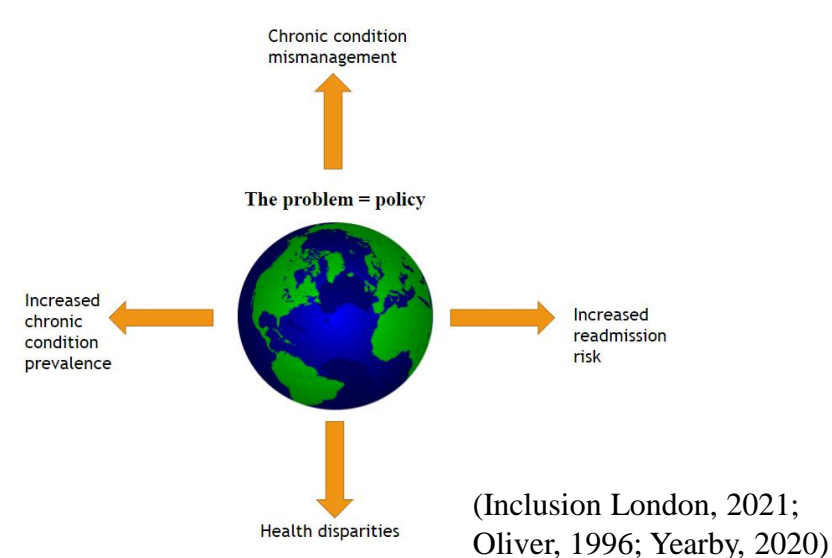
1. Conducted 8 interviews and collected field notes
2. Wrote interview summaries
3. Coded responses into 6 themes
4. Created a concept map
5. Created the white paper outline
6. Created the white paper draft
7. Critical revision process

Theoretical Frameworks for the Population Narrative:

Person Environment Occupation Performance Model (PEOP)

- Environments and Behaviors
- Demographics and Disparities
- Incidence and Prevalence
- Needs and Goals (Baum et al., 2015; Christiansen et al., 2005)

Social Model of Disability



Conditions Addressed Medicare Home Health Legislation to Mitigate Americas’ Health Crisis Structure

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Diabetes 2. COPD 3. Dementia 4. CHF 5. Low Vision 6. COVID Trauma | <ol style="list-style-type: none"> 1. The paper is organized by each condition 2. Qualitative interviews to support OT role in chronic condition management 3. Evidence from literature review to support OT role in chronic condition management 4. Standards of medical care from representative organizations of chronic conditions 5. Clear connections of how the Occupational Therapy Practice Framework (AOTA, 2020) addresses each standard of medical care |
|---|--|

Future Implications for Medicare Home Health Legislation to Mitigate Americas’ Health Crisis

1. Provide different types of resources for the AOTA FAD to utilize during legislative advocacy efforts.
2. Provide possible organizations in which the AOTA FAD can partner with.
3. Utilize evidence from the literature, interviews and OTPF to support the understanding of the OT role in effective chronic condition management.

The Advocacy Experience

The virtual internship was completed in 15 weeks and consisted of weekly organizational meetings, collaborative advocacy meetings, participation in a project with the Federal Affairs Department (FAD), student-led interviews for advocacy purposes, and volunteering at the annual AOTA conference. The student’s final product was a white paper consisting of a culmination of anecdotes, and evidence from the literature gathered to maximize advocacy efforts supporting legislation for OT as a Medicare qualifying home health service. All meetings, observations, and activities throughout this experience provided the student with strategies and approaches to support the final product.

The student attended meetings throughout their experience and filled out experience forms highlighting the meeting purpose, their learned experience and application to project and next steps.

Monday All Staff Update Meetings & Tuesday News Update Calls

Purpose: Project updates, achievements and staff spotlights shared across departments.

Outcome: Learned about the various functions of AOTA.

Legislative Strategic and Lobbying Meetings

Purpose: Collaboration and discussions with internal and external organizations on legislative strategies toward political advocacy efforts. Lobbying meetings with senate offices to accomplish federal advocacy efforts including building rapport, requesting endorsements or for a senator to pick up and lead legislation.

Outcome: Better understanding of AOTA FAD department, Medicare, health policy and advocacy approaches.

Meetings with Heather Parsons

Purpose: Every week the student’s site supervisor, Heather Parsons, provided the capstone student with a safe space to report and reflect on activities and events attended during the week. Resources and clarification were provided if needed to support their experience.

Outcome: Facilitation of student growth and development as an advocate and guidance toward meeting learning and project objectives.

Federal Affairs Department Meetings

Purpose: Collaborated and shared updates on projects. The members of this department are Heather Parsons, the vice president over the Federal Affairs Department, Abe Saffer and Andy Bopp, the Senior Legislative Representatives, Jill Tighe as the Grassroots and Political Actions Committee (PAC) Specialist and Darlene Dennis, the AOTFAC Manager FAD.

Outcome: Collaboration with FAD team, learned about the legislature organization, strategies, and how to analyze healthcare trends.

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Scan to view references

