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Enhancing Physician Perspectives of Skilled Occupational Therapy Services

for Patients with Rheumatoid Arthritis

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Introduction

This Capstone Project sought to identify a relationship between self-reported functional performance and self-report participation restriction using a correlational study design. The established Health Assessment Questionnaire Disability Index (HAQ-DI) and the newer Keele Assessment of Participation (KAP) were the two outcome measures of focus for surveying participants diagnosed with rheumatoid arthritis (RA) or similar arthritis-related conditions. Results from this study indicate that assessment of factors pertaining to participation restriction rather than only assessing an individual's functional ability in rheumatology settings may be the key to increasing referrals to skilled occupational therapy (OT) services. The potential collaboration between the two professions would attend to the physical function, quality of life, and overall well-being of the individual with RA or similar arthritic condition.

Figure 1. Recruitment flyer

Site Description

Gulf Coast Rheumatology is a privately owned medical practice under the ownership and directorship of Dr. Adam Grunbaum, DO, FACP, FACR. Dr. Grunbaum graciously provided access to his patients and guidance during the development and deployment of this study.

Summary of Needs Assessment

- There is a significantly decreased number of patient referrals to skilled OT services by rheumatologists due to a lack of understanding of the role the OT profession plays in the care of patients with RA.
- There is also a lack of assessment of factors attributed to one's quality of life among individuals with RA.
- This study will be the first of its kind to assess correlations, or relationships, between self-reported functional capacity and participation restriction using the two measures among adults with RA.
- This study yields the potential to bring awareness to rheumatologists of inherited attributes, which can be a root cause of decreased occupational performance, quality of life, and disease management.

Literature Review Summary

- Medical interventions for RA have historically considered the objective processes of the disease and have failed to acknowledge the subjective patient-perspective in disease management, which Yamanaka et. al (2013) states is an important factor in establishing effective treatment outcomes.
- Use of only objective measures without the complement of subjective measures to determine disease interventions may limit and hinder the incorporation of additional intervention approaches that are suitable for individuals with RA such as skilled OT services.
- The incorporation of OT into the multidisciplinary team for patients with RA has been emphasized and supported to aid in the management of disease progression across various life occupations and to improve adherence and effectiveness of early treatment (de Almeida et al., 2015).
- Li and Iverson (2005) conducted a study that found only 26% of patients with RA receiving a referral to OT by a rheumatologist. Assumptions for the lack of patient referral to rehabilitation were attributed to a lack of understanding of the role the profession plays in the multidisciplinary team.

Methods

- Participants were recruited over the course of a week following approval from the Nova Southeastern University Institutional Review Board (Figure 1).
- Information regarding demographic information was collected from each participant as well as information regarding a history of receiving a type of rehabilitation service (physical therapy, OT, and/or speech therapy) for their diagnosis. The survey concluded following completion of the HAQ-DI (Figure 2) and KAP (Figure 3) with a descriptive statement and question asking the participant to state whether they were aware of the scope of the OT profession.
- Statistical analysis procedures were conducted using IBM SPSS version 28.0. Scaled scores of the HAQ-DI and KAP were standardized (z-scores) prior to performing tests of correlation.
- Tests of correlation pertaining to the outcome measures were conducted separately for participants who reported having RA from the rest of the study population as the HAQ-DI has been historically considered only for individuals with the disease.

Figure 2. The Health Assessment Questionnaire Disability Index

Figure 3. Page 1/2 of the Keele Assessment of Participation

Results

- A total of n=71 participant responses were collected and analyzed (62 respondents identified as female and 9 identified as male). Data related to the respondent's age and whether they had a diagnosis of RA or a related condition (Figure 4) was collected in reference to five age groups (Figure 5).
- **Participants with RA (n=37):** A Spearman's rank correlation was performed between the total HAQ-DI score and total KAP score. A significantly strong positive correlation between the two outcome measures was identified $rs(35) = .70, p < .001$. The test was also performed using the dichotomized value of the respondent's total score on the HAQ-DI. The majority, n=31, of respondents had a total HAQ-DI score between the values of 0 and 1 which is indicative of some to no difficulty in completing activities. A significant positive correlation was identified once again between the two outcome measures, $rs(29) = .67, p < .001$.
- **Participants with related conditions (n=34):** A significantly strong positive correlation between the two outcome measures was identified $rs(32) = .74, p < .001$ for participants identifying as having a diagnosis of OA, psoriatic arthritis, lupus, or fibromyalgia. A significant positive correlation was identified between the two outcome measures for this group, $rs(29) = .76, p < .001$ using the dichotomized value of the respondent's total score on the HAQ-DI, score between 0 and 1.
- Detailed information pertaining to prevalence of participation restriction among occupations outlined on the KAP (Figure 6) and history of skilled rehabilitation services was also collected (Figure 7).

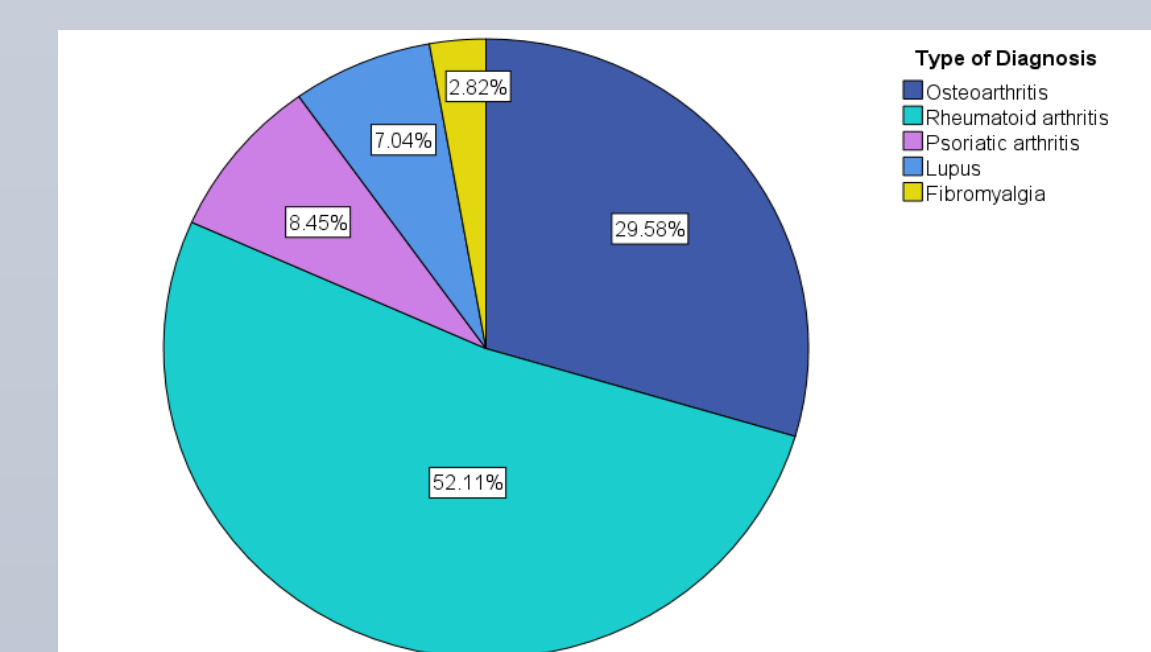


Figure 4. Percentage of respondents with RA and other conditions.

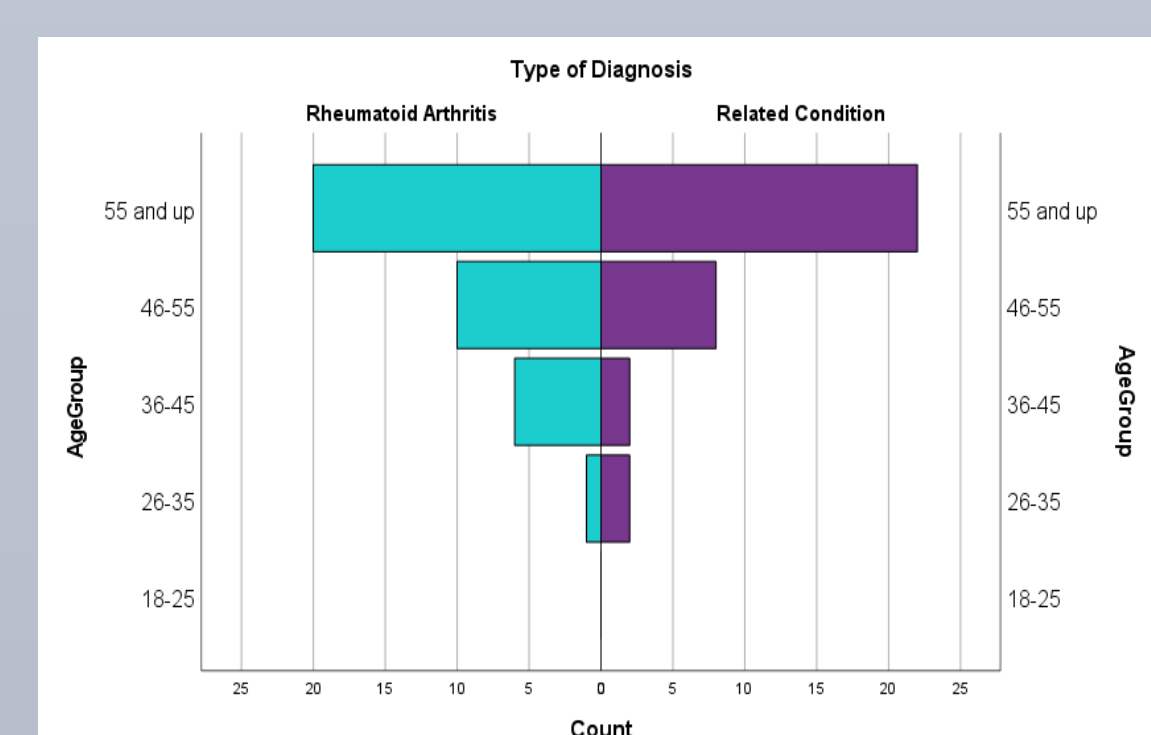


Figure 5. Type of diagnosis in relation to age groups. Note. Related condition includes: OA, lupus, psoriatic arthritis, and fibromyalgia.

Prevalence of Participation Restriction Identified by the KAP

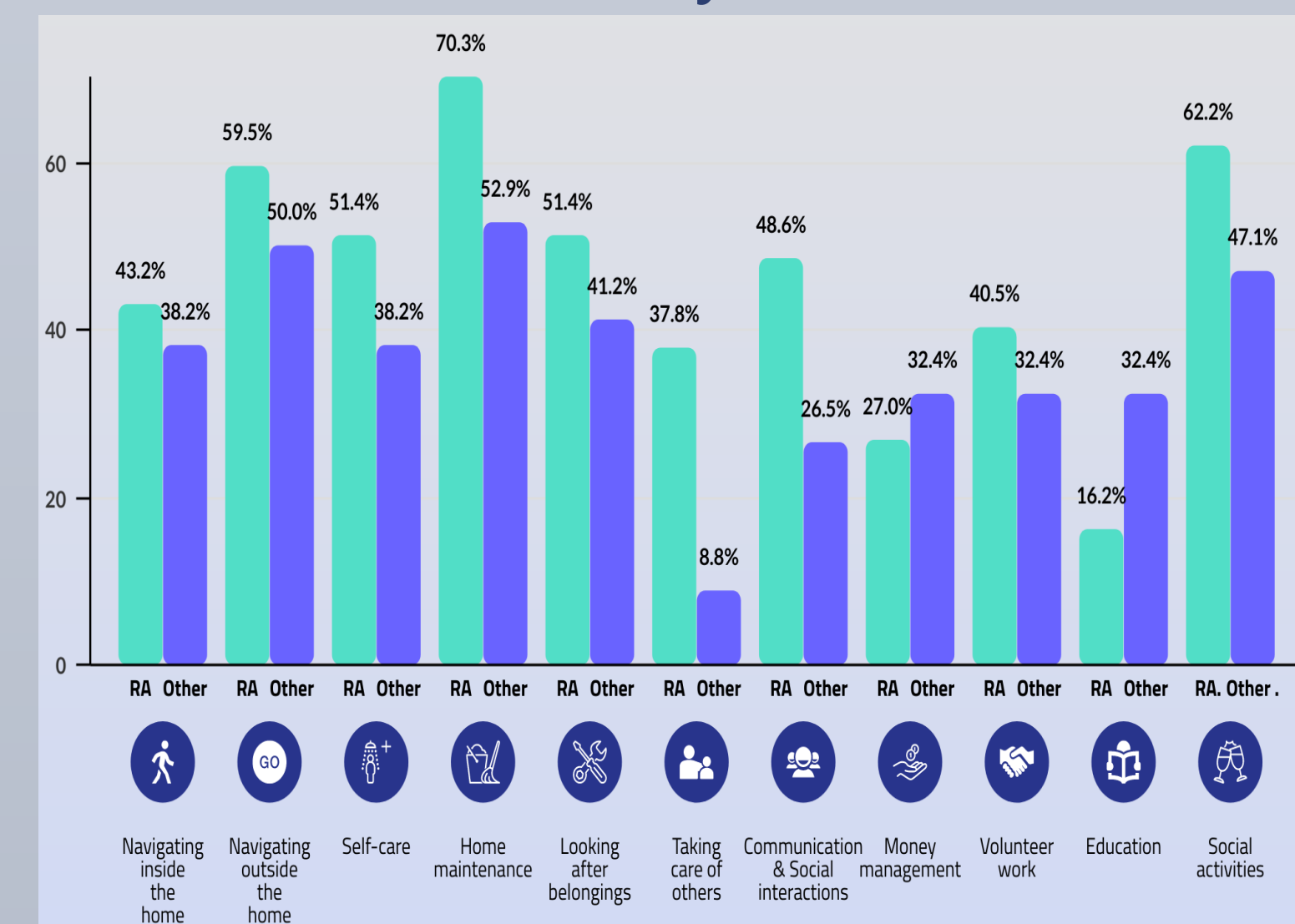


Figure 6. Prevalence of participation restriction among the occupations outlined on the KAP for respondents with RA and other conditions. Note. Other conditions include: OA, lupus, psoriatic arthritis, and fibromyalgia.

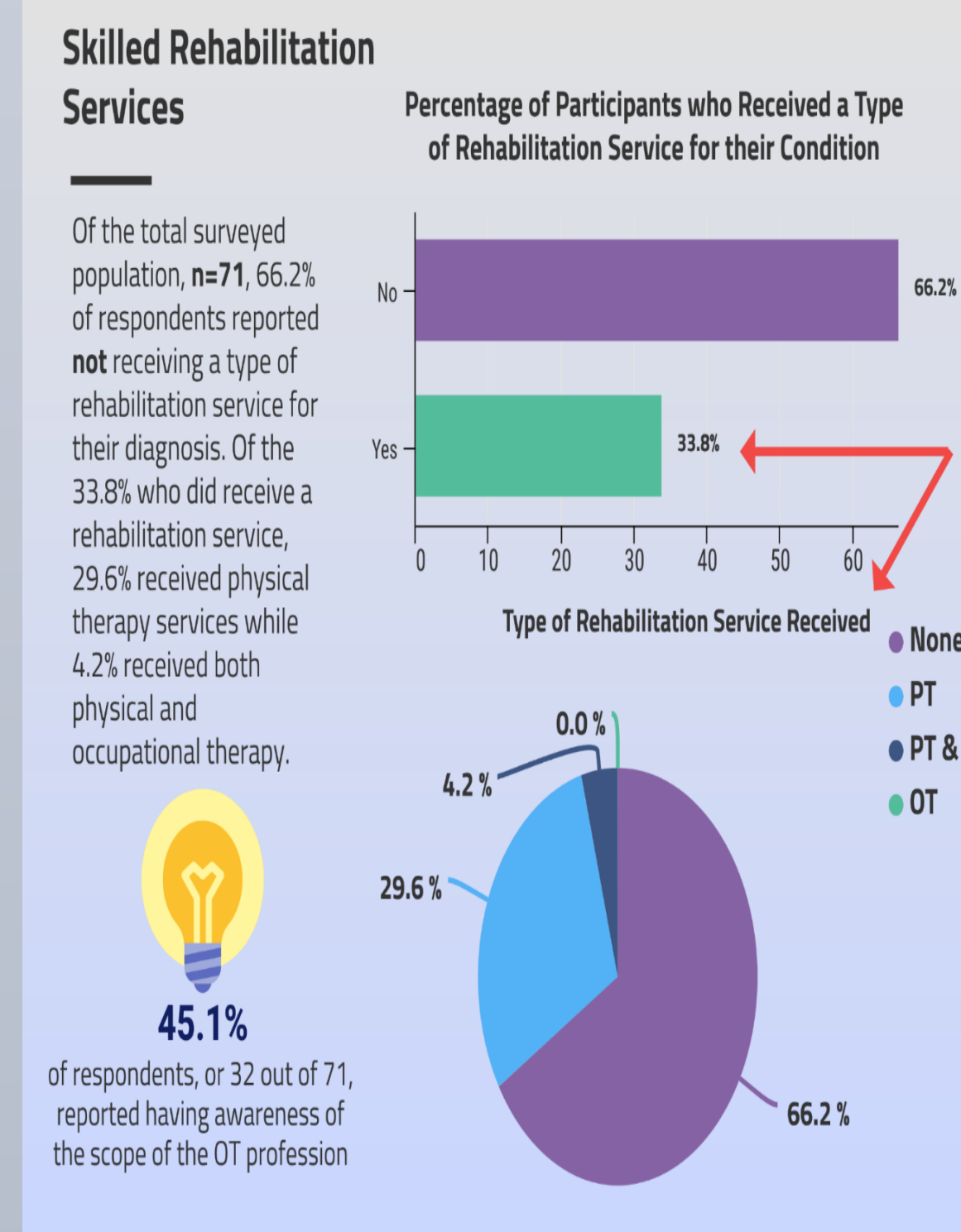


Figure 7. Data related to history of receiving a rehabilitation service, type of service, and awareness of the scope of OT.

Learning Objectives Achieved

- Employ data collection standards as outlined in the IRB, maintain participant confidentiality, and assess data appropriately
- Collaborate with both mentor and rheumatologist on potential developments for increasing awareness of OT services for patients with RA
- Expand the literature surrounding OT and its benefits and purpose in treating clients with RA
- Enhance clinician (rheumatologists and occupational therapists) understanding on this topic and promote an interdisciplinary approach for treating RA
- Create a publishable manuscript, an educational presentation, and resources for participants, practitioners, and students as seen below:

Implications for OT Practice

- Insight into participation restriction among occupations not identified by sole use of the HAQ-DI has provided understanding for identifying when a referral to skilled OT services may be warranted based on results of the KAP.
- When individuals with RA and similar conditions are asked to report on whether they have participated in activities *when* and *how* they have wanted (KAP) rather than on their ability to complete the task (HAQ-DI), conflicting responses may come about and provide a clearer understanding of the individual's quality of life.
- Assessment of factors pertaining to participation restriction among rheumatology settings may be the key to linking the specialty with the OT profession and achieving better health outcomes as it is within their scope to further assess and treat factors limiting performance and participation in desired occupations.

References & Acknowledgments

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References Available Upon Request.