

OT's Role in a Technology-Enhanced Care Coordination Service

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Introduction

Age-Friendly, Smart, Sustainable, and Equitable Technologies for Aging in Place (ASSETs for AIP), is an ongoing, grant-funded demonstration project involving an occupational therapist as part of an interdisciplinary team with a registered nurse and a licensed clinical social worker. Working with a population of community-dwelling older adults and adults with disabilities, the team uses passive motion sensors and smartwatches to remotely monitor clients' activity and provide guidance for clients to manage their own care needs. In this model, OT plays a crucial role in self-advocacy training, activity analysis, and environmental modification. In this poster, we examine the model of ASSETs for AIP to shed light on the distinct value OT brings to the interdisciplinary care model of technology-enhanced health coaching.

Background

- With the aging population and a growing focus on preventative healthcare in the United States, it is increasingly important for OT practitioners to establish a role in care models that support aging in place (1, 4).
- To establish an identity for the profession, OT practitioners need to articulate the value of an occupational paradigm and use it in their work (9).
- Complex goals like aging in place cannot be fully accomplished by individual disciplines acting independently because they are part of a vast web of problems that require collaboration to solve (5).
- Interdisciplinary care models for community-dwelling adults show promise in improving the ability to age in place (7, 8).
- Approaches that use coaching to empower older adults to meet their own healthcare needs improve health outcomes and reduce costs (2, 3).
- A variety of technology, including remote monitoring and smart devices, prove useful in assisting aging-in-place initiatives (6).

In 2021, ASSETs for AIP received funding as a supplemental service to the state's Money Follows the Person program, called Show Me Home. The presenters have worked in the design and implementation of ASSETs for AIP.

Procedures

- ASSETs for AIP recruits older adults and people with disabilities who meet recruitment criteria:
 - Community-dwelling
 - At least 63 years old or have a disability
- Completed Missouri's Money Follows the Person program
- Medicaid-eligible

The ASSETs for AIP care coordination process consists of an initial in-home assessment followed by remote check-in sessions and ongoing data monitoring. Each care coordinator coaches their assigned clients to pursue their goals and self-manage their health and wellbeing, using their activity data. The OT, nurse, and social worker work collaboratively and share an innovative care coordination role informed by contributions from each discipline.

Care Coordination Procedures

1 Initial Assessment

- Client completes self-report surveys on health status, ADL/IADL status, healthcare utilization, and quality of life
- OT completes home safety assessment (modified Safe at Home Checklist)
- Care coordinator sets client-centered goals

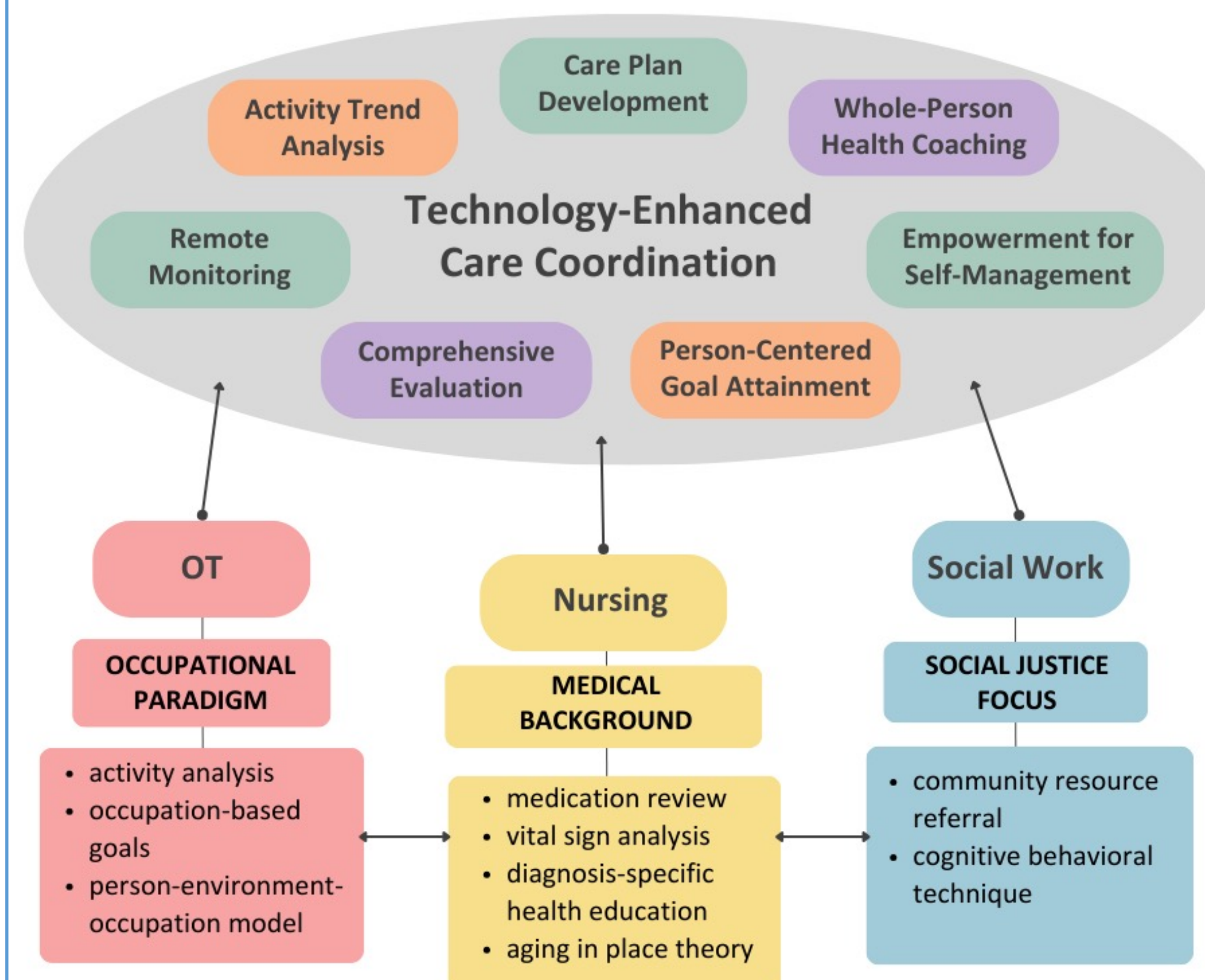
2 Quarterly Check-Ins

- Client repeats a subset of baseline assessments to determine changes
- Care coordinator evaluates long-term trends in activity data
- Client and care coordinator review goals
- Care coordinator coaches client toward self-management

3 Ongoing Monitoring

- Care coordinator monitors motion and smartwatch data and calls client to discuss changes in activity patterns

Contributions of Each Discipline



Discussion

Upon examination of the ASSETs for AIP program, several crucial contributions of OT emerge. OT informs the interdisciplinary care coordination role by contributing background knowledge in a variety of OT approaches:

- Self-advocacy training
 - e.g., coaching client on assertive communication with their physician and formal and informal caregivers
- Activity modification
 - e.g., energy conservation education, strategy training to use unaffected hand to don smartwatch
- Environmental modification
 - e.g., using universal design principles for low vision to inform tablet setup protocol, recommending home safety modifications such as ramp installation or additional lighting for fall prevention

A unique role of OT in the program is recommending home safety modifications. Commonly recommended modifications include the following:

- Fall prevention interventions
 - i.e., trip and slip hazard mitigation
 - fall prevention education
- Basic home safety item provision
 - e.g., fire safety items, nonslip shower strips
- Assistive device provision
 - e.g., toilet risers, bedside side bar
- Recommendations for client to request consultations
 - e.g., to physical therapy, specialized wheelchair consultations, home modification consultations

Conclusion

OT plays a vital role in technology-enhanced self-management coaching. Together, OT, nursing, and social work inform an innovative care coordination role that draws on strengths and theories from each discipline. OT's background in person-environment-occupation fit evaluation, activity analysis, and self-advocacy training makes a crucial contribution to the model. Grounded in evidence supporting an empowerment approach (2), interdisciplinary models for aging in place (7, 8), and technology's usefulness in aging in place (6), ASSETs for AIP showcases a truly interdisciplinary collaboration.

Scan for References



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ASSETs for AIP is funded by Missouri Department of Senior Services and US Department of Health and Human Services (DHHS), 1LICMS300153.