

# Occupational Therapy

**Bridging the Gap Between Form and Function**

**Scott A. Trudeau, PhD, OTR/L**

Productive Aging Practice Manager

American Occupational Therapy Association

**USC Morton Kesten Summit**

**October 5, 2018**

# About AOTA

- National professional association established 1917
- Represents 213,000 occupational therapy practitioners and students in US
- Current AOTA membership is about 60,000



# About AOTA

- Major programs and activities
  - assuring the quality occupational therapy services
  - improving consumer access to OT services
  - promoting the professional development of members
- Public awareness and advancing the profession
  - providing resources
  - setting standards
  - serving as an advocate to improve health care

# What is Occupational Therapy?

- Helping profession working across the lifespan
- Historical roots in addressing the convalescence needs of veterans
- Mental health principles at the core
- Often narrowly defined by area of practice
- May have become too closely aligned with mainstream health care
- Experts in maximizing functional performance

# Core Tenets of OT

Focus on Doing – what you need and want to do

Occupation as a means and an end

Task analysis is critical

Participation is the outcome

Asks “What matters to you, not what’s the matter with you?”

Trained in medical, psychological and functional challenges

# Distinguishing OT's role

Occupational Therapy...  
the unknown therapy that  
takes you from walking  
around naked, to being  
able to wipe your ass and  
put clothes on.  
Happy OT Month!

somee cards



# OT for Older Adults

- Assist people in regaining the skills and abilities necessary for independent and satisfying lives
- Address everyday activities
  - ADL – dressing, bathing, toileting, feeding
  - IADL – cooking, medication management, money management, shopping, *driving and community mobility.*



# Early Evidence of Opportunity

*Empirical Research*

## Higher Hospital Spending on Occupational Therapy Is Associated With Lower Readmission Rates

Andrew T. Rogers<sup>1</sup>, Ge Bai<sup>1</sup>, Robert A. Lavin<sup>2</sup>,  
and Gerard F. Anderson<sup>1</sup>

### Abstract

Hospital executives are under continual pressure to control spending and improve quality. While prior studies have focused on the relationship between overall hospital spending and quality, the relationship between spending on specific services and quality has received minimal attention. The literature thus provides executives limited guidance regarding how they should allocate scarce resources. Using Medicare claims and cost report data, we examined the association between hospital spending for specific services and 30-day readmission rates for heart failure, pneumonia, and acute myocardial infarction. We found that occupational therapy is the only spending category where additional spending has a statistically significant association with lower readmission rates for all three medical conditions. One possible explanation is that occupational therapy places a unique and immediate focus on patients' functional and social needs, which can be important drivers of readmission if left unaddressed.

Medical Care Research and Review

1-19

© The Author(s) 2016

Reprints and permissions:

[sagepub.com/journalsPermissions.nav](http://sagepub.com/journalsPermissions.nav)

DOI: 10.1177/1077558716666981

[mcr.sagepub.com](http://mcr.sagepub.com)

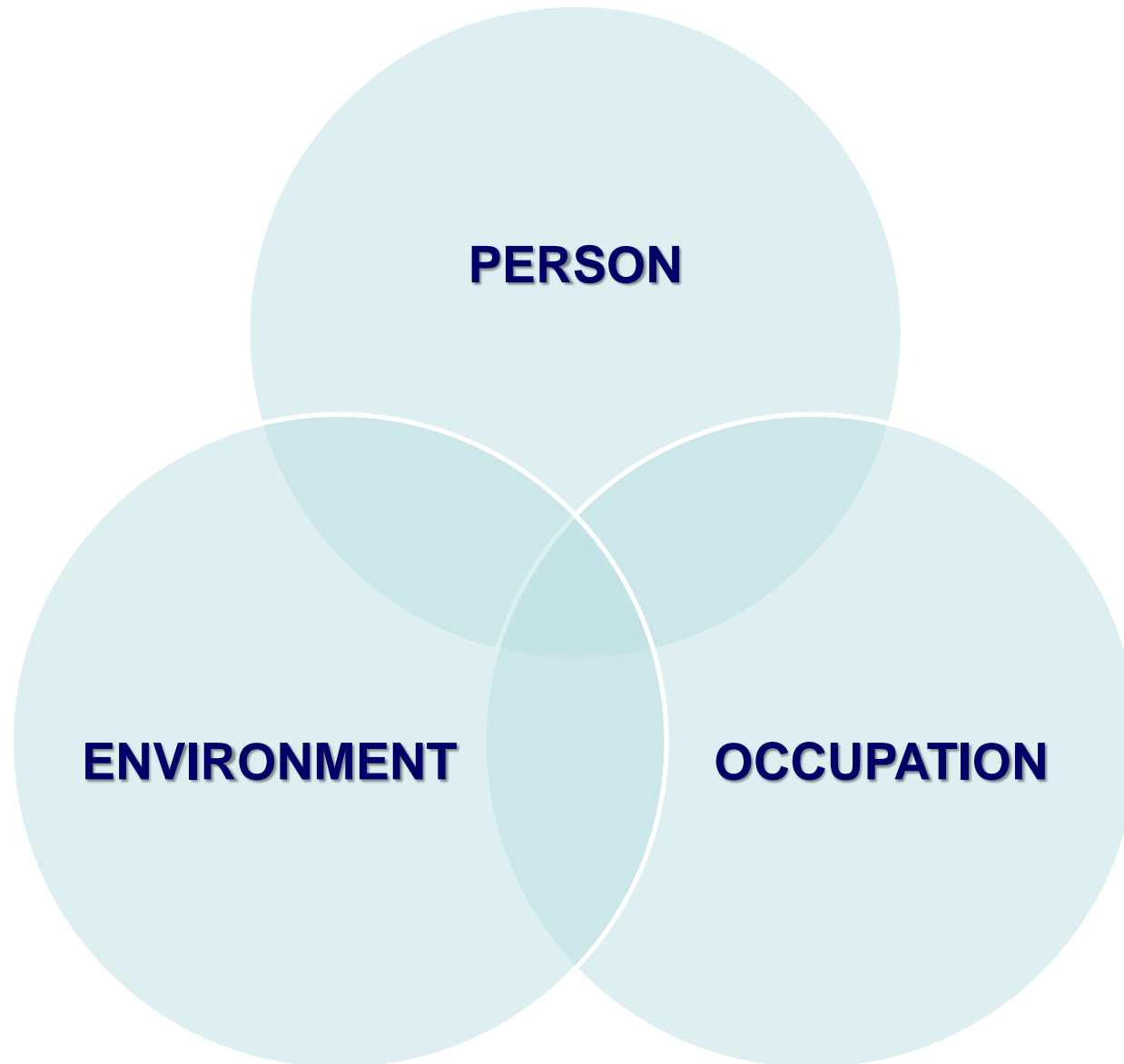




# Why home mods and OT?

- Apply the expertise in functional performance to lived environment
- Assess the fit between what the individual wants and needs to do in context
- Consider myriad factors that influence successful participation
  - Especially interplay of preferred roles and routines
  - Minimizing occupational deprivation

# PEO Model



# Assessment Considerations



## Person Centered

- Functional status
- Client factors



## Home Environment Focused

- Features of the built environment
- Specific context



## Diagnosis Specific

- Know your population
- Prognosis is critical in older adults

# Evidence from CAPABLE

## AGING & HEALTH

By Sarah L. Szanton, Bruce Leff, Jennifer L. Wolff, Laken Roberts, and Laura N. Gitlin

DOI: 10.1377/hlthaff.2016.0140  
HEALTH AFFAIRS 35,  
NO. 9 (2016): 1558-1563  
©2016 Project HOPE—  
The People-to-People Health  
Foundation, Inc.

## AGING & HEALTH

# Home-Based Care Program Reduces Disability And Promotes Aging In Place

**Sarah L. Szanton** (sszanto1@jhu.edu) is an associate professor of nursing and of health policy and management at Johns Hopkins University, in Baltimore, Maryland.

**Bruce Leff** is an associate professor of medicine and nursing at Johns Hopkins

**ABSTRACT** The Community Aging in Place, Advancing Better Living for Elders (CAPABLE) program, funded by the Center for Medicare and

## MODELS OF GERIATRIC CARE, QUALITY IMPROVEMENT, AND PROGRAM DISSEMINATION

# Medicaid Cost Savings of a Preventive Home Visit Program for Disabled Older Adults

Sarah L. Szanton, PhD,\*<sup>†</sup> Y. Natalia Alfonso, MS,<sup>†</sup> Bruce Leff, MD,\*<sup>‡</sup> Jack Guralnik, MD, PhD,<sup>§</sup> Jennifer L. Wolff, PhD,<sup>†</sup> Ian Stockwell, PhD,<sup>¶</sup> Laura N. Gitlin, PhD,\*<sup>‡</sup> and David Bishai, PhD<sup>†</sup>

**BACKGROUND/OBJECTIVES:** Little is known about cost savings of programs that reduce disability in older adults. The objective was to determine whether the Community Aging in Place, Advancing Better Living for Elders (CAPABLE) program saves Medicaid more money than it costs to provide.

**DESIGN:** Single-arm clinical trial (N = 204) with a comparison group of individuals (N = 2,013) dually eligible for Medicaid and Medicare, matched on baseline age



Archives of Physical Medicine and Rehabilitation

Journal homepage: [www.archives-pmr.org](http://www.archives-pmr.org)

Archives of Physical Medicine and Rehabilitation 2017;98:896-903



## ORIGINAL RESEARCH

# Functional Goals and Predictors of Their Attainment in Low-Income Community-Dwelling Older Adults



Brian W. Waldersen, MD, MPH,<sup>a</sup> Jennifer L. Wolff, PhD,<sup>b</sup> Laken Roberts, MPH,<sup>c</sup> Allysin E. Bridges, MA, OTR/L, CAPS,<sup>c</sup> Laura N. Gitlin, PhD,<sup>a,c</sup> Sarah L. Szanton, PhD, ANP<sup>b,c</sup>

From the <sup>a</sup>Johns Hopkins School of Medicine and School of Public Health, Baltimore, MD; <sup>b</sup>Department of Health Policy and Management, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD; <sup>c</sup>Johns Hopkins School of Nursing, Baltimore, MD. Current affiliation for Waldersen, Center for Medicare & Medicaid Innovation, Baltimore, MD.

## Abstract

**Objective:** To describe functional goals and factors associated with goal attainment among low-income older adults with disabilities living in the community.

**Design:** Secondary analysis.

**Setting:** Participants' homes.

**Participants:** Older adults (N=226) with disability who participated in the Community Aging in Place, Advancing Better Living for Elders trial.

**Interventions:** A 5-month, home-based, person-directed, structured program delivered by an interprofessional team: occupational therapist, registered nurse, and handyman.

**Main Outcome Measures:** Process of occupational therapist goal setting and attainment at the final occupational therapist visit.

**Results:** Participants identified 728 functional goals (mean of 3.2 goals per participant), most commonly related to transferring (22.0%; n=160)

**CONCLUSION:** CAPABLE is associated with lower likelihood of inpatient and long-term service use and lower overall Medicaid spending. The magnitude of reduced Medicaid spending could pay for CAPABLE delivery and provide further Medicaid program savings due to averted services use.

**CLINICAL TRIAL REGISTRATION:** CAPABLE for Frail dually eligible older adults NCT01743495 <https://clinicaltrials.gov/ct2/show/NCT01743495> J Am Geriatr Soc 66:614-620, 2018.

# Hot Off the Presses

American Journal of  
Preventive Medicine

RESEARCH ARTICLE

## The Potential to Reduce Falls and Avert Costs by Clinically Managing Fall Risk



Judy A. Stevens, PhD,<sup>1</sup> Robin Lee, PhD, MPH<sup>2</sup>

*This activity is available for CME credit. See page A3 for information.*

**Introduction:** Falls often cause severe injuries and are one of the most costly health conditions among older adults. Yet, many falls are preventable. The number of preventable medically treated falls and associated costs averted were estimated by applying evidence-based fall interventions in clinical settings.

**Methods:** A review of peer-reviewed literature was conducted in 2017 using literature published between 1994 and 2017, the authors estimated the prevalence of seven fall risk factors and the effectiveness of seven evidence-based fall interventions. Then authors estimated the number of older adults (aged  $\geq 65$  years) who would be eligible to receive one of seven fall interventions (e.g., Tai Chi, Otago, medication management, vitamin D supplementation, expedited first eye cataract surgery, single-vision distance lenses for outdoor activities, and home modifications led by an occupational therapist). Using the reported effectiveness of each intervention, the number of medically treated falls that could be prevented and the associated direct medical costs averted were calculated.

**Results:** Depending on the size of the eligible population, implementing a single intervention could prevent between 9,563 and 45,164 medically treated falls and avert \$94–\$442 million in direct medical costs annually. The interventions with the potential to help the greatest number of older adults were those that provided home modification delivered by an occupational therapist (38.2 million), and recommended daily vitamin D supplements (16.7 million).

**Conclusions:** This report is the first to estimate the number of medically treated falls that could be



# Results Are In

increasing the total potential in direct medical savings.

Because of the high prevalence and large eligible population, addressing home hazards with the assistance of an occupational therapist would prevent the greatest number of medically treated falls ( $n=45,164$ ) and avert the most in direct medical costs (\$442 million). The next highest savings would result by expediting first eye cataract surgery (\$423 million), reviewing and managing medications (\$418 million), treating mobility problems

# Home Sweet Home?



# Improving Stair Visibility





# Medication Issues



# Kitchen Hazards



# Safer Stoves



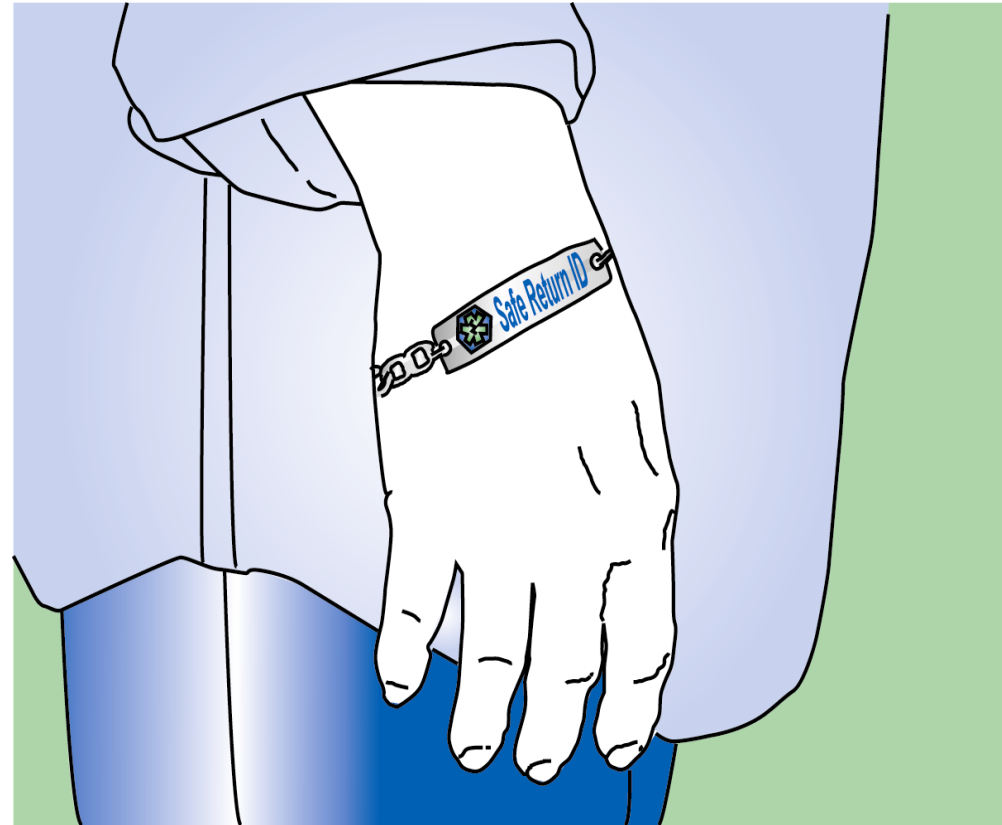
# Limit Access to Hazards



# Bathroom safety



# Prevent wandering



- ❑ Send for an identification bracelet from the Alzheimer's Association "Safe Return" Program.
- ❑ Call 1-800-548-2111 for information.

# Functional Independence in the Home AND the Community

- Prevention of isolation
- Prevention of injury
- Prolong ability to “age in place?”
- Ultimate goal is to promote participation!!

