

The Role of Occupational Therapy (OT) in Primary Care

The Society of Occupational Therapists (SAOT) recognizes that health is more than just the absence of disease. Primary health care “emphasizes prevention and wellness, and recognizes that success in improving people’s health is largely determined by factors in their daily lives such as: lifestyles, housing, relationships, spiritual beliefs, income, and workplaces” (Government of Alberta, 2014).


A comprehensive and community-driven approach to health care extends beyond the traditional medical model to address the broader determinants of health (Government of Alberta, 2013). Despite recent policy initiatives to focus on chronic disease management in primary care, research indicates that people with chronic conditions and disabilities are systematically disadvantaged when seeking primary care (McColl et al, 2009).

Inter-professional primary care is a national priority in Canada (CAOT, 2013), while primary care reforms have focused on providing comprehensive services with an emphasis on chronic disease management, health promotion, and prevention services (Health Canada, 2012). CAOT is a partner of the Enhancing Interdisciplinary Collaboration in Primary Health Care Initiative.

Occupational therapists (OTs) have the skills and knowledge in health promotion, chronic disease management, lifestyle interventions, and adaptive equipment to benefit clients accessing primary care (Leclair et al., 2005).

Since positive or ill health is a result of what people do or don't do every day, OT can have a role in health promotion by improving health and wellbeing through engagement in everyday and meaningful activities (Wilcock, 2006). And, since Primary health care is the first place people go for diagnosis and treatment of a health issue or injury, to manage a health condition, or for wellness advice and programs.

The SAOT believes that Occupational Therapy (OT) needs to play a more fundamental role in primary health care through an expanded role on interdisciplinary health teams. The intent of this document is to outline the principles and framework for interdisciplinary collaboration in primary health care, and provides research evidence of successful collaborations.



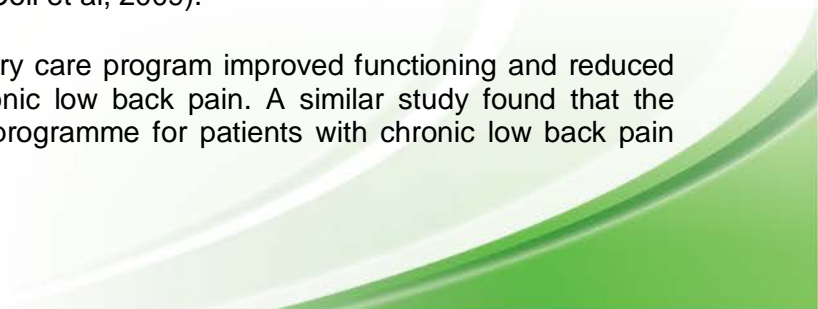
OTs focus on meaningful occupation as a part of a healthy lifestyle and, due to broad training in human development, disease management, activity analysis, adaptive equipment prescription, self-management and wellness, are well positioned to bring their distinctive skill set to the primary care team (AOTA, 2014).


- Emerging models, such as chronic disease management, provide a means for occupational therapists to contribute to the overall health of patients in primary care (McColl & Dickenson, 2009).
- Individuals report a lack of coordinated primary health care, as well as difficulties accessing specialty services and obtaining required assistive equipment (McColl et al, 2009). OTs are experts in the provision of adapted equipment, are educated in chronic disease management, and should have a role on an interdisciplinary primary health care team.
- A literature review conducted by McColl et al (2009) found that the most common model for integrating rehabilitation services and primary care is the clinic approach. The clinical approach is where the occupational therapist works out of an examining room in a family practice, which yields benefits as family physicians and rehabilitation professionals work together as a geographically defined team.

OTs can contribute to inter-professional collaborative teams and offer services within primary care settings.

They are highly capable of providing holistic and client-centered support and services to address occupational performance issues, activity limitations and participation restrictions.

These services, when offered may prevent exacerbation of existing conditions or the development of new chronic conditions. (CAOT, 2013)

- The team approach is intended to “create efficiencies in the utilization of physician human resources, while granting patients access to additional expertise” (McColl & Dickenson, 2009).
 - The primary care team approach has a number of advantages, as it offers diverse expertise to patients, and more service and perspectives on the problems patients face. Yet the time required to communicate and coordinate with other team members is time not spent in patient care, and time not compensated in many reimbursement models.
 - In order to successfully integrate rehabilitation with primary care, it must be viewed from the perspective of efficiency, and justified as a means of enhancing rather than diminishing the efficiency of the medical workforce (McColl et al, 2009).
 - A study found that an integrated primary care program improved functioning and reduced disability in individuals living with chronic low back pain. A similar study found that the implementation of an integrated care programme for patients with chronic low back pain
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reduced societal costs, increased effectiveness of care, improved quality of life, and improved function on a broad scale (Lambeek et al,2010 & 2010b).

- Researchers contend that integrated care therefore has large gains for patients and society as well as for employers. The strongest evidence was seen in health systems transformation, to integrated care such as shortened hospital stays, increased effectiveness of community-based services, reducing costs of pharmaceutical interventions, end of life care, health promotion, and primary care (Rexe et al, 2013).
- In 2013, Rexe, Lammi, and von Zweck updated a literature review by MacDonald (2006) of 46 articles that evaluated and addressed the cost effectiveness of occupational therapy, and concluded that there is a “strong foundation of evidence indicating positive health outcomes in occupational therapy intervention, with good value from an economic perspective” (p. 70).
- A study found that working in close proximity with team members, regular team members, and the electronic medical record supported the integration of OT into primary care. Barriers to the integration of OT included lack of understanding of the role of occupational therapy, time, funding, and traditional models of practice (by Donnelly et al,2013)
- A review conducted by Alberta Health and Wellness found that interdisciplinary collaboration increased user satisfaction, improved greater access to a range of services, and ensured fewer gaps in service (Alberta Health and Wellness, 2009).

Physicians are critical to the integration of OTs, as they are a key source of referrals.

The identification of a physician lead, or physician liaison for occupational therapy was seen as an important strategy to enhance physician understanding as information from physician to physician was felt to have greater authority and credibility (Donnelly et al, 2009).

- In the 2007 National Physician Survey, 11% of family doctors reported working with OTs in a primary care team (Health Council of Canada, 2009).
 - Evidence suggests that many general practitioners felt the need for OTs to be involved in the care of their patients with chronic disease, as patients generally face occupational dysfunction (Hughes, 2009). These physicians reported that diagnosing the condition and providing medical management were the only areas they had time to address, while patients reported that doctors did not provide sufficient management advice or treatment strategies.
 - Occupational therapists are able fill this void by addressing the psychosocial aspects, and provide supportive advice and interventions to facilitate self-management of symptoms (Hughes, 2009).
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- Wilcock (2006) suggests four levels of health promoting OT interventions to improve or maintain health and wellbeing through primary health care are: 1) preventing health damaging behaviour and illness 2) slow down or prevent further disease progression in individuals experiencing health issues 3) maintain health and well being in individuals living with chronic disease 4) maintain quality of life for individuals who are terminally ill.

With the increased emphasis on aging in place and recent calls for a national seniors' strategy, OTs are well placed in primary care to offer services to support individuals in their homes and communities.

- The literature has suggested that the majority of clients receiving occupational therapy services in primary care were adults and older adults (Donnelly et al, 2016).
 - Falls amongst the elderly population represents a major economic burden to society (Mackenzie et al, 2013). A chronic disease management model involving occupational therapy and physiotherapy services for older people in the community can be implemented to reduce costs associated with falls and improve health prevention strategies (Mackenzie et al, 2013).
 - Occupational therapy services can be further used through ergonomic worksite visits to address environmental issues and by restructuring workplace maladaptive habits to decrease the prevalence of injuries in the workplace and their associated costs (Franche et al., 2004).
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