Purpose and Focus

Geriatric practice provides a rewarding opportunity for Occupational Therapy (OT) practitioners to support participation in meaningful occupation for clients receiving OT services. To employ innovative and efficacious occupation-based practice, OT practitioners must be educated about resources and tools that can aid them.

Learning Objectives

Participants will be able to:

- Describe the various practice resources available to guide client-centered, occupation-based practice in geriatric settings
- Review and discuss those practice resources that support and advance the application of the Occupational Therapy Practice Framework in geriatric settings
Learning Objectives

Participants will be able to:
- Identify and use evidence-based practice resources to facilitate best practice while providing occupational therapy services in geriatric settings.

General Overview of Presentation

- Introduction & Pre-session questionnaire
- Basic Background Information*
- Identifying Professional Resources and Tools
  - Practical Application Activity - Resource Identification and Use*
  - Finding, Interpreting and Using Evidence*
  - <Brief Break>
- Choosing Appropriate and Useful Assessment Tools
  - Practical Application Activity - Assessment Tool Analysis*
- Tying it all together
  - Practical Application Activity - Case Study*
- Closing Summary & Post-session questionnaire*
  - We will pause to take questions as we transition from one topic to another.

Session Handouts

- Posted to conference website:
  - PowerPoint handout
- To be provided during session and/or upon e-mail request:
  - Pre- and Post-session Analyze Your Practice Questionnaire
  - Activity 1 Worksheet
  - Activity 2 Worksheet
  - Activity 3 Worksheet
  - Resources and Bibliography

Basic Background Information

What are some important factors driving clinical care today?

AOTA Centennial Vision

“We envision that occupational therapy is a powerful, widely recognized, science-driven, and evidence-based profession with a globally connected and diverse workforce meeting society’s occupational needs.”


The Connecting Cycle

- Legislation
- Regulation
- Clinical Care and Programming
- Clinical Standards of Care
- Monitoring (Survey, Audits)
- Reimbursement
Basic Premises

- Quality of Care
- Quality of Life
- Skilled Care
- Reasonable Care
- Medically Necessary Care
- Affordable Care
- Efficient Care
- Efficacious Care

Past and Ongoing Influences

- OBRA ‘87
- Quality Initiatives
- Reimbursement System Changes
- Transmittal 60/63
- Therapy Cap Initiatives
- CMS Medical Review and Program Integrity Initiatives

The Essence of OBRA ‘87

Omnibus Budget Reconciliation Act of 1987

The essence of this legislation is focused on the fact that if Long Term Care (LTC) facilities want to receive Medicare and Medicaid funding, the expectation is that sufficient services will be provided to each and every resident in order to ensure that "the highest practicable physical, mental and psycho-social well-being is attained and maintained".

The Effects of OBRA’87

- Changed the lives of many LTC residents, due to improvement in care
- Changed the way that state surveyors approach their visits to nursing homes
- Carryover of quality standards to other settings.
- Quality Initiatives and "Compare" websites

Reimbursement System Changes

- SNF PPS
- HH OASIS
- IRF-PAI
- LTCH CARE Data Set
- Tools used for many purposes
  - Assessment and care planning
  - Quality measures
  - Data collection and reporting
  - Reimbursement

CMS Transmittals 60 & 63

http://www.cms.hhs.gov/transmittals/

- November 9th and December 29th of 2006
- Significant Impact on Rehabilitation Services
  - Documentation Guidelines
  - Objective Measure Instruments
Transmittals 60 & 63

- Significant Impact on Rehabilitation Services
  - "Clinicians and contractors shall determine typical services using published professional literature and professional guidelines."
  - "The use of scientific evidence, obtained from professional literature, and sequential measurements of the patient's condition during treatment is encouraged to support the potential for continued improvement that may justify the patients need for therapy."

Therapy Caps

- More than a decade of legislation and regulatory changes
- DOTPA
- STATS
- Provisions of the Middle Class Tax Relief and Job Creation Act of 2012

Basic Premise: Skilled and medically necessary services

Necessary Considerations: Variations in Client factors

CMS Medical Review and Program Safeguard Initiatives

- Protecting the Medicare Trust Fund
- Medicare Contractor Reform
  - A/B Medicare Administrative Contractors (MACs)
- Program Safeguard Contractors
  - Recovery Auditors
  - Benefit Integrity (BIU, PSC, ZPIC)
  - Comprehensive Error Rate Testing (CERT)
  - Data Assessment and Verification (DAVE)

Unfolding Influences

- Affordable Care Act 2010
- Further Reimbursement Changes
- The Centers for Medicare and Medicaid (CMS) Initiatives, Pilots and Demonstration Projects
- Changing Quality Initiatives
- Economy and Consumerism
- Graying of America (Baby Boomers)

Affordable Care Act

- 9-year implementation process
  - 2010 – 2018
- Many initiatives
  - Trickle down to state and local levels
- Many significant impact items
  - Insurance (Health Benefit Exchanges, Essential Health Benefits)
  - Quality of care
  - Cost and value
  - Prevention/wellness
  - Home and community-based service
  - Power mobility and other DME
  - Elder Justice
Reimbursement Initiatives

- It is becoming very apparent that reimbursement is moving towards the direction of evidenced-based practice
  - Quality measures
  - Outcome measures
  - Pay-for-performance
  - Valued-based service
  - Accountable Care Organizations

More Emerging Influences

- Technology
  - Electronic Medical Records
  - Telehealth
  - Assessment and treatment equipment and techniques
  - Electronic reporting and billing processes
- Payment Structure Changes
- Continuity Across the Health Care Continuum
- New Initiatives for Competent, Qualified Caregivers

Questions???

Identifying and Using Resources and Tools

Where do OT practitioners find resources and tools to facilitate best practice?

Best Practice

In spite of everything—regulations, reimbursement and rules, it is still important that we provide quality of care, with emphasis on best practice for each and every resident that we see.....

Best Practice

“ A method or technique that has consistently shown results, superior to those achieved with other means, and is used as a benchmark.”

www.businessdictionary.com
Clinical Standards of Care

There is a variety of resources available to the OT practitioner to support and guide clinical standards of care, best practice and effective delivery of service.

OT Practice Resources

- AOTA
  - ACOTE
- NBCOT
- State OT Associations
- Specialty Associations and Societies, e.g. American Society of Hand Therapists (ASHT)

OT Practice Resources (continued)

- Evidence-Based Practice
- Center for Medicare and Medicaid Services (CMS)
- State Practice Acts

Tools

- OT Practice Framework
- AOTA Centennial Vision
- AOTA Continuing Education Opportunities
- Quality Indicator Report
- Survey Guidelines
- CPT, HCPCS, and ICD-9 coding books
- Medicare Manuals
  - Including Assessment Instrument Manuals (e.g. MDS RAI, OASIS, IRF-PAI)
- Joint Commission Publications

AOTA Resources: Official AOTA Documents

- Accreditation Standards*
- Concept Papers
- Code of Ethics
- Guidelines
- Position Papers
- Specialized Knowledge and Skills papers
- Standards
- Statements
- Societal Statements

Other documents
- White Papers

* Not officially adopted by the Representative Assembly as yet

Other Key Documents and Publications

- Guidelines for Documentation of Occupational Therapy
- Guidelines for Supervision, Roles and Responsibilities During the Delivery of Occupational Therapy Services (edited 2009)
- Guidelines for Re-Entry into the Field of Occupational Therapy (2010)
- Guide to OT Practice
- Scope of Practice
Additional Ethics Resources

- Ethics: Enforcement Procedures for the OT Code of Ethics and Ethics Standards
- Position Paper: Occupational Therapy’s Commitment to Nondiscrimination and Inclusion (edited 2009)
- Ethics Resources for Educators

Core Documents

- AOTA’s Centennial Vision
- AOTA 2009 Bylaws (updated 9/10)
- Glossary of Terms (11/10)
- Standards of Practice for Occupational Therapy (2010)
- AOTA’s Strategic Goals and Objectives (2010-2013)

Other Practice Guideline Resources

- AOTA Practice Area webpage
- 5 Areas of Practice Resources identified for this presentation
  - Health and Wellness
  - Mental Health
  - Productive Aging
  - Rehab, Disability and Participation
  - Work and Industry
  - Emerging Areas of Practice
  - http://www.aota.org/Practitioners/PracticeAreas.aspx

- OT Practice Guidelines
  - Adults with Stroke
  - Mental Illness
  - Productive Aging
  - Adults w/ TBI
  - Individuals with Work-Related Injuries and Illnesses
  - Adults with Neurodegenerative Diseases
  - Adults with Alzheimer’s Disease and Related Disorders
  - Driving and Community Mobility in Older Adults
  - Home Modifications
Other Key Documents

- Guide to OT Practice (AOTA Press Publications)
- State OT Statutes and Regulations
  - Composition of State OT Boards
  - Continuing Competence
  - General
  - Re-entry/Inactive Status License Requirements
  - Referral Requirements
  - Regulation of Occupational Therapy
  - Scope of Practice
  - Supervision
  - Student Issues
- Reimbursement Resources

Fact Sheets on the Role of OT

- Home and Community
  - Driving and Transportation Alternatives for Older Adults
  - Home Modifications and OT
  - OT and Home Health Care
  - OT and Prevention of Falls
  - OT’s role in Driving and Community Mobility Across the Lifespan
  - OT’s role in Senior Centers
  - OT’s role in Assisted Living Facilities
  - OT and Community Reintegration of Persons with Brain Injury
  - OT’s Role in Health Promotion
  
  http://www.aota.org

Fact Sheets on the Role of OT

- Health Care Facilities
  - Occupational Therapy: A Vital Role in Partial Hospitalization Programs
  - OT’s Role in Skilled Nursing Facilities
  - OT in Acute Care
  - OT’s Role in Adult Cognitive Disorders
  - OT’s Role in Bariatric Care
  - OT’s Role in Diabetes Self-Management
  - OT’s Role in Managing Arthritis
  - OT’s Role in Restraint Reduction or Elimination
  - The Role of OT for Rehabilitation of the Upper Extremity
  - The Role of OT in Oncology
  - The Unique Role of OT in Rehabilitation of the Hand
  
  http://www.aota.org

Fact Sheets on the Role of OT

- Special Topics
  - OT: A Vital Role in Dysphagia Care
  - OT: Rehabilitation for the Person with and Upper-Limb Amputation
  - OT: Services for Individuals with Visual Impairment
  - OT Using a Sensory Integration-Based Approach with Adult Populations
  - OT’s Role with Posttraumatic Stress Disorder
  - The Role of OT in Chronic Disease Management
  - The Role of OT in Palliative Care
  
  http://www.aota.org

Occupational Therapy Practice Framework

Occupational Therapy Practice Framework: Domain and Process, 2nd Edition (Framework-II)
- An official document of AOTA
- Defines and guides occupational therapy practice


Purpose of the Framework

“The Framework was developed articulate occupational therapy’s contribution to promoting the health and participation of people, organizations, and populations through engagement in occupation.”

The Framework—II

Divided into 2 major sections

**Domain and Process**

**Domain**

Outline professions purview, and areas in which its members have an established body of knowledge and expertise

**Process**

Refers to the dynamic occupation and client-centered process that is used in the delivery of occupational therapy services


Application of The Framework

**Areas of Occupation:**

- **ADLs**—activities focused on one’s ability to care for their own body; fundamental to living in a social world and needed for basic survival and well-being
- **IADLs**—“activities that support daily life within the home and community, often require more complex interactions than self-care used in ADL”


- **Rest and Sleep**—“activities related to obtaining restorative rest and sleep, supports healthy active engagement in other areas of occupation”
- **Education**—“activities needed for learning and participation in the environment”
- **Work**—“activities needed for engaging in remunerative employment or volunteer activities”


Application of The Framework

**Primary focus...secondary gain...**

...but there are limitations in reimbursement ...!!!
Practical Application Activity #1

Resource
Identification
and Use

Finding, Interpreting and Using Evidence

What does evidence-based practice mean to you as an OT Practitioner?

Components of Best Practice in Gerontology

- Client-centered Partnership Approach
- Occupation-based practice
- **Use of evidence to guide OT service delivery**
- Applied understanding of ethical considerations that arise in practice with older adults

Evidence-Based Practice

- Information from research and scholarly literature
- Information from the client in context
- Information from reflection on clinical experience
  - "all three categories of evidence are important to comprehensive clinical reasoning and ensuring best practice"
  (Tickle-Degnen and Bedell, 2003).

Questions???

What is Best Practice?

“Best practice is centered on real occupations of older adults and caregivers and focuses on the specific needs, desires, and personal goals of older adults and their relevant others…”

- Sharon J. Elliott, MS, OTR/L, BCG, FAOTA and Susan Coppola, MS, OTR/L, BCG, FAOTA
Evidence-Based Practice

- Linda Tickle-Degnen (1999) describes evidence-based practice as a "toolbox of methods to aid clinical reasoning, and furthermore, it is a toolbox consisting primarily of methods designed to integrate research study evidence into the clinical reasoning process. The methods of evidence-based practice help the practitioner select the best assessments and intervention procedures from an array of possibilities."
  
  *(AJOT Sept/Oct 1999, Vol. 53, Number 5)*

Evidence-Based Practice

- Linda Tickle-Degnen (2000) suggests the following steps to assist the occupational therapist in integrating research into practice:
  1. Write down your clinical question
  2. Gather current published evidence that might answer the question
  3. Evaluate the evidence to determine what is "best" evidence for answering the question
  4. Communicate with patients and colleagues about the evidence as evaluation and intervention decisions are being made during occupational therapy
  5. Evaluate the chosen evidence-based evaluation and intervention procedures as they are implemented with patients and revising and individualizing as appropriate

  *(AJOT Jan/Feb 2000, Vol. 52, Number 1)*

Evidence-Based Practice

- Step 1: Formulate your clinical question – remember PICO.
  - **P** – patient or problem
  - **I** – intervention
  - **C** – comparison intervention (if relevant)
  - **O** – outcome

  "Do the use of self-management techniques (i.e. energy conservation techniques) improve ADL function in a patient with COPD?"

Evidence-Based Practice

- Step 2: Perform a literature search and gather other evidenced-based resources that answer your question. Where do you start?

Database/Literature Search

- General information (background) resources
  - Google scholar
  - University libraries
- Filtered resources
  - OT seeker (www.otseeker.com)
  - OT Search
  - Cochrane Library
  - OT Critically Appraised Topics (www.otcats.com)
  - PEDro (Physiotherapy Evidence Database, www.pedro.org.au)
- Unfiltered resources
  - PubMed
  - CINAHL

Evidence-Based Practice

- New NBCOT Resources
  - ProQuest
  - RefWorks
- Collaborative OT-specific website
  - http://www.ot证据.info
Evidence-Based Practice

- Step 2
  Filtered Resources
  - OT CATS
  - OT seeker
  - PEDro

Evidence-Based Practice

- Step 3:
  Summary of Key Findings to our clinical question:
  - There is limited evidence for the effectiveness of education alone to improve self-care skills.
  - Education in energy conservation techniques is recommended for patients with COPD. The focus of education in energy conservation for patients with mild-moderate COPD should be strategies to minimize dyspnea, while education in energy conservation for patients with severe COPD should be directed at task optimization.
  

Evidence-Based Practice

- Step 4: Apply the evidence
  - Do the research findings apply to your patient?
  - Are the research findings applicable to your patient’s context?

Evidence-Based Practice

- Step 5: Re-evaluate the effectiveness of your chosen evaluation procedure/treatment intervention as applied to your patient and consider areas for improvement.

Questions and Stretch Break
Choosing Appropriate and Useful Assessment Tools

How do you decide what assessment tools to use to facilitate documentation of objective measures?

Outdated and Obsolete Assessment Tools

- [http://www.aota.org/Practitioners/Ethics/Advisory/Outdated-Tests.aspx](http://www.aota.org/Practitioners/Ethics/Advisory/Outdated-Tests.aspx)

Specific Instruments—Regulation

- National Outcome Measurement System (NOMS) by ASHA
- Patient Inquiry by Focus on Therapeutic Outcomes, Inc. (FOTO)
- Activity Measure—Post Acute Care (AM-PAC)
  - Endorsed by AOTA in April 2009
  - Product of CREcare ([http://www.crecare.com](http://www.crecare.com))
  - To be used for national database
- OPTIMAL by Cedaron through the APTA

Objective Measure Regulations

- "Documentation required to indicate objective, measurable beneficiary physical function, including e.g.:
  - Functional assessment individual item and summary scores from commercially available therapy outcome instruments……
  - Functional assessment scores form tests and measurements validated in the professional literature……
  - Other measurable progress towards identified goals for functioning in the home environment at the conclusion of this therapy episode of care"

From CMS Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 220.3 (C)

Objective Measurement Instruments

- Is it supported by recent evidence in the literature?
- Is there a copyright or is there public domain?
- Is there a cost associated?
- Is special training required?
- Is the assessment available in other languages?

Resources

- OT and health care literature
  - Books
  - Periodicals/Journals
- Catalogs
- Websites
- Colleagues
Objective Measurement Instruments

Considerations for Use

- What does the instrument measure?
- Does it have a specific focus or is it more global in nature?
- What population and/or setting is it appropriate for?
- Are results/data collected based on client perspective, therapist observation or both?
- Can the instrument be used as an ongoing measure of progress?

Objective Measurement Instruments

Considerations for Use

- How long does it take to administer?
- Does it require certain ability in regard to performance skills, e.g. motor skills, cognitive skills?
- Must it be administered with specific equipment and/or in a specific type of environment?
- What is the cost to use/administer the instrument?

Objective Measurement Instruments

Considerations for Use

- Is use of the instrument supported by professional literature/research?
- Is a standardized tool?
- Is the instrument considered to be reliable and valid?
- Does the therapist need special training to use the instrument?
- Is it a commonly used/recognized instrument?

Objective Measurement Instruments

Considerations for Use

- Is reporting done via a specific form or a general summary?
- Is scoring complex or simple?
- Do scores easily translate into/generate to areas of function?
- Can the tool be used in an electronic documentation system (i.e. availability of software, copyright/trademark considerations)?
- Is there a connection with a database?

Practical Application Activity #2

Assessment Tool Analysis

Questions???
Tying It All Together

How do you integrate the tools, resources, the OTPF and evidence into everyday practice?

How do I actually do this?

- Develop a thought process with key questions
  - What....
  - Why....
  - How....

How do I actually do this?

- Analyze your practice, your competencies and your education needs
- Carefully choose continuing education opportunities
  - Theory and practical application
- Develop your own professional library

How do I actually do this?

- Departmental/Team Project
  - Within discipline
  - With other disciplines
- Study Groups

Documenting to Support The Framework and Evidence

- "Clinicians and contractors shall determine typical services using published professional literature and professional guidelines."
- "The use of scientific evidence, obtained from professional literature, and sequential measurements of the patient’s condition during treatment is encouraged to support the potential for continued improvement that may justify the patients need for therapy."

  CMS Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 220.3

Documenting to Support The Framework and Evidence

- Documentation required to indicate objective, measurable beneficiary physical function including, e.g., functional assessment scores (and comparisons to prior assessment scores) from tests and measurements validated in the professional literature that are appropriate for the condition/function being measured....

  CMS Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 220.3

- Acceptable practices for therapy services are found in...Guidelines and literature of the professions of physical therapy, occupational therapy and speech-language pathology.

  CMS Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 220.2
Documenting to Support The Framework and Evidence

- Document objective measures
- Document clinical reasoning
- Document skilled need and skilled services provided
- Document impact on function

Documenting to Support The Framework and Evidence

- Refer to assessment tools and specific techniques by name, e.g.
  - Per results of the Activity Card Sort, significant occupations for this client are.....
  - Per the Global Deterioration Scale, this client is at a Stage 4. At this stage, this client shows the ability to.....
  - Using the NDT approach....,

Documenting to Support The Framework and Evidence

- Use Occupational Therapy Practice Framework terms and Language
  - Client requires intervention to improve independence and safety with instrumental ADLs, particularly in the area of community mobility, financial management, and meal preparation and clean up....

Documenting to Support The Framework and Evidence

- Don’t be afraid to cite professional references
  - Per the Allen Cognitive Disability Model and Allen Battery Review, clients at a Level 4 (Goal Directed Activity level) are capable of......Therefore, OT treatment will focus on.....

(Allen, 1992, Levy, 1999)

Practical Application Activity #3

Case Study

Closing Summary & Post-test

Does your post-test show a possible change in your approach to evaluation and treatment?
Closing Thoughts

- Responsible delivery of care requires a working knowledge of laws, regulations, and clinical care standards to ensure compliant, high-quality, reimbursable service delivery.
- "The most effective approach to ensure quality is one that mobilizes all available tools and aligns them in a comprehensive strategy."

AOTA Centennial Vision

“We envision that occupational therapy is a powerful, widely recognized, science-driven, and evidence-based profession with a globally connected and diverse workforce meeting society’s occupational needs.”

Questions???