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Occupational therapists in primary care : perceptions of incorporating new interventions into practice

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OCCUPATIONAL THERAPISTS IN PRIMARY CARE:
PERCEPTIONS OF INCORPORATING NEW INTERVENTIONS INTO PRACTICE

by

Roberta Reid and Allen Simpson

Master of Occupational Therapy, University of North Dakota, 2015

Advisor: Debra Hanson, Ph.D., OTR/L, FAOTA

An Independent Study

Submitted to the Occupational Therapy Department

Of the

University of North Dakota

In partial fulfilment of the requirements

for the degree of

Master of Occupational Therapy

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This Independent Study Paper, submitted by Roberta Reid and Allen Simpson in partial fulfillment of the requirement for the Degree of Master of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

Debra J. Hanson, PhD, OTR/L
Signature of Faculty Advisor

April 24, 2015
Date

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Title Occupational Therapists in Primary Care: Perceptions of incorporating interventions into practice

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4/27/15

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS	v
ABSTRACT	vi
CHAPTERS	
I. INTRODUCTION	
Rationale	1
Problem Statement	2
Assumption	2
Scope and Delineation	2
Importance of Study	3
Definition of Terms	3
II. LITERATURE AND STUDIES REVIEW	
Introduction	4
Background	4
Opportunities	5
OT Interventions in Primary Care	6
Becoming Part of the Primary Care Team	9
Reimbursement	9
Barriers	10
Summary	11
III. RESEARCH METHODOLOGY	
Design	12
Participants and Context	13
Data Collection and Procedure	14
Data Analysis	15
IV. PRESENTATION, ANALYSIS, INTERPRETATION OF DATA	
Analysis	15
V. SUMMARY, VALIDITY, LIMITATIONS, CONCLUSIONS, AND RECOMMENDATIONS	
Discussion and Summary	23
Validity and Reliability	25
Limitations	25
Conclusion and Recommendations	26
TABLES	28

REFERENCES31

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ABSTRACT

Occupational Therapists in Primary Care: Perceptions of incorporating new interventions into practice

Due to an increased focus on prevention in current United States health care policy, an increasing number of occupational therapists have been integrating into primary care teams. There is little to no research available demonstrating the perceptions of practicing occupational therapists regarding primary care; specifically what barriers and opportunities are hindering and helping, and if current practitioners are considering transitioning to primary care. The purpose of this independent study was to conduct a focus group with practicing therapists to explore OT perceptions regarding the potential role they might play in primary care and how/if they might begin this process in their respective facilities. Participants were recruited at the Occupational Therapy Association of Colorado's annual conference in October 2014 after attendance at a breakout session on the topic of primary care. Eight volunteers participated in a 45 minute semi-structured focus group. Data analysis consisted of initial coding and grouping of codes into categories. From the categories, themes emerged; each theme was supported by a minimum of three quotations from participants. Results of the data analysis revealed four major themes including: (1) anticipating change; (2) therapist confidence; (3) advocacy for occupational therapy as a profession; and (4) reimbursement of primary care services. These themes demonstrate the need for further education and resources on this topic with specific, concrete examples and practical guides of how occupational therapy might work in primary care and how practitioners can be reimbursed for their services.

CHAPTER 1

INTRODUCTION

Rationale

The Affordable Care Act (2010) states primary care is: “the provision of integrated accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.” (§3502) Occupational therapy (OT) as a profession is ready to meet this challenge. Therapists are trained to address the holistic patient, develop a therapeutic relationship, all within the patient’s environment (AOTA, 2008). An AOTA (2014) position paper identifies groups of clients that would benefit from occupational therapy treatment including those with: chronic disease, physical dysfunction, mental health issues, behavioral issues, developmental disorders, cognitive disorders, and caregivers.

However, asking therapists to implement primary care interventions into their current practice has barriers (Metzler, Hartmann, & Lowenthal, 2012). First, practicing therapists may not understand what is meant by primary care, or what it entails. Second, therapists may not know specifically how to incorporate primary care interventions. Finally, therapists have identified concerns as to how interventions are reimbursable and how to be reimbursed within their facility.

The purpose of this independent study was to conduct a focus group (or groups depending on the number of participants) with practicing therapists to explore OT perceptions regarding the potential role they might play in primary care and how/if they might begin this process in their respective facilities. Data will be used to inform professional organizations as to next steps for implementing primary care into practice.

There are limited studies available that demonstrate the understanding that practicing therapists have on the topic of primary care. Also, little evidence exists on how/if practicing therapists are going to move into primary care practice. To address the limited amount of research in this area, this study will investigate the opinions of practicing therapists on the topic of occupational therapists in primary care.

As changes in the healthcare system begin to take hold, there will be a focus on prevention and wellness. Occupational therapists are trained to help meet this challenge and be part of the primary care team; however, there is a lack of research demonstrating practicing therapists' perceptions of joining this team.

Research was conducted at the Occupational Therapy Association of Colorado's (OTAC) annual conference. Following a 20 minute presentation, the researchers asked for 8-10 volunteers to join a focus group. Excluded from the focus group were students and entry-level practitioners due to their lack of practice knowledge and experience in the field. All eight of the participants (7 female, 1 male) were experienced practicing clinicians or educators in Colorado. Participants had experience in various settings including: mental/behavioral health, outpatient rehabilitation, hand therapy, inpatient rehabilitation, educators, and pediatrics.

This study conducted a focus group with practicing occupational therapists exploring their thoughts on OT in primary care and how/if they will act upon incorporation of primary care opportunities into their respective facilities. The results are important because the Affordable Care Act's (2010) *Triple Aim* is targeting increased efficiency in healthcare delivery, increased effectiveness to the population, and improved patient experience.

CHAPTER II

LITERATURE AND STUDIES REVIEW

Introduction

The basic tenets of occupational therapy are consistent with the values espoused by primary care. The occupational therapy profession is foundationally built upon holistic care, therapeutic relationships, and client-centered occupations within the client's own environment and contexts (AOTA, 2008). A description of the primary care initiatives available through the Affordable Care Act (ACA) (2010) will be reviewed in this document. Primary care interventions that demonstrate the congruency of occupational therapy interventions with ACA initiatives will be provided along with examples of applicable populations and facilities. Lastly, barriers that could affect occupational therapists integration into primary health care teams will be identified.

Background

The purpose of the ACA (2010) can be summarized by the *Triple Aim* which calls for increased efficiency in healthcare delivery, increased effectiveness to the population, and improved patient experience. These objectives refocus healthcare initiatives on reducing readmission rates, increasing patient satisfaction, and lowering overall healthcare costs. Initiatives will be specifically aimed at the 133 million Americans with one or more chronic conditions that account for more than 75% of healthcare costs (AOTA, 2014).

For example, those clients who are managing a chronic disease might very easily

be juggling two or more health care conditions. The individual managing diabetes might be obese with associated high blood pressure and chronic heart failure. These are prime examples of patients targeted by the healthcare reform. Through occupational therapy intervention aimed at chronic disease management and prevention of further disability, these patients will gain control over their health conditions. OT interventions will prevent readmission and further health status decline allowing patients not only to live a satisfying life, but to remain out of the hospital. OT intervention with these patients would specifically address the “Triple Aim” of the Affordable Care Act to increase efficiency, effectiveness, all while improving the patient experience.

Opportunities

Muir (2012) asserts that the ACA (2010) offers occupational therapists a “unique opportunity”. Occupational therapists have the skill set to assist the physician by way of early intervention to prevent disease or disability, reduce the impact of the disease process, and promote regimen compliance (Muir, 2012). Occupational therapists would also be able to provide simple interventions that could be done at home or with intermittent supervision which would decrease health care expenditures. By doing so, occupational therapists would be in the position of augmenting, aiding, and enhancing the physician’s role. Muir (2012) asserts that the profession could also help improve client satisfaction through addressing a broader array of patient issues and demonstrating concern for symptom reduction, and occupational well-being. In a typical client situation, the OT could evaluate the client to see how symptoms are impeding function. Second, an OT could address the affected occupations through simple interventions. The OT can then address the root of problem which may or may not be medically-based. For example,

a client might have poor time management which negatively impacts disease management. By doing this the OT has extended the physician's abilities.

There is a long list of clients who could benefit from occupational therapy intervention within the primary care team. The AOTA (2014) position paper provides examples of populations that would benefit from occupational therapy treatment including those with: chronic disease, physical dysfunction, mental health issues, behavioral issues, developmental disorders, cognitive disorders, end of life care, driving and community mobility needs, environmental modification necessities, and caregivers. These diagnoses and conditions can be found across many settings like: inpatient acute care, long-term care, hospital, outpatient rehabilitation, home health, mental health, and community settings (AOTA, 2014).

OT Interventions in Primary Care

Occupational therapy intervention within primary care might take several different forms. First, occupational therapists could assist in chronic disease management and prevention (AOTA, 2014; Metzler, et al., 2012). As members of interprofessional primary care teams, occupational therapy practitioners are distinctly qualified to improve patients' health by addressing their ability to participate in desired occupations, particularly the approximately one-fourth of people diagnosed with a chronic condition that experience significant limitations in daily activities (AOTA, 2014). It is essential for occupational therapists to acknowledge their competency in this area to work in primary care. For example, occupational therapists could institute a program that would be cost effective, leading to improved quality of life scores and a greater prevention of

functional decline (Metzler et al., 2012), All of these outcomes would lower health costs and would directly address the *Triple Aim* of the ACA (2010).

Along with prevention, occupational therapists could play a role in health promotion and lifestyle modification. The ACA emphasizes health promotion, and continuous and comprehensive care rather than the treatment of specific problems and episodic care (AOTA, 2014). To assist in this task there are various screening tools such as the The Health Enhancement Lifestyle Profile - Screener (HELP - Screener) and the Practical Skills Test (PST) that can aid therapists in encouraging health and wellness. The HELP-Screener is a 15 item self-report questionnaire designed to screen older adults for health-risk behaviors and lifestyles, and could be utilized by occupational therapists to promote health and lifestyle changes (Hwang, 2013). The PST is a new assessment that can be utilized to assess intervention outcomes for life skills (Chang, Helfrisch, & Coster, 2013). Both could be useful in providing objective data in documentation of primary care treatment in lifestyle modification.

Another key aspect that occupational therapists can address, especially in the older population, is safety and fall prevention (AOTA, 2014; Mackenzie, Clemson, & Roberts, 2013). Falls are the leading cause of accidental injury or death amongst the older population (Mackenzie et al., 2013). Fall hospitalization rates are increasing, and fiscal projections show over 100 million dollars will be spent on fall related accidents (Mackenzie et al., 2013). Instead of waiting for elderly patients to fall and sustain a hip fracture, occupational therapists could complete a physical assessment in a primary care clinic, and a home evaluation to eliminate hazards contributing to falls (AOTA, 2014; Metzler et al., 2012; Muir, 2012).

Mental and behavioral health management could be addressed at the primary care level (AOTA, 2014). It is essential that mental health concerns be readily addressed in hopes of preventing serious consequences such as suicide (Posmontier & Breiter, 2012). Occupational therapists can help address these concerns early by providing services that will extend the ability of physicians, nurse practitioners, and physician assistants. Occupational therapists could be a valuable asset in identifying how symptoms are actually affecting function and participation in occupations (Muir, 2012). An OT could be the primary care provider to assist patients in creating a schedule that could alter their current lifestyle. This schedule may include: medication management, blood sugar checks, healthy eating routines, adaptations, and environmental changes into daily life. By doing these interventions, it would restore function back into the patient's occupations.

With the expansion of opportunities and interventions of occupational therapy, occupational therapists will need to be flexible in the occupational therapy process. The profession will need to expand beyond the kinds of interventions that are currently practiced. This expansion may make it necessary to evaluate and intervene almost simultaneously (Muir, 2012). The occupational therapist in a primary care office would be involved in "on-the-spot" delivery, collaborating with the client about his or her needs. Services would be short term about 1-2 weeks, at which time the therapist would make referrals if further treatment was needed (Muir, Henderson-Kalb, Eichler, Serfas, & Jennison, 2014).

Becoming Part of the Primary Care Team

Advocacy on the part of the occupational therapist is needed to secure a role on the primary care team. Donnelly, Brenchly, Crawford, and Letts (2013) performed a multiple case study to describe integration of occupational therapy into primary care. The authors specifically noted three components that must be present in order for occupational therapy to be successfully integrated in an interdisciplinary primary care team. First, the team must have a strong understanding of occupational therapy and the patients who could best benefit from occupational therapy intervention (Donnelly et al., 2013; Metzler, et al., 2012). Second, the team needed to purposefully instill a culture of collaboration between its members (Donnelly et al., 2013; Mackenzie, et al., 2013). Finally, communication and trust between team members through electronic medical records, proximity of work spaces, and team meetings were vital to continued success as a primary health care team (Donnelly et al., 2013). The team members involved in these case studies were physicians, nurse practitioners, nurses, physical therapists, occupational therapists, pharmacists, social workers, speech therapists and administrators. Researchers Goldberg and Dugan (2013) found evidence that these multi-disciplinary teams were able to reduce overall costs of care for chronically ill patients, reduce hospital readmission rates, increase productivity rates of the providers, and improve patient experiences.

Reimbursement

Payment for services is always a concern as services cannot be sustained without reimbursement. Options for reimbursement can come in many forms and models. These include: Prevention and Public Health Trust Fund, Health Care Innovation Awards, and

Community Transformation Grants (Hildenbrand & Lamb, 2013). An AOTA commissioned report on Models of Primary Care Delivery (2013) describes a number of models including: Chronic Care Model, patient-centered medical home, Medicaid health homes, CMS comprehensive primary care, Federally Qualified Health Center, team based care, accountable care organizations, and retail clinics (Goldberg & Dugan, 2013).

The ACA (2010) may also provide additional funding opportunities in the future. Since healthcare reform in the United States includes an emphasis on prevention, models which incorporate prevention and chronic disease management will reduce overall healthcare costs, saving millions of dollars each year and freeing up healthcare dollars (AOTA, 2014; Hildebrand & Lamb, 2013; Metzler, et al., 2012). Hildenbrand and Lamb (2013) refer to the current changes in the health care system as a “window of opportunity” (p. 270) and encourage occupational therapists to expand and include emerging practice areas in practice.

Barriers

Although occupational therapy and primary care seems to have coordinated goals, there are obstacles that may stand in the way of occupational therapy participation in primary care environments. Tse, Penman, and Simms (2003) suggested that it is first necessary to define the role of occupational therapy on the primary care team to other health professionals. The need for role visibility was also confirmed by Metzler et al. (2012), Hildenbrand and Lamb (2013), and by Mackenzie et al. (2013). Tse et al. (2003) spoke to the need for more communication between primary care team members to ensure smooth transitions of care between professionals. Metzler et al. (2012) suggests that therapists themselves may feel inadequate to address prevention in practice.

Hildenbrand and Lamb (2013) support the need for increased emphasis on health and wellness in the occupational therapy curricula. The barrier most often cited in the literature is funding (Hildenbrand & Lamb, 2013; Mackenzie et al., 2013; Metzler et al., 2012; Muir, 2013).

Summary

In summary, there is a need in primary care for holistic occupational therapists. Occupational therapists have the capacity to assist physicians, nurse practitioners, and physician assistants in the many duties that accompany a primary care provider (Muir, 2012). While many barriers, such as defining occupational therapy to the primary care team, communication, and reimbursement still exist, these barriers are being dissolved as occupational therapists advocate for their profession (Tse et al., 2003). AOTA (2014) has released many statements of support for primary care as a realistic practice area of the future.

Less is known, however, as to how occupational therapists are reacting to the official statements and other literature promoting the role of occupational therapy in primary care. Are practicing occupational therapists aware of these impending healthcare changes? Can they envision a role for occupational therapy within their own workplace structures? What do they view as the advantages and disadvantages of moving forward within a new healthcare system? A research proposal was developed to address these important questions.

CHAPTER III

RESEARCH METHODOLOGY

Design

To obtain an understanding of practitioner's perception of occupational therapy in primary care a qualitative study with a focus group design was utilized. The focus group used semi-structured questions to elicit participant's understanding, feelings, attitude, and ideas of the previously presented information. A focus group was selected as an ideal setting to elicit a good discussion in a group context, which can often times be perceived as a less threatening environment to participants (Stube & Jedlika, 2007). The focus group format provided an opportunity to gather multiple perspectives on the topic of occupational therapy in primary care. Information can be obtained through structured group conversation, directed by a moderator, thus enhancing the likelihood that participants will speak freely about a subject. This format also allows the researchers to collect data from multiple participants in a short amount of time (Vaughn, Schumm, & Sinagub, 1996). This study was approved by the Institutional Review Board at the University of North Dakota. Consent was obtained from the participants both verbally and via written consent forms. Participants were also provided with declarations of confidentiality prior to the focus group discussion.

Participants and Context

Research was performed at the Occupational Therapy Association of Colorado's (OTAC) annual state conference. The conference provided staff members to guide researchers to a conference room with audio visual equipment needed for the presentation. Subject selection criteria included any therapy association conference attendee in attendance at the researcher's educational presentation. The educational presentation was not part of the research project, but was utilized as a tool of recruitment. Subjects were recruited after the educational presentation. Participants were volunteers with self-proclaimed interest in the topic, experience in the field, and knowledge of current policies and procedures. Following a 20 minute presentation, the researchers asked for 8-10 volunteers to join a focus group. Excluded from the focus group were students and entry-level practitioners due to their lack of practice knowledge and experience in the field. The researchers received 8 volunteers, all of whom met the inclusion criteria. All eight of the participants (7 female, 1 male) were experienced practicing clinicians or educators in Colorado. Participants had experience in various settings including: mental/behavioral health, outpatient rehabilitation, hand therapy, inpatient rehabilitation, educators, and pediatrics. Many of the participants were new to the concepts of occupational therapy in primary care rating their knowledge of the topic an average of 3.5 out of 10.

The focus group was conducted in a private conference room provided by the conference staff members. Students Allen Simpson and Roberta Reid performed the focus group under the leadership of student advisor, Dr. Debra Hanson. Participants sat around a large oval table with the researchers. The setting of the focus group was such

that encouraged a comfortable and relaxed atmosphere that promoted and enhanced discussion. No interruptions occurred during the focus group.

Data Collection and Procedure

Within the focus group setting, subjects were asked to think about implementation of presentation materials into their own practices and their opinions about the materials presented. The focus group began with an icebreaker question that asked participants to state their name, the type of facility that they work in and to rate themselves on their current knowledge of primary care. This was used as an opening question to help the participants be more comfortable in the group, and more open to sharing their opinions. This question was also used to provide the researchers with an initial idea of the participants understanding of occupational therapy in primary care. The researchers followed the icebreaker with introductory questions. Introductory questions were used as a means to explore what stood out to the participants in the presentation, and if they had any ideas for implementation. The transition questions were used to get a better understanding of what supports the participants would need to implement primary care interventions into their current facility, and to transition to the key questions. The key questions were used to receive an all-encompassing understanding of the participants' view on occupational therapy in primary care. To conclude, ending questions were asked to give the participants time to reflect on the discussion and to make additional comments if needed. Throughout the focus group, summarizing was used as a means of verifying the participants' comments. Also, these questions were often times followed by probing questions such as: "can you elaborate on that thought?" or "is there anyone else who feels the same way?" The focus group session lasted approximately 45 minutes.

Data Analysis

The group was audio recorded using two audio hand-held recording devices. Recordings were shared between researchers and student advisor. The researchers assembled within a week of the completion of the focus group to complete the data analysis. Transcriptions were made of the recordings in their entirety. In addition, the researchers took turns taking written notes of the body language of the participants. This information was also transcribed. Before the researchers assembled, each researcher individually made codes and categories from the transcribed data. These codes and categories were analyzed as a team and the final themes were created. Transcribed materials will be available to researchers for three years, and then will be destroyed. Upon completion of the project, recording(s) will also be destroyed.

Student researchers are graduate students in the occupational therapy program through the University of North Dakota. Both researchers have completed both quantitative and qualitative research courses and multiple classes focusing on occupational therapy ethics. No compensation was offered to the subjects for participation in this study.

CHAPTER IV

PRESENTATION, ANALYSIS, AND INTERPRETATION OF DATA

Analysis

Following the educational session on primary care, the participants in the focus group described their experiences with primary care in various settings throughout their occupational therapy career. Many participants appeared uncertain of a definition of primary care, but through discussion realized each had experiences of primary care interventions in their practice. All of the eight participants voiced their perceptions about occupational therapy's opportunity to be in primary care and how it might look if it was implemented under the ACA. These are some first reactions to information presented on occupational therapy in the primary care arena. Participants rated themselves low on previous knowledge in primary care, but had an emerging awareness that change is coming. Based on the analyses of the transcriptions four themes arose: (1) anticipating change; (2) therapist confidence; (3) advocacy for occupational therapy as a profession; and (4) reimbursement of primary care services. Each theme is explained and reinforced using quotes from participants in the focus group.

Theme 1: Emerging Awareness that Change is Coming

This theme was generated in response to the transition and key questions in the focus group that revolved around the changes that are being implemented within the health care world due to the ACA. Therapists expressed beginning awareness of this change and how it is impacting, and will continue to impact our profession. During the discussion

participants began to recognize how this change could work in our profession's favor.

One participant stated that she not only wants to see a shift in the health care system, but also a societal shift in how we view, and what we expect from the healthcare system:

P6: "I'm really hopeful... [with the] ACA that there is also a shift in reducing curative and treatment dollars and putting them... into prevention and wellness programs... kind of a societal shift in how we ... want to spend our healthcare dollars."

As practitioners discussed a shift in the health care system, they emphasized the change from a reactive approach to a proactive approach:

P3: "I think the main problem is that doctors are used to doing what they have always done...getting into the doctor's head and into the medical model's head and getting them to branch out is the challenge and it is something that we are working towards."

P5: "hand surgeons, they would refer us after the surgery, they would never refer before the surgery for prevention..."

P6: "There can be a shift from a medical model, to a community based model.

Participants realized that the shift in healthcare is going to require all healthcare professionals to change, not just occupational therapy. While the idea of change can be difficult, participants recognized that more emphasis on preventative care could be beneficial for both the consumer and the provider.

Theme 2: Building Therapist Confidence

Participants in the focus group recognized that for occupational therapy (OT) to be a part of the primary care team that the therapists would have to display confidence in

their abilities to be holistic clinicians. A couple therapists talked about “owning” OT saying;

P6: “I think we have to be really much more confident that we got this...just really being loud about it [OT]...and owning stuff and acting as if rather than getting permission from somebody else.”

Several of the participants verbally agreed with this statement and nodded their heads with one participant even stating that she “wrote it down” so that she could remember it later. Other participants spoke to the need for OT as a profession to work together. One participant stated that at her facility they begun to do just that:

P3: “We as OT’s have tried to put together a little meeting group where we get together outside of work and discuss how to keep OT in the forefront and not get absorbed into the physical therapy.”

Many participants voiced their approval of this idea and spoke about expanding this OT connection to the state and national levels stating:

P4: “I think that is a great idea, and this is one of the way the state and national organization can help by continuing to be proactive, in this role delineation and be on top of educational videos and support groups, we should be collaborating, instead of each one of us trying to do it on our own, there should be more collaboration within our profession.”

P5: “I think we really, really, really benefit by banding closer together as a state organization and as a national organization so that we have a greater sense of empowerment to make that stand.”

It was evident that the participants believed that OT could become part of the primary care team if the profession came together as a unified unit to demonstrate the unique value that OT has to offer. One participant stated:

P2: "...if we proved our worth maybe we could do it and they say, wow that really made a difference, now I see the value of OT.

Participants identified confidence as a key ingredient in becoming part of the primary care team. Participants noted that confidence is built when we band together as a profession. Participants would love to see additional support from their state and national organizations to help bring occupational therapists together to demonstrate our unique value, and to empower our profession to become part of the primary care team.

Theme 3: Advocacy for Occupational Therapy as a profession

A synonym for advocacy is to promote. The participants in the focus group suggested that occupational therapy as a profession needs to be more visible in regard to the various roles that an occupational therapist might play and promote those abilities:

P5: "This has really helped me realize that partly we are doing primary care in each of our facilities in a different way and most of it is just advocacy and having a louder voice."

P6: "...be advocates for what...we do anyway, but just to be louder for our profession."

Participants emphasized that they hoped that this louder voice would echo in the ears of primary care team members of what OTs really do, how we are different, and how OTs could have a positive impact on clients:

P3: “ ... be able to say hey home assessments are our thing, we are the ones who want to make adaptations to your toilet, give us that right and responsibility... and keeping that in mind to try and help the patients more and keep that delineation and hopefully get us ready to be in this primary care realm.”

Respondents spoke to the need for the profession to be recognized for what it already does and the role of an OT needs to be expanded.

P7: “You are not going to be working for the department you are going to be more a link in that multidisciplinary team.”

P5: “I think it is a role shift that we will have to make ourselves, that we are doing primary care and we are [currently] getting reimbursed for it!”

Along with OT as a profession needing to expand its roles, the participants spoke to the need to pay more attention to the responsibilities of education and care coordination.

They noted that education and care coordination could be implemented with clients as well as with administration:

P4: “I see ... taking more of a role in education and dealing with chronic disease management... fall prevention, health promotion, and behavioral and mental health aspect.”

P5: “You are competing with other professionals for a piece of that pie, a piece of the dollar, and that is a difficulty in establishing primary practice and educating the public as far as what you can do for them.”

One of the participants spoke to the opportunities that come from being aware of how administration is viewing money and coordinating larger care.

P6: “The legislature gave the office of behavioral health almost 20 million dollars...so with some of that money there are housing vouchers... I have my hospital talked into... housing vouchers mean that there is an OT assessment.”

Group members realized that OT is already doing primary care interventions within a variety of settings. They recognize that the majority of these interventions are effective and are getting reimbursed. The problem is not the interventions; the problem is that we need to have a louder voice when it comes to advocating for our profession. Participants noticed that in order for us to secure a spot on the primary care team we have to be able to advocate for the unique value of OT and that we can improve patient care through intervention, education, and care coordination.

Theme 4: Reimbursement is a concern but not insurmountable

Respondents agreed that occupational therapy services must be reimbursable in order to be incorporated into practice. However, the specifics of getting reimbursed were confusing to the focus group participants:

P4: “...Chronic disease management, fall prevention, health promotion... are what we are about yet we really don’t have a model that we can step forward into that is reimbursable.”

P8: “I don’t understand how it is going to be reimbursable.”

Because they were confused, respondents were hesitant to promote themselves as valuable members of the primary care team:

P7: “My question is how can we integrate this into primary care offices where they are really crunching for time and also money..... I wonder how much they are going to want to reimburse us for some of the things that we are discussing here.”

P8: "...it is hard for me to be that advocate and say what we can offer when you are going to get all these practical questions like what is this going to do to our bottom line, and reimbursable, and all of that. So that is my biggest challenge."

Even with unclear methods for reimbursement and the hesitation to promote integration into a primary care facility, therapists felt reimbursement was a plausible future possibility:

P6: "I don't know like exactly the dollars but that feels like that is enough to keep me being out there saying that there is some money someplace available."

P4: "I keep my ears and eyes open for those who does have money, and what might be an opportunity to step into."

Participants expressed excitement about the opportunities presented with primary care, but were uncertain about the logistics and specifics of joining the primary care team. The challenges of clear reimbursement methods came up throughout the focus group discussion; however, some respondents were able to provide examples of available reimbursement options that had not yet been considered by other participants.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Discussion and Summary

Strengthening primary care models through provision of comprehensive care will be increasingly emphasized in healthcare, and occupational therapists participating in this study viewed their contributions as a valuable asset to physicians and to the entire primary care team (Lamb & Metzler, 2014; Muir, 2012). Participants in the study stated that there was beginning to be a “shift” in how healthcare is being provided and accepted, from the physicians down to the patients. This recognition coincides with the ACA’s (2010) desire to reduce readmission rates, increase patient satisfaction, and lower overall healthcare costs

Participants in the study struggled initially to develop a working definition of OT in primary care. These participants used examples and thorough discussion in order to help each other develop ideas about the possibilities for OT in primary care. Participants began to realize that primary care interventions were already happening within their own practice, they just were not in a primary care office. Through this realization, participants then stated that occupational therapists had to be confident in the services that our profession can provide. Therapists can no longer feel inadequate to address primary care issues if occupational therapy is going to move into the primary care realm (Metzler et al., 2012). Tse et al. (2003) noted that communication amongst the profession as well as amongst other primary care disciplines could be a barrier to the profession in becoming integrated into the primary care team. The participants in the focus group recognized these potential barriers and identified specific steps to overcome these problems including; “owning” OT, being confident, holding team meetings, bonding together on a

state and a national level, and by proving OT's unique value to their facility. State and national organizations now have the opportunity to guide the profession into primary care and provide much needed clarity and detail to this emerging practice arena.

The participants noted that for occupational therapists to get credit for the services that they provide they need to advocate for themselves. As mentioned in the literature, therapists in this study spoke to the need for the multidisciplinary team to have a strong understanding of occupational therapy and the patients who could best benefit from occupational therapy intervention (Donnelly et al., 2013; Metzler, et al., 2012).

Hildenbrand and Lamb (2013) refer to the current changes in the health care system as a "window of opportunity". The participants recognize this unique opportunity and that it needs to be acted upon immediately by advocating for the profession, becoming part of the team, and expanding their roles as occupational therapists.

The barrier of reimbursement has been addressed in the literature regarding occupational therapists in primary care (Hildenbrand & Lamb, 2013; Mackenzie et al., 2013; Metzler et al., 2012; Muir, 2013). Hildenbrand and Lamb (2013) describe new reimbursement ideas as "unfamiliar" and Muir (2013) identifies "unclear" methods as a barrier to implementation of primary care services. This concern was also noted by a participant in the focus group, stating that it would be difficult for him to advocate for occupational therapy in primary care without the question of reimbursement becoming more clear.

Overall, the perceptions of practitioners align with the assertion of Goldberg and Dugan (2013) stating that the profession of occupational therapy needs to identify where they can contribute in the primary care multidisciplinary team. Occupational therapists

can add value to these teams when providing modern preventative care and chronic disease management helping the primary care physician address problems that are time intensive (Goldberg & Dugan, 2013).

Validity and Reliability

Validity was established through investigator triangulation with the use of multiple researchers. The two researchers conducting the focus group alternately participated in the discussion and took notes regarding the content and ongoing group process which occurred. All of the data was audiotaped and transcribed by the researchers. Immediately following the focus group the researchers processed and discussed the initial reactions to the group as well as surprising or interesting data that emerged from the participants comments.

Each researcher independently coded, categorized, and created themes from the transcribed data with many of the categories and themes being similar amongst the researchers. In order to create a theme the researchers established that there had to be a minimum of three corresponding quotes that highlighted and supported the theme

Limitations

Because participants for this study were recruited from an educational conference session on the topic of primary care, all participants had already shown interest in the topic. This is a limitation of the study because these participants might have already progressed in their own “stage of change” (Prochaska, 1996) and may not be representative of the broader constituency of practicing therapists. However, during focus group introductions, many participants stated this was the only primary care information they had been exposed to prior to participating in the focus group.

There was a time constraint on the focus group in order to fit the conference schedule. The participants had 45 minutes to discuss perceptions on primary care. As the discussion progressed, the researchers noted that the first responses to the focus group questions were discussed briefly and the next question was proposed. With more time, a more in-depth discussion could have occurred that went beyond initial reactions.

Conclusion and Recommendations

Many insights provided by the participants at OTAC's annual state conference have implications for current and future professional practice. The "window of opportunity" for occupational therapy as a profession to expand into a primary care role is now (Hildenbrand & Lamb, 2013). The participants of the focus group provided much needed information on what the profession needs to do to take advantage of this window of opportunity. First, the participants stated that the profession needs to recognize that there is change coming to the healthcare system, and there will be a shift from a reactive approach to a proactive approach. Second, therapists need to have confidence in their ability to be generalists. This confidence will come from collaboration within our profession, as well as with other primary care team members. Next, OT's need to advocate for occupational therapy as a profession. Several participants stated that OT's do interventions that could be considered primary care, and that we need to have a louder voice about how these interventions could benefit the primary care team. Lastly, reimbursement is a concern but it's not insurmountable. Participants were confused about how they were going to be reimbursed for primary care services, but were optimistic that with the ACA there would be reimbursement models that would emerge and supplement OT services.

As a result of our study, several recommendations are indicated. Currently, therapists are unfamiliar with primary care. Some participants in this study were still struggling with defining the concept of primary care even at the end of the data gathering process. More education must be provided on this topic at both a national and state level. A series of initiatives must be taken in order for the profession to display more confidence in the role occupational therapy might play in primary care. Organizational readiness for change will start with the confidence of the organization members (Weiner, 2009). Again, further education and resources on this topic need to be made available in various forms. AOTA is producing papers on primary care; however, as many of our participants stated there needs to be more specific concrete examples and practical guides of how occupational therapy works in primary care and how we are being reimbursed for our services.

It is recommended that further research be conducted on the perceptions of practicing occupational therapists concerning primary care treatment and interventions so that adjustments can be made in supports provided on an incremental basis. It is further recommended that further data be collected from individuals who already feel confident in their understanding of primary care. In addition, it would be helpful to follow focus group research with survey data so that information could be collected from a larger population representative of the broader constituency of occupational therapy practitioners.

TABLES

Table 1: Focus Group Participants' Years of Experience and Practice Settings

Participant	Years experience	Practice settings
P1	17	Pediatrics
P2	15	VA, academia
P3	7	Adult inpatient
P4	40+	Various, currently skilled nursing facility
P5	17+	Inpatient, hand therapy, skilled nursing facility, school system
P6	20+	Mental health
P7	25+	Mental health
P8	12+	Hand therapy, ergonomics, academia

Table 2: Focus Group Questions

Opening Questions:

- Tell us who you are, what type of facility do you work in, and rate yourself on a scale of one to ten where your current knowledge of primary care lies.

Introductory Questions:

- What were the key points that stood out to you in the presentation?
- Within these key points, what opportunities do you see?

Transition Questions:

- What supports from your facility will you need to get started with implementing primary care?
- From the OT professional community?





Key Questions:

- What barriers do you anticipate if you were to implement primary care in your practice?
- How do you see these barriers you mentioned be overcome?
- Some strategies to implement primary care were mentioned in the presentation, did any of these resonate with you?
- What strategies could you use to help you get started in primary care?

Ending Question:

- Of all of the needs that we discussed which is most important to you?
- Has this discussion brought you any closer to implementing primary care in your facility? Why or why not?

Table 3: Results

<i>Category</i> Change	<i>Category</i> Therapist Confidence	<i>Category</i> Advocacy for OT	<i>Category</i> Reimbursement
<p><i>Codes</i></p> <ul style="list-style-type: none"> ▪ Prevention ▪ Aging in place ▪ “Triple Aim” ▪ Proactive approach to healthcare ▪ Shift from the medical model 	<p><i>Codes</i></p> <ul style="list-style-type: none"> ▪ “Owning” it ▪ OT collaboration ▪ Work within professional organizations ▪ Demonstrate unique value of OT 	<p><i>Codes</i></p> <ul style="list-style-type: none"> ▪ We already do this ▪ We need to be part of the team ▪ Expanding roles ▪ Educator ▪ Care coordinator ▪ Patient advocacy 	<p><i>Codes</i></p> <ul style="list-style-type: none"> ▪ Unclear methods ▪ Confusion ▪ Challenging ▪ Resources needed ▪ Practical examples ▪ Further self-education
 <p><i>Theme 1:</i> Emerging awareness that change is coming</p>	 <p><i>Theme 2:</i> Building therapist confidence</p>	 <p><i>Theme 3:</i> Advocacy for OT as a profession</p>	 <p><i>Theme 4:</i> Reimbursement is a concern but not insurmountable</p>

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