The Role of Occupational Therapy in Primary Care

The American Occupational Therapy Association (AOTA) asserts that occupational therapy practitioners are well prepared to contribute to interprofessional care teams addressing the primary care needs of individuals across the lifespan, particularly those with, or at risk for, one or more chronic conditions. Occupational therapy practitioners' distinct knowledge of the significant impact that habits and routines have on individuals' health and wellness will make their contribution to primary care distinct. The purposes of this position paper are to define primary care, describe the environment leading to reforms in the delivery of primary care, and establish occupational therapy's role in primary care.

Definition

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 (Institute of Medicine [IOM], 1994; Patient Protection and Affordable Care Act [ACA], 2010). Evolving standards for care indicate that comprehensive primary care requires a coordinated team-based approach that promotes collaborative care, shared decision-making, sustained relationships with patients and families, and quality improvement activities. New primary care delivery models have increased the emphasis on management of chronic conditions to reduce costs and improve population health (IOM, 2010; Interprofessional Education Collaborative Expert Panel, 2011; National Committee for Quality Assurance [NCQA], 2011; National Quality Forum [NQF], 2012). In addition to the traditional method of delivering care, telehealth is increasingly recognized as a means to provide primary care to improve care coordination and access to services (AOTA, 2013b; Cason, 2012).

Importance of Primary Care

A combination of factors necessitates reforms to the health care delivery system. These include unsustainable public and private health care spending growth, an increased prevalence of chronic health conditions, and rising demand for health care services due to the aging of the population and the expected growth in the number of people with health insurance. The goals of reform are aptly summarized by the "Triple Aim": improving the individual experience of care, improving the health of populations, and reducing the per capita cost of care (Berwick, Nolan, & Whittington, 2008). The ACA and other health care reform initiatives have incentivized increased integration and coordination of care delivery. A fundamental component of these reforms is an enhanced focus on primary care and the utilization of interprofessional teams of providers to achieve the goals of the Triple Aim (AOTA, 2013a). New models of primary care delivery are expected to be the best way to address the needs of the more than 133 million Americans with one or more chronic conditions that account for more than 75% of health care costs, as well as enhance the health and wellness of the population as a whole (Centers for Disease Control and Prevention [CDC], 2009; Grundy, Hagen, Hansen, & Grumbach, 2010).

Occupational Therapy's Role in and Preparation for Primary Care

Occupations are all activities that people engage in throughout everyday life that have meaning and value (AOTA, 2014). Successful participation in occupations can contribute to effective management of chronic conditions and improvements in health and wellness, helping to achieve fundamental goals of new primary care delivery models (Metzler, Hartmann, & Lowenthal, 2012). Occupational therapy practitioners identify those factors that support a person's ability to participate in daily life, as well as barriers (both internal and external to a person). Practitioners then provide interventions and offer strategies that capitalize on a person's strengths and address barriers to allow successful participation in occupations. As members of interprofessional primary care teams, occupational therapy practitioners are distinctly qualified to address the needs of individuals with chronic conditions with regards to limitations in daily activities. According to the CDC, approximately one-fourth of people diagnosed with a chronic condition experience significant limitations in daily activities (CDC, 2009). In addition, occupational therapy practitioners can make a distinct contribution in primary care by recognizing and addressing the impact of habits and routines on the management of chronic conditions and the development of healthy lifestyles (AOTA, 2014).

Evidence shows the efficacy and cost-effectiveness of occupational therapy interventions that may be utilized in primary care settings (Borg & Davidson, 2008; Chang, Park, & Kim, 2009; Clark et al., 1997; Eklund, Sjo∂strand, & Dahlin-Ivanoff, 2008; Graff et al., 2007; Gutman, Kerner, Zombek, Dulek, & Ramsey, 2009; Nagle, Valiant Cook, & Polatajko, 2002; Rexe, Lammi, & von Zweck, 2013). Research supports the use of interactions and interventions developed in accordance with client preferences, as well as culturally relevant self-management programs to enhance health behaviors, reduce disability, improve health status and self-efficacy, while decreasing health care utilization (Arbesman & Mosely, 2012; Lorig, Ritter, & Gonzalez, 2003). These approaches serve as the hallmark of occupational therapy's client-centered occupation-based practice. Examples of specific interventions include but are not limited to

- Self-management of chronic conditions and prevention of secondary complications such as diabetes,
- Health promotion and lifestyle modification to prevent chronic conditions such as chronic obstructive pulmonary disease,
- Self-management of psychiatric conditions and promotion of mental health,
- Management of musculoskeletal conditions including pain management,
- Safety and falls prevention within the home and community environments,
- Promoting and ensuring access to community resources for social participation and community integration,
- Palliative and end-of-life care to allow for quality of life,
- Driving and community mobility resources for older adults,
- Redesign of physical environment to support participation in valued activities, and
- Family and caregiver assistance and support (Canadian Association of Occupational Therapists, 2013; Metzler et al., 2012).

Table 1 provides specific examples of occupational therapy practitioners' contributions to primary care.

Occupational therapy practitioners are well-suited to the dynamic nature of contemporary health care delivery systems by virtue of their broad educational background in the liberal arts as well as biological, physical, social, and behavioral sciences that support an understanding of clients and the importance of occupational engagement across the lifespan (Accreditation Council for Occupational Therapy Education, 2012). Practitioners are prepared to be direct care providers, consultants, educators, case managers, and advocates for patients and their families.

Ethical Considerations

It is the professional and ethical responsibility of occupational therapy practitioners to provide services only within each practitioner's level of competence and scope of practice. The *Occupational Therapy Code of Ethics and Ethics Standards (2010)* (AOTA, 2010) establishes principles that guide safe and competent professional practice and that must be applied when providing primary care. Practitioners should refer to the relevant principles from the Code and Ethics Standards and comply with state and federal regulatory requirements.

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Table 1. Case Examples Highlighting Occupational Therapy Practitioners' Contributions to Primary Care

Case Description	**Considerations for Primary Care Service Delivery**	**Selected Examples of Occupational Therapy Interventions** *(all to be completed in collaboration with the patient, family, and other care team members)*	**Research Evidence and Related Resources Guiding Practice**
A **26-year-old woman** with obesity and dyslipidemia has received regular medical care for a skin rash all over her body. After a series of misdiagnoses, it has been determined that the rash is likely a physical, acute reaction to stress. The woman is a mother and primary caretaker of a 4-year-old girl with delayed development. She reports an inability to address her own ADLs and health needs due to her daughter's	The intervention focuses on caregiver education about child development, effective parenting strategies, and making lifestyle modifications to manage her depression and decrease the mother's stress related to caring for a child with special needs.	• Educate the mother on the behavioral and developmental needs of the child, including establishing appropriate expectations of the child's skills. • Lifestyle modification interventions to facilitate development of independent problem-solving skills to manage home and community occupations and integrate sustainable health-promoting daily routines, including ADL completion and sleep hygiene. • Weekly goal setting and review, including self-identifying barriers and supports. • Referral to additional intervention services for the child.	Arbesman, Bazyk, & Nochajski (2013); Case-Smith (2013); Clark et al. (2001); Clark & Schlabach (2013); Haracz, Ryan, Hazelton, & James (2013); Kroenke, Spitzer, & Williams (2001)

Case Description	Considerations for Primary Care Service Delivery	Selected Examples of Occupational Therapy Interventions *(all to be completed in collaboration with the patient, family, and other care team members)*	Research Evidence and Related Resources Guiding Practice
hyperactive and impulsive behavior and inability to follow directions. The woman is also experiencing significant symptoms of depression, as evidenced by the PHQ–9.			
A **5-month-old infant** presents with a history of repeated hospitalizations for pneumonia. The focus of the primary care visits has been on medical management of the infections causing the pneumonia. The occupational therapy screening identifies moderately increased tone on the left side, limiting participation in occupational roles.	The intervention focuses on education and support of the family members to promote successful participation by the infant in activities of play, ADLs, and social participation.	• Complete an occupational history and profile to identify barriers to participation in play, social participation, and ADLs. • Educate caregivers on strategies to prevent development of contractures and other limitations to participation in occupations. • Identify strategies for family members to facilitate participation in play, social participation, and ADLs. • Identify community resources for family support and education.	Case-Smith (2013); Chang et al., (2009); Clark & Schlabach (2013); Howe & Wang (2013); Kingsley & Mailloux (2013)
A **60-year-old woman** reports to her primary care physician that she has "too much going on" to improve the management of her poorly controlled hypertension and Type 2 diabetes mellitus. Secondary complications of peripheral neuropathies in	The intervention focuses on making lifestyle modifications to incorporate medication management, blood sugar checks, healthy eating routines, adaptations, and environmental changes into her daily life.	• Complete an occupational history and profile to identify daily routines and the presence of health-promoting and health-depleting habits. • Increase patient activation by making lifestyle modifications to incorporate medication management, blood sugar checks,	Arbesman & Mosley (2012); Clark et al. (2001); Fritz (2013); Orellano, Colón, & Arbesman (2012); Pyatak (2011)

Case Description	Considerations for Primary Care Service Delivery	Selected Examples of Occupational Therapy Interventions *(all to be completed in collaboration with the patient, family, and other care team members)*	Research Evidence and Related Resources Guiding Practice
both lower extremities and intermittent double vision interfere with her ability to perform ADLs, resulting in fall and safety risks. She lives with her husband and works an inconsistent schedule in a fast-food restaurant.		healthy eating routines, adaptations, and environmental changes into her daily life. • Perform functional task analysis and activity modification to develop achievable strategies to produce quick, nutritious, and satisfying meals. • Integrate physical activity into daily routines. • Identify adaptations and environmental changes needed to address fall risk, vision difficulties, and home safety. • Identify self-management tools, monitor own progress, and identify barriers and supports to reaching self-identified goals.	
A **49-year-old woman** reports to her primary care physician with lab values indicating pre-diabetes, HTN, and a high lipid profile. The woman reports a history of treatment for bipolar disorder, which has been managed for 12 years with mood-stabilizing medication. She reports that side effects of the meds have included unacceptable weight gain, and lately she is experiencing increased stress leading to more significant changes in her mood. She is	The intervention focuses on identifying barriers to incorporating her medical interventions and lifestyle changes that she identifies as important, with her daily schedule to improve her health.	• Complete an occupational profile to identify her valued roles, interests, typical routines, and the barriers she identifies as affecting her ability to complete day-to-day tasks. • Support her ability to identify potential solutions and problem-solving barriers. • Work with her to identify methods for self-care that include rest and leisure activities, dietary changes, exercise, and productive activities. • Establish a daily routine that includes the lifestyle changes she identifies that support improved mood and medication management as well as completing the parenting and day-	Clarke, Oades, & Crowe (2012); Gibson, D'Amico, Jaffe, & Arbesman (2011); Koome, Hocking, & Sutton (2012); Swarbrick, Hutchinson, & Gill (2008); Veseth, Binder, Borg, & Davidson (2012)

Case Description	Considerations for Primary Care Service Delivery	Selected Examples of Occupational Therapy Interventions *(all to be completed in collaboration with the patient, family, and other care team members)*	Research Evidence and Related Resources Guiding Practice
recently divorced and is maintaining primary custody of 2 active teenagers, one diagnosed with bipolar disorder. She expresses a need for managing her multiple medical issues as well as her family and personal challenges.		to-day living tasks she values. • Connect her with resources that help her build a support network that covers emotional and parenting support, as well as valued personal relationships.	

Note. ADLs = activities of daily living; PHQ–9 = Patient Health Questionnaire–9 (Kroenke et al. 2001).

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