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COLLEGE OF HEALTH &
BEHAVIORAL SCIENCES

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Arkansas State Legislature
Joint Committee on Public Health, Welfare and Labor
500 Woodlane Street
Little Rock, Arkansas 72201

Dear Chairwoman Bledsoe and Chairman Wardlaw:

Thank you for the opportunity to sit in on today's meeting of the Joint Committee on Public Health. We are students in the University of Central Arkansas' graduate occupational therapy program where we are working on a class project to advocate for our profession to the legislature. It is our hope to spread awareness of the importance of occupational therapy while also informing others how occupational therapy benefits individuals, communities, and the healthcare system as a whole.

According to the Bureau of Labor Statistics (2016), occupational therapy is a rapidly growing profession with a total of 1,300 occupational therapy practitioners and 270 occupational therapy assistants employed in the great state of Arkansas. The Bureau of Labor Statistics (2016) projects this number to grow nationally by 21 percent by 2026, which is much faster than the average for most other professions. Occupational therapists get to serve a plethora of individuals from across the lifespan. This includes but is not limited to individuals that have been diagnosed with developmental delays, strokes, autism, heart attack or heart failure, attention-deficit disorder, down syndrome, paralysis, and amputation.

Occupational therapy helps "people across the lifespan to do the things they want and need to do through the therapeutic use of daily activities (occupations). Occupational therapy practitioners enable people of all ages to live life to its fullest by helping them promote health, and prevent—or live better with—injury, illness, or disability." Occupational therapy services typically include customized treatment programs to improve one's ability to perform daily activities, comprehensive home and job site evaluations with adaptation recommendations, performance skills assessments and treatment, adaptive equipment recommendations and usage training, and guidance to family members and caregivers. Another benefit to occupational therapy, as you can see on the attached handouts, is that it is the only spending category that reduces hospital readmissions and helps reduce nursing home admissions.

All six of us have been personally impacted by occupational therapy. One of us has a niece with a developmental disorder who found independence through occupational therapy, and another had a father suffering from congestive heart failure who was able to attend his daughter's wedding through the strength and confidence obtained from occupational therapy. Seeing how occupational therapy improved the lives of those we care for led us to pursue this career with a passion to help those around us. We are thrilled with the chance to share our enthusiasm and look forward to answering any questions you may have. Thank you for your time and service.

Sincerely,

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Health Policy Researchers Find Occupational Therapy is Only Spending Category That Reduces Hospital Readmissions



An independent study published in *Medical Care Research and Review* found that “occupational therapy is the only spending category where additional spending has a statistically significant association with lower readmission rates” for the three health conditions studied: heart failure, pneumonia, and acute myocardial infarction.

The researchers from Johns Hopkins University and the University of Maryland School of Medicine used a rigorous methodology “to provide information that hospital executives can use to make efficient resource allocation decisions.”

Using Medicare claims and cost data to examine the association between hospital spending for specific services and the CMS Hospital Compare 30-day risk—standardized readmission rates for heart failure, pneumonia, and acute myocardial infarction, the researchers evaluated 19 distinct spending categories (including occupational therapy) using multivariable regressions in 2,791 hospitals for the heart failure analysis; 2,818 hospitals for the pneumonia analysis; and 1,595 hospitals for the acute myocardial infarction analysis.

The researchers identified occupational therapy as “one spending category that affects both the clinical and social determinants of health” and noted that “investing in OT has the potential to improve care quality without significantly increasing overall hospital spending.”

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Rogers, A. T., Bai, G., Lavin, R. A., & Anderson, G. F. (2016, September 2). Higher hospital spending on occupational therapy is associated with lower readmission rates. *Medical Care Research and Review*, 1–19. [dx.doi.org/10.1177/1077558716666981](https://doi.org/10.1177/1077558716666981)

The researchers found six particular occupational therapy interventions that may lower readmissions:

1. Provide recommendations and training for caregivers.
2. Determine whether patients can safely live independently, or require further rehabilitation or nursing care.
3. Address existing disabilities with assistive devices so patients can safely perform activities of daily living (e.g., using the bathroom, bathing, getting dressed, making a meal).
4. Perform home safety assessments before discharge to suggest modifications.
5. Assess cognition and the ability to physically manipulate things like medication containers, and provide training when necessary.
6. Work with physical therapists to increase the intensity of inpatient rehabilitation.

The researchers also noted that “occupational therapy places a unique and immediate focus on patients’ functional and social needs, which can be important drivers of readmission if left unaddressed.... Occupational therapy “focuses on a vital issue related to readmission rates—can the patient be discharged safely into her or his environment?” If not, occupational therapists address issues from physical barriers to daily function to support networks.

“The findings of this important study highlight just one of the many roles occupational therapy practitioners are playing in improving quality and reducing health care costs,” said AOTA Executive Director Fred Somers. “Occupational therapy practitioners are proving to be an essential member of any interprofessional team successfully addressing the changing demands of the health care delivery system.”

Occupational Therapy Can Help Reduce Nursing Home Admissions



More than 90% of older adults would prefer to remain home (National Aging in Place Council, 2016), and community-based occupational therapy as part of a small “life changing” team can help them to do so.

A study published in *Health Affairs*, shows that a home-based program using an interprofessional team of an occupational therapist, a registered nurse, and a handyman reduces disability and promotes aging in place (Szanton, Leff, Wolff, Roberts, & Gitlin, 2016).

The program, Community Aging in Place, Advancing Better Living for Elders (CAPABLE), funded by the Center for Medicare & Medicaid Innovation, addresses modifications to both the individual and the environment.

A demonstration project of the program had an analytic sample of 234 adults age 65 or older living at home who were dually eligible for Medicare and Medicaid, and had difficulty with activities of daily living (ADLs). After the 5-month program,

75% had improved performance of ADLs, along with improved symptoms of depression and the ability to complete instrumental ADLs such as shopping and managing medications.

The program demonstrates so much potential that multiple payers (public and private) are adding coverage for CAPABLE. A National Institutes of Health-funded randomized control trial is underway, with results expected in 2018. The Bipartisan Policy Center recognized the program’s potential to save money and improve lives (2016).

“Most people want to stay in their own homes, and aging in place is substantially less expensive than a nursing home or other long-term-care options,” said AOTA Executive Director Fred Somers. “A team of occupational therapy, nursing, and a handyman ensures that each person’s medical, environmental, functional, safety, and psychosocial needs are addressed. This strongly supports value-based care, which should be an essential component of the health care system.”

AOTA[®] The American Occupational Therapy Association, Inc.

Bipartisan Policy Center. (2016). *Healthy aging begins at home*. Washington, DC: Author.

National Aging in Place Council. (2016). New online service targets aging-in-place residents. Retrieved from <http://www.ageinplace.org/Practical-Advice/article/New-online-service-targets-aging-in-place-residents3>.

Szanton, S. L., Leff, B., Wolff, J. L., Roberts, L., & Gitlin, L. N. (2016). Home-based care program reduces disability and promotes aging in place. *Health Affairs*, 35, 1558–1563. <http://dx.doi.org/10.1377/hlthaff.2016.0140>