



CAOT Position Statement: Occupational therapy and home and community care (2016)

The Government of Canada describes home and community care as “services [that] help people to receive care at home, rather than in hospital or long-term care facility, and to live as independently as possible in the community,” (Government of Canada, 2016a).

The Canadian Association of Occupational Therapists (CAOT) believes that home and community care services are an essential part of a modern, integrated, and client-centred health care system. To achieve optimal client and system outcomes, home and community care services should be publicly funded, accessible, affordable, timely, sustainable, and provided by appropriate health professionals.

Occupational therapists working with individuals and families in the community promote health and prevent injury by reducing barriers and encouraging participation in valued and meaningful occupations or life activities (CAOT, 2003). Occupational therapy services provided in home care and community settings are varied and complex, but aim to address all areas of function including the physical, cognitive, emotional, behavioural and environmental barriers that people experience throughout their lifespan. Research has shown that home- and community-based occupational therapy services can reduce the need for physician visits and hospital (re)admissions, and encourage people to participate in all life roles, thereby decreasing costs and adding immense social value to the health care system.

Recommendations for occupational therapists

It is recommended that occupational therapists:

1. Inform the public, other health professions and policy decision makers about the knowledge and skills of the profession that can address the physical, cognitive, emotional, behavioural and environmental barriers to function.
2. Inform the public, other health professions and policy decision makers about the importance of having occupational therapists in primary and tertiary health care teams to address and enhance occupational engagement.
3. Advocate for access by vulnerable populations to occupational therapy home and community care services.
4. Advocate for appropriate allocation of human, financial and material resources to provide quality home and community care services.
5. Promote access to home and community care services for all Canadians through collaboration and partnerships with all stakeholders.
6. Promote development of research among stakeholders that will advance best practices in home and community care.
7. Use research evidence to support the importance of occupational therapy in promoting occupation and occupational performance in home and community care.

CAOT Initiatives

To promote home and community care services in occupational therapy, CAOT will:

1. Continue to advocate for a health care system in Canada that makes cost-effective therapeutic interventions and rehabilitation services available in home and community care settings, leading to better health outcomes and decreasing the high costs associated with acute care and hospitalization. CAOT put forward this motion at the Great Canadian Healthcare Debate 2016; the motion was ranked among the first 10 of almost 40 motions presented at the 2016 National Health Leadership Conference.
2. Advocate for increasing access to occupational therapy home and community care services for all populations.
3. Advocate for policies, funding, and legislation that promote occupational engagement to meet population health needs, both preventatively and reactively, in home and community care settings.
4. Work with coalitions to participate in advocacy initiatives related to home and community care strategies.
5. Work with organizations such as the Assembly of First Nations on non-insured health benefits for First Nations communities.
6. Support interprofessional education and professional development initiatives to promote collaborative interdisciplinary practice in home and community care services.
7. Promote occupational therapy-specific and interdisciplinary research studies that investigate the return on investment of occupational therapy services.

Background

In 2010, 1.33 million Canadians received home and community care services, and the demand is likely to increase as the population ages (Conference Board of Canada, 2012). Home and community care encompasses a wide range of health services delivered at home and throughout the community to people at risk of health complications from injury or disease, people who are recovering from illness or injury, have chronic health conditions or disabilities, or are terminally ill and in need of medical, nursing, social or therapeutic treatment and/or assistance with essential and instrumental activities of daily living (Health Canada, 2005). The goal of home and community care is to enable individuals to receive high quality services at home and in the community to help them maintain or improve their health status and quality of life (Government of Canada, 2016a). It also includes prevention through a proactive approach to optimize safety and function to allow individuals to remain in their homes and communities rather than relocating to institutions. Furthermore, home care services address the growing need to support the family, friends and caregivers of persons with disabilities, recognizing the unique challenges that caregivers face in these roles. Occupational therapists are well-positioned to provide home and community care services that align with these goals.

Occupational therapists are university educated, regulated health professionals that work across Canada. The education of occupational therapists is devoted to the study of occupation in the broad sense of how people need to spend and use time to complete important daily tasks, and in occupational engagement throughout the lifespan. As experts in occupation, occupational therapists use evidence-based processes that incorporate clients' goals to enhance improved participation in valued and meaningful activities (CAOT, 2012; Townsend & Polatajko, 2013).

CAOT views home care as an essential and critical part of the continuum of health care services for Canadians. CAOT advocates for the development of a pan-Canadian framework so that all Canadians

have access to occupational therapy as a vital facet of quality home and community care services in their current environments. All provinces and territories in Canada have home and community care programs but there is considerable diversity among the services provided and the eligibility requirements. Lack of common terminology on standards for service delivery and insufficient data collection have limited the ability of individual jurisdictions to collaborate and share information regarding home and community care services.

Shorter hospital stays, reductions in funded outpatient treatment, inability to access physicians and a growing population of older Canadians with longer life expectancy and a strong desire to “age in place” have increased Canadians' need for quality home and community care services. The number of Canadians living in the community and needing occupational therapy services has also increased significantly as a result of population aging and advances in medical technology that save and sustain lives.

Research demonstrates that through occupational therapy, an individual’s need for, and use of, formal and institution-based care is reduced. Designating occupational therapy as a core and essential service would contain health care costs by assisting to: reduce the incidence and prevalence of falls at home through increased home safety, help people to become self-sufficient in important daily tasks, develop supportive care schedules, and best access care and public resources for support, particularly for seniors and those with disabilities and chronic illnesses (CAOT, 2004).

Occupational therapy home and community services are provided through a complex mix of public and private funding including extended health care insurance, auto insurance, Workers’ Compensation and Veterans Affairs. Residents of Canada have unequal access to occupational therapy services due to a lack of federal/provincial/territorial coordination in both funding and in the development of a pan-Canadian framework for home and community care. The Canada Health Act (1985) does not require provinces and territories to provide publicly funded health services outside of hospital and physician care. Services formerly available through hospitals, which have shifted to the community, do not have adequate funding for occupational therapy.

In 2012, The Conference Board of Canada published a report estimating the economic impact of home and community care in Canada. This report estimates that in 2010, total spending on home and community care ranged between \$8.9 and \$10.5 billion dollars, accounting for up to 5.5% of total health spending in Canada. This report also estimates that 22% to 27% of these expenses were paid by private sources rather than government funding, identifying the need for further government funding in the area of home and community care.

The Government of Canada’s 2016 federal budget report identifies that the Canadian health care system must be strengthened to allow for a shift of service delivery into homes and communities. The Minister of Health is working with provincial and territorial counterparts to enhance affordability and accessibility of prescription drugs, improve access to home care and mental health services, and support pan-Canadian innovation in the delivery of health services (Government of Canada, 2016b).

During the 2015 Federal election campaign, Liberals promised \$3 billion over 4 years for home care. Dr. Jane Philpott, Minister of Health’s mandate letter includes “support for the delivery of more and better home care services” (Trudeau, 2016). Minister Philpott states that “home care would be part

of the new health accord”. CAOT will continue to raise the important issue of including cost effective occupational therapy interventions in homes and communities with parliamentarians.

Canada needs a national framework for home and community care. A national framework can ensure that all residents of Canada have access to equitable services and will aid to protect the most vulnerable populations from experiencing sub-standard living and the ill-effects of minimal or no health care treatment. This framework will also work to support health professionals to plan and deliver quality, evidence-based services, and would facilitate funding of core services such as occupational therapy.

Return on Investment of Occupational Therapy

A study completed at John Hopkins University highlights the return of investment on occupational therapy. This study identified that occupational therapy was the *only* category of hospital service where higher spending had significant impact on decreasing readmission rates for heart failure, pneumonia, and heart attack (Rogers, Bai, Lavin & Anderson, 2016). Study results link these lower readmission rates to the focus on assessing whether a client can be discharged safely (through understanding their home environment), and addressing potential barriers. As this study suggests, investing more money in occupational therapy has the potential to greatly improve care quality and client outcomes.

Table 1. Sample of outcomes of occupational therapy home and community care services

Occupational therapy home and community care services can lead to:	<ul style="list-style-type: none">• Reduced pain (Arbesman & Mosley, 2012)• Increased physical activity in community dwelling older adults (Arbesman & Mosley, 2012)• Improved outcomes in adults with chronic diseases (Hand, Law & McColl, 2011)• Decreased rates of functional decline (Chase, Mann, Wasek & Arbesman, 2012)• Fewer falls (Campbell et al., 2005; Schlismann, 2008)• Decreased fear of falling (Chase, Mann, Wasek & Arbesman, 2012; Gitlin et al., 2006)• Reduced cost of fall-related injuries (Lampiasi & Jacobs, 2010)• Increased balance and strength (Chase, Mann, Wasek & Arbesman, 2012)• Improvement in fine motor activities (Wuang, Ho & Su, 2013)• Improvement in mental health (Bierlein, Hadjistavropoulos, Bourgault-Fagnous & Sagan, 2006)• Decreased risk of institutionalization (Bierlein, Hadjistavropoulos, Bourgault-Fagnous & Sagan, 2006)• Positive outcomes for stroke survivors (Langstaff et al., 2011)• Reduced mortality risk (Gitlin et al., 2009)• Higher degree of recovery in self-care occupations (Ziden, Frandin & Kreuter, 2008)• Benefits for those with dementia and their caregivers (Graff et al., 2008)
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Glossary of Terms

Enabling(verb) –Enablement(noun): Focused on occupation, is the core competency of occupational therapy – what occupational therapists actually do – and draws on an interwoven spectrum of key and related enablement skills, which are value-based, collaborative, attentive to power in equities and diversity, and charged with visions of possibility for individual and/or social change (Townsend & Polatajko, 2013).

Enabling occupation: Refers to enabling people to ‘choose, organize, and perform those occupations they find useful and meaningful in their environment’ (CAOT 1997, 2002).

Occupations: Groups of activities and tasks of everyday life, named, organized, and given value and meaning by individuals and a culture; everything people do to occupy themselves, including looking after themselves (self-care), enjoying life (leisure) and contributing to the social and economic fabric of their communities (productivity); the domain of concern and the therapeutic medium of occupational therapy (CAOT, 1997, 2002)

Occupational therapy: The art and science of enabling engagement in everyday living through occupation; enables people to perform the occupations that foster health and well-being; enable a just and inclusive society so that all people may participate to their potential in the daily occupations in life. (Townsend& Polatajko, 2013).

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