CAOT Position Statement: Occupational Therapy in Primary Care (2013)

The Canadian Association of Occupational Therapists (CAOT) believes that occupational therapy services within primary care should be accessible to all Canadians, especially for people with multiple chronic conditions, mental illnesses and disabilities. Occupational therapists can provide needs-based solutions to manage complex primary care needs of Canadians.

Recommendations for occupational therapists

1. Occupational therapists advocate for their role in primary care services and for the development and implementation of best-practice models.
2. Occupational therapists collaborate with stakeholders in actions that promote and advance occupational therapy service delivery and access within primary care.
3. Occupation therapists collaborate with primary care researchers to generate evidence for the effectiveness of occupational therapy interventions.
4. Occupational therapists engage in continuing professional development to enhance their skills, knowledge and expertise in the delivery of primary care services.
5. Occupational therapists, working in interprofessional collaboration, recognize, respect and understand the scope, roles and contributions of all professional groups.

Recommendations for Educators

1. Education programs prepare occupational therapy students for roles in primary care settings. This may entail education on community needs assessments, community networks, health care system structures, interprofessional practice, population health promotion, role of family physicians, chronic disease management, leadership skills, program evaluation, business plan development, funding models, and service delivery models.
2. Education programs engage family physicians, nurses, social workers and any other health professionals practicing in primary care settings to participate in training that informs the future generation of occupational therapists about the benefits and processes of interprofessional collaborations.
3. Educational programs develop and offer fieldwork placements in primary care settings as a way to prepare occupational therapy students and advance the practice in this area.

Recommendations for Researchers

1. Research should be conducted on models of practice, training programs and best practices standards for occupational therapists and interprofessional collaborations in primary care. Specifically, it is essential to identify appropriate tools for evaluation in a primary care context, including measures of structure, process and outcome of occupational therapy services.
2. Researchers in occupational therapy should collaborate with family medicine researchers as well as with researchers from all other health professions offering services in primary care settings and across the continuum of care (e.g. secondary and tertiary care).
3. Researchers should disseminate knowledge regarding the practice of occupational therapy in primary care both within the profession and to the different stakeholders, partners, end users, and community members to ensure that evidences of effectiveness of occupational therapy interventions reach both clinical practitioners and primary care audiences.

CAOT Initiatives

To promote occupational therapy practice within primary care, CAOT will

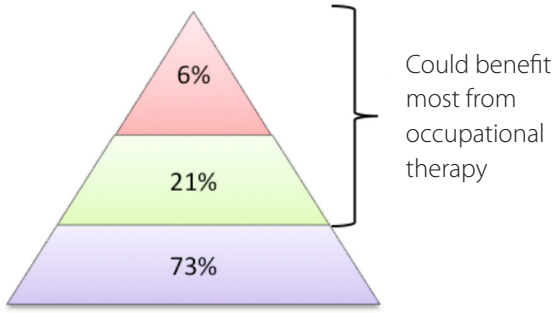
1. Advocate for the integration and increased access of occupational therapy services within interprofessional primary care settings for Canadians.
2. Develop and maintain partnerships with relevant coalitions, organizations and stakeholders to assist advocacy efforts and develop funding in promoting access to occupational therapy and interprofessional collaborations in primary care.
3. Promote and disseminate the principles, frameworks and toolkits that facilitate knowledge transfer of important resources developed by such groups as the Canadian Collaborative Mental Health Initiative (CCMHI) and the Enhancing Interdisciplinary Collaboration in Primary Care Initiative (EICP).
4. Support interprofessional education at the entry-level to the profession and in continuing professional development initiatives to promote collaborative interprofessional practice in primary care.
5. Promote profession-specific and interprofessional research studies that expand the knowledge base on best practices in primary care services in Canada.

Background

Primary care is usually the first place people go when they need health advice or care. Essentially, primary care refers to an approach to health and a spectrum of services that includes all health services used in front lines by the population to address their health concerns (McColl & Dickenson, 2009). For instance, primary care services include visits to family physicians, nurse practitioners and mental health workers. These front line services also include telephone calls to health information lines and advice received from pharmacists. In Canada, primary care is responsible for coordinating access to other parts of the health care system. "It is also the best place within the health care system to prevent illness and injury and promote good health" (Health Canada, 2004).

Figure 1 provides an overview of the distribution of clients' presentation and needs when consulting a primary care resource (Wallace & Seidman, 2007). People with multiple chronic conditions (which could include a combination of physical and/or mental illnesses and disabilities) represent a relatively small proportion of a typical caseload (i.e. 6%) but yet, require up to 33% of the practice's resources. Furthermore, these clients may encounter several barriers in their attempts to access primary care services and are likely to experience inequities. They might have difficulty getting an appointment, using and navigating through the different health facilities and being understood (Anderson & Kitchin, 2000; Kroll & Neri, 2003; Sanchez et al., 2000; Saulnier, Shortt, & Gruenwoldt, 2004). In a recent pan-Canadian survey conducted on 1,200 people with chronic conditions, poor coordination and information flow among health care providers and difficulties being understood were reported (Health Council Canada, 2011). Other evidence suggest that they are less likely to be thoroughly examined, receive appropriate accommodations and obtain a reasonable standard of care for both routine and specialized health problems (Anderson & Kitchin, 2000; Iezzoni, Davis, Soukup, & O'Day, 2003). In sum, individuals with chronic conditions might be disadvantaged in receiving specialist health care, administrative and social benefits and entitlements associated with their disabilities or conditions (DeJong, 1997). People with one chronic condition (middle layer of Figure 1 – 21% of a typical caseload) are also at risk of experiencing functional difficulties and could benefit from interprofessional collaborative team interventions aiming to prevent deterioration and maintain or restore functional capacity (Beatty et al., 2003; Bingham & Beatty, 2003; DeJong, 1997).

Figure 1. Distribution of clients' presentation and needs when consulting a primary care resource[1]



- An estimated 6% of clients have multiple chronic conditions. They typically require the services of several health professionals in order to adequately meet their health needs.
- A further 21% of clients have one chronic condition and are at risk of developing significant health complications and disability.
- The remaining 73% of clients access primary care for acute conditions, health maintenance or primary prevention, and can be satisfactorily cared for by the family physician.

Overall, there is approximately one-quarter of a typical caseload in a primary care setting that could benefit from occupational therapy. There is an opportunity for occupational therapists to contribute to interprofessional collaborative teams and offer services within primary care settings, particularly to clients who present with either multiple chronic conditions or one chronic condition that, if not managed properly, could lead to further health complications and/or disabilities. Occupational therapists can provide holistic and client-centered support and services to address occupational performance issues, activity limitations and participation restrictions. They can also offer services which might effectively prevent exacerbation of existing conditions or the development of new chronic conditions.

There is a growing consensus that interprofessional collaborative practice in primary care will result in better health outcomes, improved access to services, more efficient use of resources and greater satisfaction for both clients and providers. Research evidences and experts suggest that such teams are well positioned to offer comprehensive and efficient management of chronic diseases and promote healthy lifestyle choices among vulnerable populations (EICP - ACIS Steering Committee, 2005).

The evidence to support occupational therapy interventions in primary care are numerous (see Appendix A). Possible services that occupational therapists would be ideally positioned to offer in primary care settings are provided in Table 1.

[1] Adapted from Wallace & Seidman, 2007 (Wallace & Seidman, 2007).

Table 1. Sample of services occupational therapists can provide in a primary care setting:

Optimize participation in:	• Self-care, employment, leisure, social and community activities
Offer consultation, education and coaching in:	• Chronic disease management • Energy conservation • Joint protection • Health promotion and lifestyle redesign • Pain management • Fatigue management • Mental health and addiction management • Optimal infant/child development • Prevention of injuries and falls • Community integration • Palliative and end-of-life care • Ergonomics • Return to work • Fitness to drive
Adapt the environment and link to resources:	• Home, work or leisure settings adaptations • Wheelchairs, mobility and assistive devices and technologies • Transportation and community mobility • Liaison with community services, social services, schools, employers • Disability benefits, such as: tax credits, parking permits, insurance claims, pension eligibility, transportation pass • Services to people with disability • Social support groups and networks • Family and caregiver assistance and support

Glossary

Occupational Therapists are university-educated health professionals who are regulated in all 10 Canadian provinces. Their education is devoted to the study of occupation and occupational performance. Occupational therapists work with clients to achieve outcomes related to their participation in valued activities. As specialists in the area of occupation and occupational performance, they facilitate an interprofessional collaborative approach that puts clients and their occupational performance at the center of all decision-making (Manitoba Society of Occupational Therapists, 2005).

Occupational therapy is the art and science of enabling engagement in everyday living, through occupation; of enabling people to perform the occupations that foster health and well-being; and of enabling a just and inclusive society so that all people may participate to their potential in the daily occupations of life (Townsend & Polatajko, 2007).

Patients/clients/users/end-service recipients in primary care are the individuals who receive health services.

Primary Health Care refers to an approach to health and a spectrum of services beyond the traditional health care system. It includes all services that play a part in health, such as income, housing, education, and environment (Health Canada, 2012).

Primary Care is the element within primary health care that focuses on health care services, including health promotion, illness and injury prevention, and the diagnosis and treatment of illness and injury (Health Canada, 2012).

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Appendix A: Evidence on the effectiveness of occupational therapy, rehabilitation or interprofessional interventions in primary care

Chronic pain, musculoskeletal disorders and arthritis in primary care

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Position statements are on social and health issues relating to the profession of occupational therapy. They are frequently time-limited and persons wishing to use them more than two years after publication should confirm their current status by contacting the CAOT Director of Professional Practice by e-mail: practice@caot.ca.