

Coalition for Safe and Effective Pain Management

Inclusion of Occupational Therapy Services in Extended Health Benefits

What is being proposed (approximately 500 to 1000 words)

Describe what change or measure at the clinical and/or health system level is being proposed that has the potential to reduce the number of new opioid users or sparing opioid use through better integration and/or access to alternatives.

The proposed policy option addresses the coverage of occupational therapy services as part of extended health benefits in public and private insurance plans to improve access to occupational therapy services. Presently, many individuals are unaware of the scope of practice and benefits of occupational therapy, and/or do not consider enlisting the services of an occupational therapist due to the out-of-pocket costs. Other health professionals may not refer individuals to occupational therapy due to the financial implications on their clients/patients. This lack of coverage results in individuals failing to experience the benefits of occupational therapy to address pain management and may result in the use of opioids.

Describe how specifically this alternative has the potential to improve pain management, minimize opioid use, and/or reduce prevalence of opioid prescribing.

Occupational therapists provide several interventions to address pain management that have the potential to minimize existing opioid use, and potentially reduce the number of new opioid users. Involving occupational therapists early in the pain management treatment process has the potential to prevent reliance on opioids and/or development of opioid dependence. Adequate access to occupational therapy services, at hospitals, workplaces, pain clinics, Veterans' programs, and in the community at acute stages of injury can prevent the development to chronic pain.

Occupational therapists support clients to engage in activities that lead not only to better health outcomes but also serve as a distraction from cravings, alleviate boredom, and provide a sense of meaning and well-being. These are all factors that contribute to relapse prevention of opioid use for pain management. By understanding an individual's pain experience, occupational therapists can implement an appropriate combination of treatment strategies to address the physiological, psychological and social aspects of pain. Occupational therapy provides low cost, high impact solutions to many physical and mental health-related issues and can prevent problems before they occur.

Who would be involved in the delivery of this alternative (e.g. interprofessional)?

Occupational therapists (supported by occupational therapist assistants in some settings) would be responsible for the delivery of occupational therapy services. Occupational therapists are often employed as members of inter-professional teams that involve physicians, nurses, physiotherapists, chiropractors, and social workers. These other professionals may refer individuals to an occupational

therapist to supplement the services that they provide, and vice versa. It is essential that team members understand the scope of occupational therapy practice, to ensure individuals who could benefit from working with an occupational therapist are appropriately referred.

Who would be responsible for implementation? Can financial impacts (savings or costs) be estimated?

Employers, unions, and insurance providers would be responsible for implementing the coverage of occupational therapy services in extended health benefits plans. Employers can act as sponsors, unions can negotiate on behalf of their membership, and insurance companies can make occupational therapy services available within their extended health benefits plans, providing coverage options similar to what currently exists for physiotherapy or massage therapy. By embedding occupational therapy within the extended health benefits plans, this allows employers the ability to include occupational therapy in their employee's benefit packages. Unions can also negotiate for the inclusion of occupational therapy in benefits packages during collective bargaining negotiations. In instances where occupational therapy is not included in benefits plans, individuals, their employers, and unions should advocate for its inclusion.

Pain, which can be a result of a workplace injury, is a significant barrier to engaging in paid employment. Occupational therapists are instrumental in the return-to-work process, and having access to occupational therapy through benefits provided by one's employer can greatly increase productivity, reduce lost time caused by absenteeism, and potentially decrease the use of opioids or prevent relapse. The Conference Board of Canada (2013) estimates that employee absenteeism costs the Canadian economy \$16.6 billion annually, with one long-term absence costing an employer roughly \$8,800 (Marshall, 2006). Occupational therapists have the capacity to work with individuals and their employer collaboratively in their workplace to complete a full, comprehensive assessment that assists in the tailoring of interventions related to pain management to meet the individual's needs. Involvement of an occupational therapist has the potential to reduce lost work days, help to increase employee productivity, and decrease spending on disability leave, demonstrating the value of increasing access to these services through extended health benefits.

Short Summary of Evidence or Existing Examples (approximately 250 words)

A brief summary of best evidence related to this policy option or summary of existing examples of this approach, including evidence (if available) related to reducing the prevalence or sparing of opioid prescribing.

Occupational therapists recognize that encouraging individuals to participate in activities such as paid employment, despite the presence of pain, empowers them to work towards their goals with less reliance on the medical system (Moon, McDonald & Van den Dolder, 2012), and ideally less reliance on opioids. Furthermore, maintaining paid employment is a common goal among people who experience chronic pain and for those who wish to reduce substance use (Paquette, 2008; Richardson, Wood, Montaner, & Kerr, 2012), and has been identified as an effective strategy to prevent relapse (Scorzelli, 2007). The inclusion of occupational therapy in extended health benefits can benefit both individuals

and their employers; occupational therapists can work with individuals to assist them in effectively managing their pain and decreasing opioid use, allowing for a successful return to work or increased productivity and comfort in the workplace. For insurance companies and employers, this is of financial benefit, as it will decrease costs related to sick leave and disability benefits and would reduce costs for the health care system.

Resources

A list of 1 to 5 relevant resources to support the recommendation.

Conference Board of Canada. (2013). Missing in Action: Absenteeism Trends in Canadian Organizations.

Retrieved from <http://www.conferenceboard.ca/e-library/abstract.aspx?did=5780>

Marshall, K. (2006). On sick leave. *Statistics Canada Catalogue no. 75-001-XIE*. Retrieved from

<http://www.statcan.gc.ca/pub/75-001-x/10406/9185-eng.pdf>

Scorzelli, J. F. (2007). Predicting sobriety from the employment status of dually diagnosed clients who are opiate dependent. *Journal of Addictions & Offender Counseling*, 28(1), 31-43.

Paquette, S. (2008). Return to work with chronic low back pain: Using an evidence-based approach along with the occupational therapy framework. *Work*, 31(1), 63.

Richardson, L., Wood, E., Montaner, J., & Kerr, T. (2012). Addiction treatment-related employment barriers: The impact of methadone maintenance. *Journal of Substance Abuse Treatment*, 43(3), 276.

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