Including Occupational Therapists on All Inter-Professional Primary Care Teams

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.

An action at the health system level that has the potential to reduce the number of new opioid users and/or minimize use by existing users is to include occupational therapists as members of all inter-professional primary care teams. Inclusion of occupational therapists on inter-professional primary care teams would increase access to occupational therapy by those requiring interventions for pain management. With the inclusion of occupational therapists, options available to an individual accessing primary care for pain-related issues would extend far beyond the prescription of opioids. Currently, occupational therapists are not well represented on inter-professional teams in primary care, and therefore individuals may miss the opportunity to work with an occupational therapist to address pain management which may result in opioid use.

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

Within primary care, occupational therapists provide services that extend beyond those of physicians, nurse practitioners, and physician assistants, focusing on identifying how symptoms, such as chronic pain, can impact function and participation in everyday activities (Muir, 2012). Occupational therapists can work with individuals to implement strategies to help them manage their pain, which then improves participation in daily activities. Pain management interventions provided by occupational therapists include activity modification, adaptive equipment and techniques, energy conservation, and mindfulness, among many others.

Occupational therapists are also well-suited to deliver group education sessions to address prevalent issues within the populations that they work with (Muir, 2012). Within primary care, group sessions delivered by occupational therapists could include community-based education and support groups related to pain management and emotionally coping with pain. These groups may specifically involve educations around minimizing opioid use, emphasizing alternative pain management strategies. Group sessions for pain management have many advantages; individuals care share their experiences and strategies with others who are facing similar issues, while at the same time, an occupational therapist can connect with many individuals at one time, making group interventions a very cost-effective intervention strategy within primary care.

An additional strength of occupational therapists within primary care is the ability to work with individuals over an extended period, on an on-going basis, which can help foster the development of trust between occupational therapists and their clients (Lapointe, James & Craik, 2013). This relationship assists occupational therapists in understanding an individual's needs related to pain management, including current patterns of opioid use (if applicable), and allows for the implementation of interventions tailored to match the individual's ever-changing needs.

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. As members of inter-professional primary care teams, occupational therapists work alongside health professionals such as physicians, nurses, nurse practitioners, physiotherapists, and social workers. These other professionals may refer individuals to an occupational therapist to supplement the services that they provide, and vice versa. To maximize the effect of this suggested policy change, an understanding of the scope of occupational therapy practice by other team members is necessary to ensure individuals are appropriately referred.

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

In the public sector, governments would be responsible for increasing the complement of occupational therapists as members of inter-professional teams. For example, Regional Health Authorities or Local Health Integration Networks could play an important role in the involvement of occupational therapists. This may involve encouraging health teams to involve occupational therapists or potentially providing additional funding for the inclusion of occupational therapists. In the private sector, it would be the responsibility of clinic owners/managers to ensure that there is an occupational therapist working within the context of their clinic.

Occupational therapists are important members of inter-professional teams within hospitals. A recent study by John Hopkins University identified that occupational therapy was the only category of health spending within hospitals where increased spending resulted in reduces re-admission rates (Rogers, Bai, Lavin & Anderson, 2016). Study results link these lower readmission rates to the OT focus on assessing whether a client can be discharged safely, and addressing potential barriers. Through focusing on patient factors outside of the hospital, including living situation, and social supports, OT is well-positioned to address risk factors for readmission. There would be many benefits if those who had received occupational therapy while in hospital were able to access occupational therapy through their primary care clinics upon discharge. Ideally, seeing an occupational therapist in primary care could prevent hospitalizations in the first place, decreasing hospital expenditures. A study by the Royal College of Occupational Therapists (2016) identified that occupational therapists' services resulted in avoidance of unnecessary hospital admission and/or reduced hospital stays, saving an average of $15M annually.

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.

Pain management has been clearly identified as a role for occupational therapists in primary care (McColl & Dickenson, 2009; AOTA, 2014; CAOT, 2013). Occupational therapists are able to provide individuals with practical, simple pain management interventions that can be done at home or with intermittent supervision before referral for extended interventions (Muir, 2012) or prescription of opioids, thereby decreasing health care costs and possibly the rate of opioid prescription. A primary care team is an environment that is well-suited for occupational therapists to adopt a preventive and forward thinking approach (Lapointe et al., 2013), which is necessary to effectively manage pain and prevent/ and or reduce opioid use for those who are currently using opioids.

Ontario's Family Health Teams are an example of how occupational therapists can be successfully incorporated into inter-professional primary care teams. In 2010, the Government of Ontario approved funding for occupational therapists as health providers in Ontario's Family Health Teams (FHT). Since 2010, there has slowly been an increase in the number of occupational therapists working in as team members in primary care in Ontario, addressing a wide range of functional issues, including pain management. Gatchel et al. (2007) identified that individuals treated by a multidisciplinary team were four times less likely to require medical pain treatments at follow up appointments, demonstrating the potential for multidisciplinary approaches to pain management, such as the one presented by Family Health Teams.

Resources

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