

Occupational Therapy and Primary Care

Role Paper

Catherine Donnelly

Leanne Leclair

Carri Hand

Pamela Wener

Lori Letts

Canadian Association of Occupational Therapists

DRAFT

DRAFT

Disclaimer: “The following is a proposal of a vision of occupational therapy practice - one that we suggest will bring about the utmost benefits for Canadians. Roles and recommendations reflected in this document do not preclude the possibility of other approaches or practices also being valid and relevant. In conjunction with these recommendations, Occupational therapists must abide by provincial regulations that govern occupational therapy practice and integrate clinical judgment and other factors including client preferences and resource availability.”

We would like to acknowledge the following individuals who supported the completion of this work: Ashley Youssiem, Monica Kapac, Danielle Degagane, Anna **Tjaden-McClement**, Swanti Duet, Amanda Mofina

Executive Summary

Primary care in Canada has undergone significant transformation in the past 20 years. Models of interprofessional primary care have been introduced across Canada to support the changing demographics and provide more comprehensive and coordinated care. Occupational therapists have the opportunity to play an important role in this expanding area of practice. In order to do so, it is critical that occupational therapists develop roles that are built on evidence and a clear understanding of the delivery context. Objective: To examine the role of occupational therapy within primary care. Method: A scoping review was conducted. The literature in primary care is emerging and a scoping review is particularly useful for bringing together heterogeneous information. Results: 85 articles were identified: 53 non-research and 32 research focused articles. A total of 185 assessments, 673 interventions and 134 outcomes were identified across the research and non-research literature. Enhanced occupation was the most frequently identified outcome of practice. The top five interventions were chronic disease management (n= 29), health promotion (n= 27), self-management (n= 25), falls prevention (n= 24) and supporting and educating families and caregivers (n=23). The predominant focus in the literature is on adult and older adult populations, largely due to the emphasis on managing chronic conditions in adults and supporting older adults to live independently in their homes. Practice Implications: Our review has demonstrated a breadth of contributions that occupational therapists can make in primary care with a role that is proximal to occupation, with evidence that is emerging, and continued primary care reform suggesting that there is a need for ongoing efforts to ensure solidification and further expansion of occupational therapy in primary care contexts across the country.

The following provides a summary of roles for occupational therapy in primary care as they are being conceptualized or implemented, with research evidence to support both their implementation and expansion.

1. The primary aim of occupational therapy in primary care is to enable occupation, with an emphasis on interventions directed at health promotion and primary and secondary disease prevention, supporting both physical and mental health.
2. Across all client age groups, occupational therapists working in primary care:
 - a. engage in collaborative goal setting
 - b. link clients of all ages to community services, programs and resources
 - c. target occupation focused outcomes with an emphasis on increasing and optimizing participation and performance in everyday activities.
3. The primary focus of occupational therapy services in primary care is on the adult and older adult population, with less emphasis on children and their families.
4. When working with **children**, occupational therapists:
 - a. Conduct developmental screening and assess physical and cognitive abilities
 - b. Support parent and child interaction
 - c. Facilitate typical movement patterns
5. When working with **adults**, occupational therapists:
 - a. Assess physical activity and well-being, lifestyle and everyday activity patterns, work capacity and workplace accommodations.
 - b. Support individuals at work or returning to work through ergonomics, work-based coping strategies and skills.

- c. Provide interventions related to grading, adapting or sequencing of activities.
 - d. Offer strategies to adapt to both physical and social environments.
 - e. Facilitate access to benefits, finances and accommodation.
6. When working with **adults and older adults**, occupational therapists:
- a. Assess physical function (e.g. hand function, range of motion, strength, sensation, seating), affective components (e.g. mood, psychological well-being), occupation, and activities of daily living, physical and social environments
 - b. Employ person focused strategies to support physical (e.g. activity, exercise, fatigue management), cognitive (e.g. cognitive-behavioural techniques) and affective components (e.g. counselling, coping and social skills).
 - c. Enable the management of chronic disease, using occupation-focused and goal-based approaches.
 - d. Provide lifestyle modifications and health and wellness activities.
 - e. Prescribe adaptive aids, assistive technology and equipment.
 - f. Utilize an integrated approach drawing on person, occupation and environment focused interventions to enable individuals to manage chronic pain, manage stress, and promote health and prevent illness and disease (e.g. self management).
7. When working with older adults, occupational therapists:
- a. Assess cognition and perception, falls, driving and home safety.
 - b. Conduct home safety assessments and home adaptations.
 - c. Offer family and caregiver support.
 - d. Provide education on community resources.

- e. Implement falls prevention through an integrated approach that draws on person, occupation and environmental focused interventions.

Our vision for the future of the role of occupational therapy in primary care includes the following:

1. All Canadians will have access to occupational therapy services through primary care, while ensuring coordination with occupational therapy services in other practice contexts to limit duplication of services and promote continuity of care.
2. Occupational therapists in primary care settings will be generalists who practice to full scope;
3. Research will examine the effectiveness of occupational therapy services delivered in primary care contexts, targeting all three levels of the Health Risk Pyramid (Wallace and Siedman, 2006).
4. Given the focus of the current evidence on adults and older adults, particular attention in future research should be given to the roles and effectiveness of occupational therapy services to enable occupations of children and their families in primary care.
5. As interprofessional teams continue to be emphasized in primary care reforms, occupational therapy associations and individual therapists will reinforce the unique contributions of occupational therapy in enabling occupations;
6. Entry to practice occupational therapy programs will prepare student occupational therapists for generalist roles in primary care;
7. Continuing professional development opportunities specific to occupational therapy in primary care will support occupational therapists' work in this setting.

References

- Arksey, H., & O'Malley, L. (2005). Scoping studies: towards a methodological framework. *International journal of social research methodology*, 8(1), 19-32.
- Cook, S., & Howe, A. (2003). Engaging people with enduring psychotic conditions in primary mental health care and occupational therapy. *British Journal of Occupational Therapy*, 66(6), 236-246.
- Daudt, H. M., van Mossel, C., & Scott, S. J. (2013). Enhancing the scoping study methodology: a large, inter-professional team's experience with Arksey and O'Malley's framework. *BMC medical research methodology*, 13(1), 48.
- Donnelly, C. A., Brenchley, C. L., Crawford, C. N., & Letts, L. J. (2014). The emerging role of occupational therapy in primary care. *Canadian Journal of Occupational Therapy*, 81(1), 51-61.
- Donnelly, C. A., Leclair, L. L., Wener, P. F., Hand, C. L., & Letts, L. J. (2016). Occupational therapy in primary care: Results from a national survey. *Canadian Journal of Occupational Therapy*, 83(3), 135-142
- Public Health Agency of Canada (2017). How Health Are Canadians? A Trend Analysis of the Health of Canadians From a Health Living and Chronic Disease Perspective. Public Health Agency of Canada: Ottawa, ON.
- Eklund, M., & Erlandsson, L. K. (2014). Women's perceptions of everyday occupations: outcomes of the Redesigning Daily Occupations (ReDO) programme. *Scandinavian Journal of Occupational Therapy*, 21(5), 359-367.
- Garvey, J., Connolly, D., Boland, F., & Smith, S. M. (2015). OPTIMAL, an occupational therapy led self-management support programme for people with multimorbidity in primary care: a randomized controlled trial. *BMC family practice*, 16(1), 59.
- Glazier, R. H. (2007). Balancing equity issues in health systems: perspectives of primary healthcare. *Healthcarepapers*, 8(Sp).
- Gonzalez, J. G., del Teso Rubio, M. D. M., Paniagua, C. N. W., Criado-Alvarez, J. J., & Holgado, J. S. (2015). Symptomatic pain and fibromyalgia treatment through multidisciplinary approach for Primary Care. *Reumatología Clínica (English Edition)*, 11(1), 22-26.
- Hutchison, B., Levesque, J. F., Strumpf, E., & Coyle, N. (2011). Primary health care in Canada: systems in motion. *The Milbank Quarterly*, 89(2), 256-288.
- Jaakkimainen L, Upshur R, Klein-Geltink JE, Leong A, Maaten S, Schultz SE, Wang L, Eds (2006). Primary Care in Ontario: ICES Atlas. Toronto, ON: Institute for Clinical Evaluative Sciences

Levac, D., Colquhoun, H., & O'Brien, K. K. (2010). Scoping studies: advancing the methodology. *Implementation science*, 5(1), 69.

Ontario Government (2013) Ontario's Action Plan for Health Care. Retrieved from : http://www.health.gov.on.ca/en/ms/ecfa/healthy_change/docs/rep_healthychange.pdf

Peters, M. D., Godfrey, C. M., Khalil, H., McInerney, P., Parker, D., & Soares, C. B. (2015). Guidance for conducting systematic scoping reviews. *International journal of evidence-based healthcare*, 13(3), 141-146.

Rais, S., Nazerian, A., Ardal, S., Chechulin, Y., Bains, N., & Malikov, K. (2013). High-cost users of Ontario's healthcare services. *Healthcare Policy*, 9(1), 44.

Richardson, J., Letts, L., Chan, D., Officer, A., Wojkowski, S., Oliver, D., ... & Kinzie, S. (2012). Monitoring physical functioning as the sixth vital sign: evaluating patient and practice engagement in chronic illness care in a primary care setting--a quasi-experimental design. *BMC Family Practice*, 13(1), 29

Richardson, J., Letts, L., Chan, D., Stratford, P., Hand, C., Price, D., ... & Law, M. (2010). Rehabilitation in a primary care setting for persons with chronic illness—a randomized controlled trial. *Primary Health Care Research & Development*, 11(4), 382-395.

Rosella, L. C., Fitzpatrick, T., Wodchis, W. P., Calzavara, A., Manson, H., & Goel, V. (2014). High-cost health care users in Ontario, Canada: demographic, socio-economic, and health status characteristics. *BMC Health Services Research*, 14(1), 532.

Starfield, B. (1994). Is primary care essential? *The Lancet*, 344, 1129-1133.

Starfield, B., Shi, L., & Macinko, J. (2005). Contribution of primary care to health systems and health. *Milbank quarterly*, 83(3), 457-502.

Tracy, C. S., Bell, S. H., Nickell, L. A., Charles, J., & Upshur, R. E. (2013). The IMPACT clinic. Innovative model of interprofessional primary care for elderly patients with complex health care needs. *Canadian Family Physician*, 59(3), e148-e155.

Tse, S., Penman, M., & Simms, G. (2003). Literature review: Primary care and occupational therapy, *New Zealand Journal of Occupational Therapy*, 50, 17-23.

Wallace, P., & Seidman, J. (2007). Improving population health and chronic disease management. In J. Dorland & M. A. McColl (Eds.), *Emerging approaches to chronic disease management in primary health care* (First ed., pp. 15-20). Montréal: Queen's Policy Studies.

Wilcock, A. (2015). *An Occupational Perspective of Health*. 2nd Ed. Thorofare, NJ: SLACK Inc.

Wilcock, A. & Hocking, C. (2015). *An Occupational Perspective of Health*. 3rd Ed. Thorofare, NJ: SLACK Inc.

Wolff, J. L., Spillman, B. C., Freedman, V. A., & Kasper, J. D. (2016). A national profile of family and unpaid caregivers who assist older adults with health care activities. *JAMA internal medicine*, 176(3), 372-379.

DRAFT