



American  
Occupational Therapy  
Association

# Occupational Therapy and OAHMP: Leveraging Opportunities for Collaboration

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Director of Practice Engagement  
American Occupational Therapy Association



# About AOTA

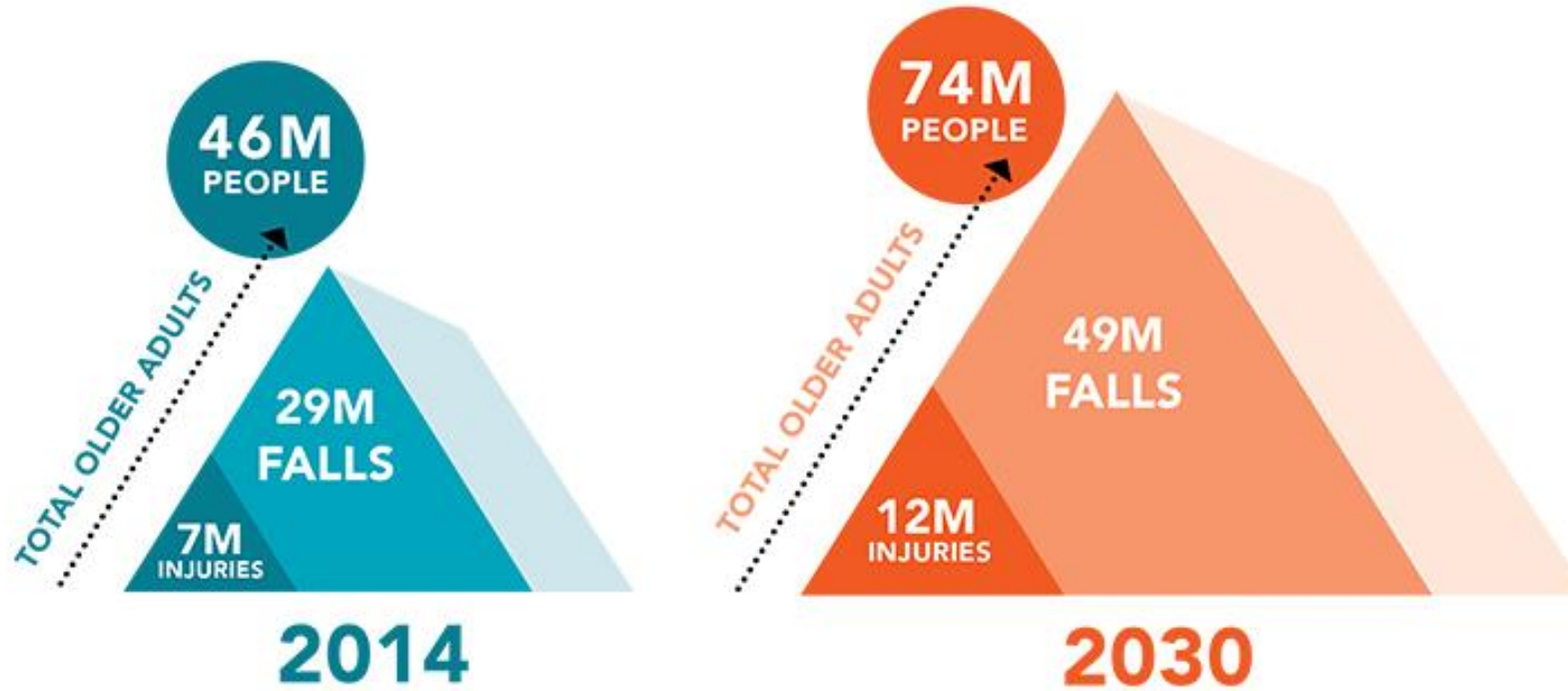
- National professional association established 1917
- Represents 213,000 occupational therapy practitioners and students in US
- Current AOTA membership is about 60,000



# About AOTA

- Major programs and activities
  - assuring the quality OT therapy services
  - improving consumer access to OT services
  - promoting the professional development of members
- Public awareness and advancing the profession
  - providing resources
  - setting standards
  - serving as an advocate to improve health care

# OLDER ADULT FALLS A Growing Burden



**STEADI** Stopping Elderly  
Accidents, Deaths & Injuries

[www.cdc.gov/steady](http://www.cdc.gov/steady)



# OLDER ADULT FALLS

## Startling Statistics



**1** second

An older adult falls every second of every day.



**1** in 4

One in four older adults reported a fall in 2014.



**#1** cause

Falls are the #1 cause of hip fractures.

**STEADI** Stopping Elderly  
Accidents, Deaths & Injuries

[www.cdc.gov/stedi](http://www.cdc.gov/stedi)



# OLDER ADULT FALLS

## A Common Concern

IN 2014:



**1 in 4** older adults reported a fall.



More than  
**7 MILLION**

of those falls required medical treatment or restricted activity for at least a day.



More than  
**27,000**

older adults died as a result of falls — that's 74 older adults every day.

**STEADI** Stopping Elderly Accidents, Deaths & Injuries

[www.cdc.gov/steady](http://www.cdc.gov/steady)

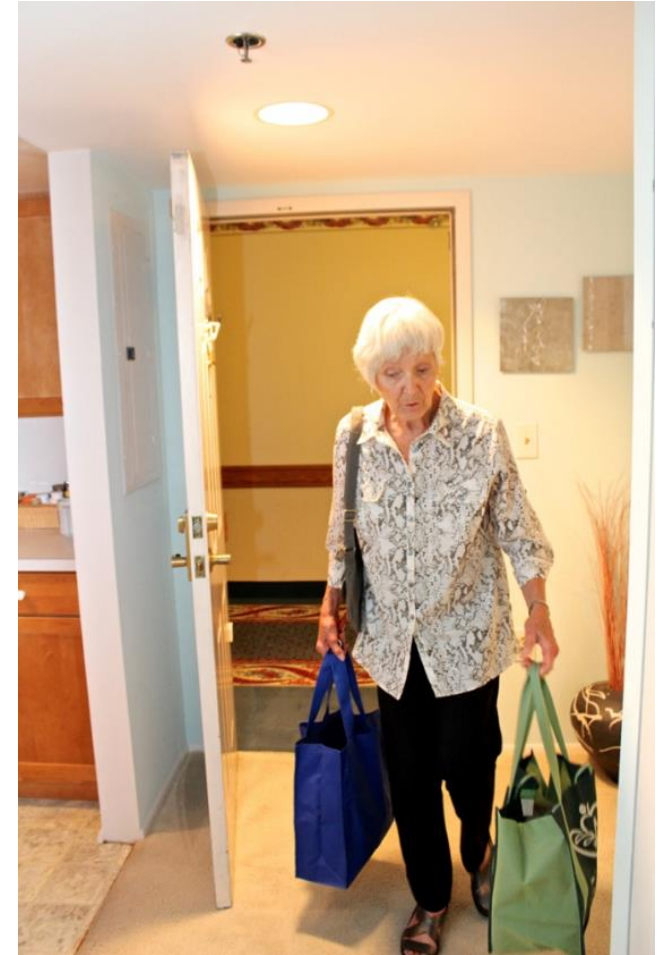


# Falls and Community Living

- Continue to be a high cost, high burden issue
- Traditional models not generally successful
- Demographic pressure with ‘Silver Tsunami’
- Issue transcends care settings and community
- Opportunity to enhance prevention and community wellness initiatives
- Collaborative management is lacking in current care models and traditional primary care settings

# Why - Occupational Therapy?

- Assist people in regaining the skills and abilities necessary for independent and satisfying lives
- Address everyday activities
  - ADL – dressing, bathing, toileting, feeding
  - IADL – cooking, medication management, money management, shopping, *driving and community mobility.*





# Why are falls best addressed by a team approach?

- Multi-factorial
  - Strength/physical status
  - Roles and routines
  - Functional status
  - Functional Cognition
  - Vision
  - **Environment**
- More than just gait and balance!!

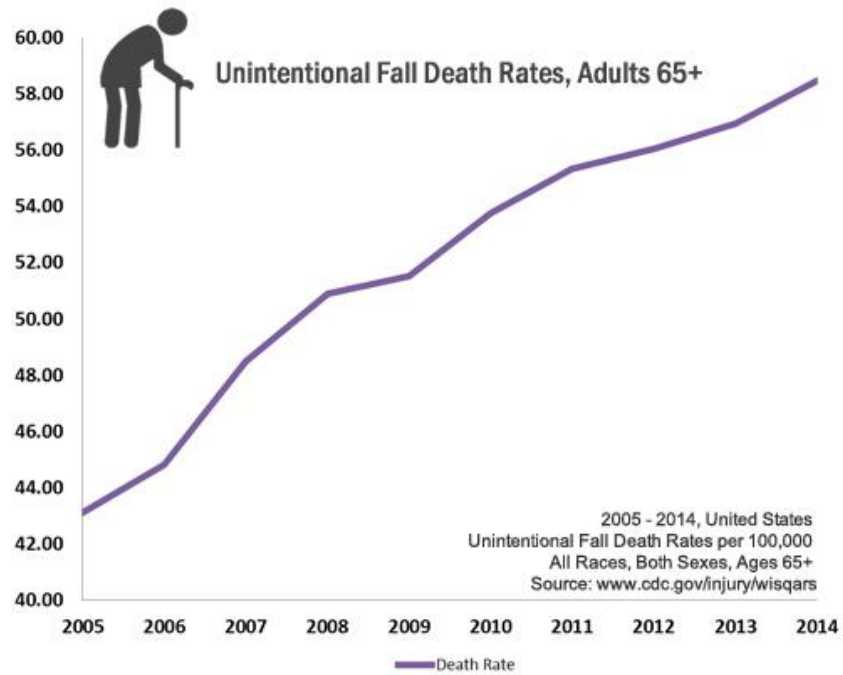
# Home sweet home?



# Home Safe Home

- Unrealistic to establish complete safety.
- Goal is to develop a **SAFER** environment.
- Safety may be considered regardless of an individual's functional level.
- Seek to establish concepts, rather
- than absolutes.
- One size does not fit all.
- A person's home is their castle.

# Falls and Fires



**Don't Let Your World Go Up In Smoke.**

**Home fires are preventable.**

**Make a fire escape plan around your abilities.**

If there is a fire in your home, you have less than 3 minutes to get out. If you need to use a wheelchair or a cane, make sure you can get to it easily and get out quickly. If you wear hearing aids or eyeglasses, put them next to your bed while you are sleeping.

U.S. Fire Administration | FEMA | Department of Homeland Security

Learn more about fire prevention: [www.usfa.fema.gov](http://www.usfa.fema.gov)

# Poisoning

Med  
Errors

Household  
Cleaners

Carbon  
Monoxide



# Assessment Considerations



## Person Centered

- Functional status
- Client factors



## Home Environment Focused

- Features of the built environment



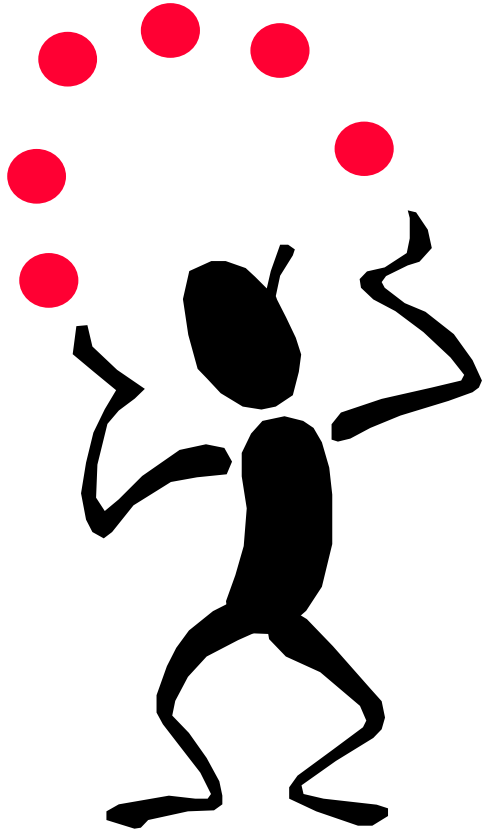
## Diagnosis Specific

- Know your population

# Important Context

- Accidents and injuries are costly, but by definition are **PREVENTABLE**
- Costs are both \$\$ and human
  - Health care costs
  - Lost productivity
  - Pain and suffering
  - Disability and potential death
- One in four older adults will die each year from fall injuries (CDC, 2016)

# The juggling act



- ◎ Family is often the expert about the context and care for their loved one.
- ◎ May be difficult to accept the potential risks associated with the chronic disease.
- ◎ Disease awareness and knowledge is critical.
- ◎ Prevention can be very hard to sell.



# High intensity risks

- Multiple incidents with guns.
- Knives used as weapons.
- Night time wandering in inclement weather.
- Poisoning with cleaning supplies.
- Driving incidents



# High frequency risks

- Falls.
- Stove incidents.
- General wandering.
- Medication errors.



# Early Evidence of Opportunity

*Empirical Research*

## **Higher Hospital Spending on Occupational Therapy Is Associated With Lower Readmission Rates**

Medical Care Research and Review  
1–19  
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DOI: 10.1177/1077558716666981  
[mcr.sagepub.com](http://mcr.sagepub.com)  


**Andrew T. Rogers<sup>1</sup>, Ge Bai<sup>1</sup>, Robert A. Lavin<sup>2</sup>,  
and Gerard F. Anderson<sup>1</sup>**

### **Abstract**

Hospital executives are under continual pressure to control spending and improve quality. While prior studies have focused on the relationship between overall hospital spending and quality, the relationship between spending on specific services and quality has received minimal attention. The literature thus provides executives limited guidance regarding how they should allocate scarce resources. Using Medicare claims and cost report data, we examined the association between hospital spending for specific services and 30-day readmission rates for heart failure, pneumonia, and acute myocardial infarction. We found that occupational therapy is the only spending category where additional spending has a statistically significant association with lower readmission rates for all three medical conditions. One possible explanation is that occupational therapy places a unique and immediate focus on patients' functional and social needs, which can be important drivers of readmission if left unaddressed.

# Evidence from CAPABLE

## AGING & HEALTH

By Sarah L. Szanton, Bruce Leff, Jennifer L. Wolff, Laken Roberts, and Laura N. Gitlin

DOI: 10.1377/hlthaff.2016.0140  
HEALTH AFFAIRS 35,  
NO. 9 (2016): 1558-1563  
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The People-to-People Health  
Foundation, Inc.

## AGING & HEALTH

# Home-Based Care Program Reduces Disability And Promotes Aging In Place

Sarah L. Szanton (sszantol@jhu.edu) is an associate professor of nursing and of health policy and management at Johns Hopkins University, in Baltimore, Maryland.

Bruce Leff is an associate professor of medicine and nursing at Johns Hopkins

**ABSTRACT** The Community Aging in Place, Advancing Better Living for Elders (CAPABLE) program, funded by the Center for Medicare and

MODELS OF GERIATRIC CARE,  
QUALITY IMPROVEMENT, AND  
PROGRAM DISSEMINATION

## Medicaid Cost Savings of a Preventive Home Visit Program for Disabled Older Adults

Sarah L. Szanton, PhD,\*<sup>ID</sup> Y. Natalia Alfonso, MS,<sup>†</sup> Bruce Leff, MD,\*<sup>‡</sup> Jack Guralnik, MD, PhD,<sup>§</sup> Jennifer L. Wolff, PhD,<sup>†</sup> Ian Stockwell, PhD,<sup>¶</sup> Laura N. Gitlin, PhD,\*<sup>‡</sup> and David Bishai, PhD<sup>‡</sup>

**BACKGROUND/OBJECTIVES:** Little is known about cost savings of programs that reduce disability in older adults. The objective was to determine whether the Community Aging in Place, Advancing Better Living for Elders (CAPABLE) program saves Medicaid more money than it costs to provide.

**DESIGN:** Single-arm clinical trial (N = 204) with a comparison group of individuals (N = 2,013) dually eligible for Medicaid and Medicare, matched on baseline age



Archives of Physical Medicine and Rehabilitation

journal homepage: www.archives-pmr.org

Archives of Physical Medicine and Rehabilitation 2017;98:896-903



## ORIGINAL RESEARCH

### Functional Goals and Predictors of Their Attainment in Low-Income Community-Dwelling Older Adults



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From the <sup>a</sup>Johns Hopkins School of Medicine and School of Public Health, Baltimore, MD; <sup>b</sup>Department of Health Policy and Management, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD; <sup>c</sup>Johns Hopkins School of Nursing, Baltimore, MD. Current affiliation for Waldersen, Center for Medicare & Medicaid Innovation, Baltimore, MD.

#### Abstract

**Objective:** To describe functional goals and factors associated with goal attainment among low-income older adults with disabilities living in the community.

**Design:** Secondary analysis.

**Setting:** Participants' homes.

**Participants:** Older adults (N = 226) with disability who participated in the Community Aging in Place, Advancing Better Living for Elders trial.

**Interventions:** A 5-month, home-based, person-directed, structured program delivered by an interprofessional team: occupational therapist, registered nurse, and handyman.

**Main Outcome Measures:** Process of occupational therapist goal setting and attainment at the final occupational therapist visit.

**Results:** Participants identified 728 functional goals (mean of 3.2 goals per participant), most commonly related to transferring (22.0%; n = 160

**CONCLUSION:** CAPABLE is associated with lower likelihood of inpatient and long-term service use and lower overall Medicaid spending. The magnitude of reduced Medicaid spending could pay for CAPABLE delivery and provide further Medicaid program savings due to averted services use.

**CLINICAL TRIAL REGISTRATION:** CAPABLE for Frail dually eligible older adults NCT01743495 <https://clinicaltrials.gov/ct2/show/NCT01743495> J Am Geriatr Soc 66:614-620, 2018.

# Hot Off the Presses

American Journal of  
Preventive Medicine

RESEARCH ARTICLE

## The Potential to Reduce Falls and Avert Costs by Clinically Managing Fall Risk



Judy A. Stevens, PhD,<sup>1</sup> Robin Lee, PhD, MPH<sup>2</sup>

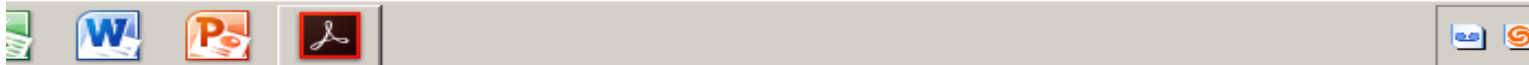
*This activity is available for CME credit. See page A3 for information.*

**Introduction:** Falls often cause severe injuries and are one of the most costly health conditions among older adults. Yet, many falls are preventable. The number of preventable medically treated falls and associated costs averted were estimated by applying evidence-based fall interventions in clinical settings.

**Methods:** A review of peer-reviewed literature was conducted in 2017 using literature published between 1994 and 2017, the authors estimated the prevalence of seven fall risk factors and the effectiveness of seven evidence-based fall interventions. Then authors estimated the number of older adults (aged  $\geq 65$  years) who would be eligible to receive one of seven fall interventions (e.g., Tai Chi, Otago, medication management, vitamin D supplementation, expedited first eye cataract surgery, single-vision distance lenses for outdoor activities, and home modifications led by an occupational therapist). Using the reported effectiveness of each intervention, the number of medically treated falls that could be prevented and the associated direct medical costs averted were calculated.

**Results:** Depending on the size of the eligible population, implementing a single intervention could prevent between 9,563 and 45,164 medically treated falls and avert \$94–\$442 million in direct medical costs annually. The interventions with the potential to help the greatest number of older adults were those that provided home modification delivered by an occupational therapist (38.2 million), and recommended daily vitamin D supplements (16.7 million).

**Conclusions:** This report is the first to estimate the number of medically treated falls that could be



# Results are In

increasing the total potential in direct medical savings.

Because of the high prevalence and large eligible population, addressing home hazards with the assistance of an occupational therapist would prevent the greatest number of medically treated falls ( $n=45,164$ ) and avert the most in direct medical costs (\$442 million). The next highest savings would result by expediting first eye cataract surgery (\$423 million), reviewing and managing medications (\$418 million), treating mobility problems

# Improving stair visibility



# Medication issues





# Kitchen Hazards



# Safer stoves



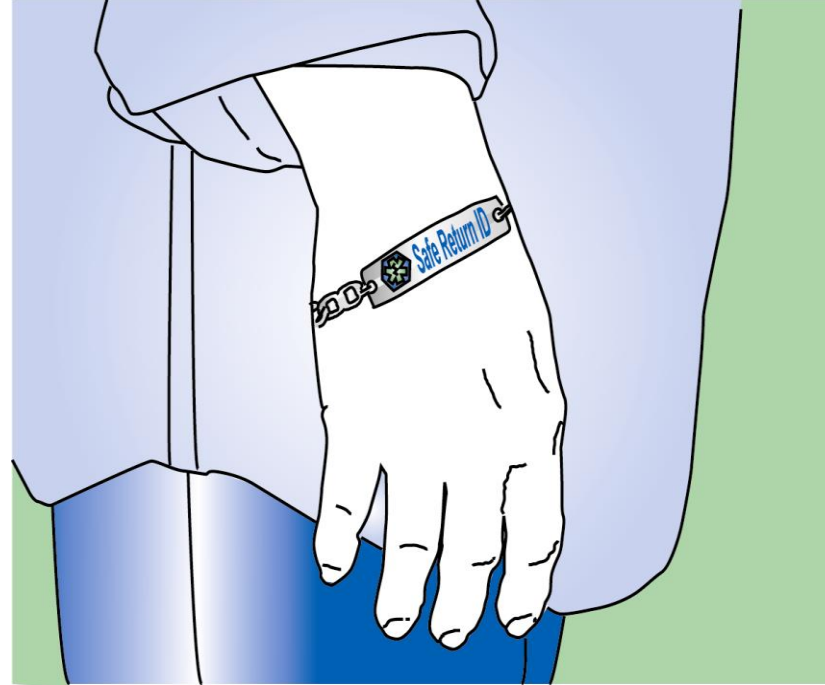
# Limit access to hazards



# Bathroom safety



# Prevent wandering



- Send for an identification bracelet from the Alzheimer's Association "Safe Return" Program.

- Call 1-800-548-2111 for information.

# Wandering continued



- Give the name and a recent picture of the person to your local police in case the person wanders away and gets lost.

# Independence IN the Home AND in the Community

- Prevention of isolation
- Prevention of injury
- Prolong ability to “age in place?”
- Ultimate goal is to promote participation!!





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