AOTA® The American Occupational Therapy Association, Inc.

Occupational Therapy: Living Life To Its Fullest®

June 22, 2015

The Honorable Orrin Hatch
Chair, Committee on Finance
United States Senate
Washington, D.C. 20510

The Honorable Ron Wyden
Ranking Member, Committee on Finance
United States Senate
Washington, D.C. 20510

The Honorable Johnny Isakson
United States Senate
Washington, D.C. 20510

The Honorable Mark Warner
United States Senate
Washington, D.C. 20510

Dear Chairman Hatch, Ranking Member Wyden, Senator Isakson, and Senator Warner:

The American Occupational Therapy Association (AOTA) appreciates the opportunity to provide comments to Senate Finance Committee's working group as it endeavors to improve care and outcomes for Medicare beneficiaries living with multiple chronic conditions.

AOTA is the national professional association representing the interests of more than 185,000 occupational therapists, students of occupational therapy, and occupational therapy assistants. The practice of occupational therapy is science-driven, evidence-based, and enables people of all ages to live life to its fullest by promoting health and minimizing the functional effects of illness, injury, and disability.

The American Occupational Therapy Association approaches this set of comments with great enthusiasm. The profession's long and proven record of success with this complex population relies on a foundation of patient-centered interventions. AOTA believes that a greater focus on the profession's primary tenets of personalized care to build positive routines and habits and of the capacity of everyone to live with a higher level of health and function is consistent with the goals of this working group. Occupational therapy can offer cost effective, evidence based solutions to enable health and function in the population with chronic conditions

The profession's knowledge base, research and skill emphasizes the critical issues that cause lower participation, decreased health, and increased costs in those with chronic conditions. Occupational therapy enables individuals to have a healthier, productive and meaningful life with a chronic condition. Occupational therapy provides interventions to address:

- Addressing performance deficits in daily self-care (ADLs) and home management tasks (instrumental ADLs), resulting from specific chronic conditions, to sustain or improve current status in these areas.

- Teaching strategies to incorporate energy conservation and activity modification techniques into daily activities to cope with physical demands and reduce the fatigue associated with many chronic conditions.

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• Individualizing adaptations to effectively perform health management tasks (e.g., ensuring that someone with hand weakness is able to manage daily insulin shots for diabetes).

• Teaching and incorporating health management tasks into existing habits and routines so they become part of the daily routine (e.g., setting up a schedule and reminder system to take medications).

• Developing coping strategies, behaviors, habits, routines, and lifestyle adaptations to support physical and psychosocial health and well-being.

These and attention to other areas stand to contribute significantly to any effort which aims to improve outcomes for the complex population of those with chronic medical conditions or disabilities.

I. Overview of Occupational Therapy Areas of Expertise

Building Routines and Habits for Overall Self-Management of Conditions

Living with a chronic condition may bring about changing physical or mental abilities. In addition, the environment both physical and psychosocial (e.g., family dynamics) may need modification or understanding. Occupational therapy practitioners analyze the demands of activities that are meaningful to the client and evaluate the fit between abilities and challenges.

Self-management is about being in charge of one's life and managing one's condition, instead of being managed by that condition. Self-management is recognized as an effective approach to managing chronic health conditions by "empowering patients to understand their conditions and take responsibility for their health" (National Institutes of Health, 2010). The client-centered nature of occupational therapy is ideal to support self-management. Whether a client is newly diagnosed or has experienced a chronic condition for many years, occupational therapy supports the challenge of managing the disease with helpful behaviors and strategies while also engaging in daily life activities.

Occupational therapy practitioners analyze the demands of activities that are meaningful to the client and evaluate the fit between abilities and challenges imposed by those activities and the environment. They may make recommendations on how to conserve energy, reduce or prevent pain, simplify the activities, and improve the safety and ease of functioning in a given environment (e.g., home, school, work).

Managing chronic conditions also involves learning specific health-management skills. These may include regularly monitoring blood pressure or weight; planning, shopping for, and preparing meals according to specific requirements or restrictions; monitoring blood glucose; administering oral, injected, or inhaled medications; or increasing physical activity. It is not enough for clients to learn and demonstrate these skills. To be effective, they must be consistently, habitually, and correctly performed; and they must be integrated into existing routines. Occupational therapy practitioners look at barriers that prevent clients from integrating health management tasks successfully into their daily routines and, if necessary, incorporate adaptations to overcome these barriers. They are particularly skilled in helping clients manage chronic conditions in a way that fits with existing routines and patterns so changes feel less disruptive and are more likely to be consistently integrated into daily routines.

Many chronic care efforts in Medicare have not recognized the importance of occupational therapy intervention whether as an individual service or as part of a team-managed and delivered program. For instance, with earlier detection and improved treatments, there has been a steady increase in the number of cancer survivors over the past decade. Altering our perspective in many cases to address cancer as a chronic condition rather than just an acute illness is important. Occupational therapy's potential contributions should be recognized in any revisions to benefits or programs.

Focus on Developing Medication Management Strategies

Medication non-adherence in patients with chronic conditions results in higher hospitalization rates, poorer outcomes, and dramatically increased health care costs. In fact, studies have shown that between 50-70% of older adults fail to take medications according to physician instructions – resulting in an estimated 3 million older adults being admitted to skilled nursing facilities each year and causing as many as 125,000 deaths annually (Wertheimer & Santella, 2003). With more than half of Medicare-age Americans taking at least three or four medications daily to treat chronic conditions, AOTA recommends increased attention be paid to medication compliance.

As leading experts in the development of habit and routines, as noted above, occupational therapy practitioners play a pivotal role in helping patients develop medication management routines. Working with occupational therapy practitioners to establish daily routines aimed at significantly improving medication compliance have proven to increase overall health and functional status, decrease risk of falls, improve cognition, and increase driver safety for older adults (Classen, Mann, Wu, & Tomita, 2004; Lococo & Staplin, 2006).

Studies in this area indicate that medication habits need to be individually developed to promote realistic integration into existing life routines. This finding is consistent with client-centered practice. Evidence also strongly suggests that patients need and would significantly benefit from skilled intervention, whether it is assisting in developing cues, arranging for equipment, assessing the environment, or arranging for monthly refills. These findings substantiate occupational therapy practitioners' role in developing specific, individualized, concrete plans for integrating medications into daily routines, thus increasing the patient's odds of adherence exponentially.

Medicare reimbursement and coverage should fully recognize this critical area for occupational therapy intervention.

Recognizing the Role of Cognition

Cognition is integral to effective performance across the broad range of daily occupations such as work, educational pursuits, interpersonal relationships as well as self and health management. Occupational therapy practitioners play a critical role in understanding the relationship between cognitive processes and performance of daily life occupations. By evaluating individuals' cognitive strengths and limitations in the context of performing everyday life activities, occupational therapists are uniquely positioned to help individuals identify strategies to compensate for cognitive loss when possible and to adapt the environment to improve their independence in participating in life and maintaining optimum health with a chronic condition. .

Early identification of performance-based cognitive impairments allows for the timely implementation of an occupational therapy care plan. Implementing routines to help patients better adhere to their medication plan, habits aimed at managing multiple chronic conditions, interventions to avoid harmful events that commonly happen during routines, activities for patients with cognitive impairments, are critical to development of any successful patient-centered model.

As in the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act. P.L. 113-185), awareness of cognitive issues is of critical importance to chronic care management in acute, post-acute and chronic care management in outpatient and home situations. Occupational therapy's unique understanding of how to evaluate cognitive problems, how to assess the effect of cognition on performance, and of how to modify or compensate for cognitive problems is critical to include in considering any improvement to the ability of Medicare to address chronic care management. Interventions to determine and address cognitive issues are valuable components of occupational therapy practice and should be fully recognized and reimbursed in inpatient and outpatient settings.

Preventing Falls

Falls represent the leading cause of injury and death among older adults and had an estimated direct medical cost of $34 billion in 2013 (Centers for Disease Control and Prevention, 2015).

In many cases, falls are a symptom of another illness condition that needs to be addressed. Diseases such as arthritis, circulatory disease, diabetes, Parkinson's, and Alzheimer's have all been shown to increase patient's risk of falling. Patients with multiple chronic diseases are also frequently taking multiple medications to treat them, leaving them significantly vulnerable to falls.

Occupational therapy interventions target improving physical abilities to perform daily tasks, modifying the environment, and changing activity patterns and behaviors. Research has shown that occupational therapy interventions save money by reducing the rate and risk of falls (Gillespie et al., 2012; Haines et al., 2004) and that these interventions significantly reduce mortality in older adults (Jutkowitz et al., 2012).

The Stepping On program, which included occupational therapy and incorporated environmental and home safety, balance, strength, vision screening, and medication management, reported a 31% reduction in falls after a 14 month follow-up report. Occupational therapy evaluations and interventions are critical to this program.

Occupational therapy home assessment and a medical visit with referrals as appropriate led to a reduction in falls and fall risk, a decrease in the chance of hospital admission, and a slower decline in ADL function at a 1 year follow-up (Close et al. 1999).

AOTA recommends that any reforms, aimed at improving care for this complex patient population, include incentives for preventing falls and that Medicare reimbursement be assured for occupational therapy interventions targeted to this critical area. Attached is a report reviewing Medicare policies on coverage of falls-related activities. Though prepared in 2010, the concerns revealed in this report remain.

Caregiver Training

Families often assume the defacto role of caregivers, providing over 90% of care for loved ones. This role can encompass responsibilities across the lifespan, from caring for children with disabilities to meeting the needs of older adults. Occupational therapy is uniquely positioned and adept at increasing the quality of life for patients living in the community, while simultaneously decreasing the burden felt by caregivers.

Recommendations and interventions delivered by occupational therapy practitioners play an integral part in improving the lives of patients living with chronic conditions and helping caregivers maximize their effectiveness in the role. Occupational therapy practitioners understand the importance of supporting caregivers, and mitigating the stress and burnout associated with the role. Occupational therapy practitioners are skilled in identifying the caregiver's needs, values, barriers to participating, and, ultimately, helping to construct a more positive caregiving experience.

> Occupational therapy sessions that provide caregivers with education, problem-solving and technical skills (task simplification, communication), and simple home modifications improve patients' skills, decrease their need for assistance, and reduce behavioral occurrences (Gitlin, Hauck, Dennis, & Winter, 2005). Caregivers showed a significant gain in knowledge of how to effectively assist with communication and nutrition; transfers and toileting; and bathing and dressing of their care recipients when receiving occupational therapy. (DiaZazzo-Miller et al, 2014).

Caregivers are key players on the client care team and often help the practitioner identify areas of deficit and develop meaningful interventions toward desired goals.

> A study examining the feasibility of an interdisciplinary team including occupational therapists using the Family Caregiver Training Program for assisting with the basic activities of daily living showed a decrease in the frequency of general doctor's office visits for both the care recipient and the caregiver. This is notable as the average annual medical cost for a middle-aged female caregiver was projected to be $4,766 more than for their non-caregiver counterparts (National Alliance for Caregiving et al., 2011). An economic evaluation of these occupational therapy services suggested that they are a highly cost-efficient intervention (Graff et al., 2006 -2008).

Any policy initiative aimed at delivering better care and outcomes for those with chronic conditions should emphasize, to a much greater degree, caregiver training services and community education campaigns. Medicare reimbursement and coverage policies must follow suit in fully recognizing the importance of education for Medicare beneficiaries' caregivers.

There is other research that we would like to highlight on occupational therapy in some other areas as follows:

Age-Related Decline:

As the American population ages, accompanying declines in physical health, mental well-being, and functional ability are expected to contribute to growing national health care costs. Fortunately, factors such as diet, lifestyle and daily routine, social support, and exercise have been shown to delay age-related

decline. Occupational therapy practitioners can provide activity-based interventions that maximize independence and enhance functioning for older adults. In two large randomized controlled trials, an occupational therapy lifestyle intervention for an ethnically diverse array of community-dwelling older adults was shown to lead to significant, lasting positive change in bodily pain, social functioning, mental health, composite mental functioning, life satisfaction, and depressive symptomatology (Clark et al., 1997, 2012). This intervention approach has also been shown to lead to health care savings that exceed the intervention's modest costs (Hay et al., 2002).

Alzheimer's Disease and Related Dementia:

Occupational therapy practitioners work with individuals with dementia to enhance function, promote relationships and social participation, and maximize quality of life. Occupational therapy focuses on capitalizing on a person's strengths to improve daily functioning. Common intervention strategies include environmental modification, evaluation of daily routines, wellness-promoting activities, and restoration of physical skills. Occupational therapy practitioners also provide education and training to caregivers. Research has shown that occupational therapy for individuals with dementia reduces the need for informal care (Gitlin et al., 2010; Knapp, Iemmi, & Romeo, 2013) and saves money by improving health status and quality of life for both patients and their caregivers while decreasing hospital and skilled nursing admissions (Graff et al., 2008).

Chronic Pain:

More than 130 million Americans suffer from chronic pain, and it is estimated that pain is responsible for more than $100 billion annually in health care, disability, and related expenses (National Institutes of Health, 2011). Chronic pain is a functional illness that can interfere with a person's ability to engage in meaningful activities. With the help of occupational therapy, individuals with chronic pain can learn to manage the physical and psychological effects of pain so that they can lead active and productive lives. Occupational therapy practitioners can identify pain triggers, teach techniques to decrease the frequency and duration of painful episodes, and recommend adaptive strategies to decrease pain during routine tasks. This approach to pain management has been shown to lead to dramatic cost savings by improving function, increasing return to work rates, reducing disability claims, and decreasing dependence on prescription medications (Gatchel & Okifuji, 2006).

AOTA is pleased that research and evidence support these components of occupational therapy practice that can have a significant impact on Medicare costs and outcomes.

II. Responses to Committee Working Group Questions.

1. Improvements to Medicare Advantage:

Medicare Advantage programs should be required to report data on care management and coordination. Anecdotal reports indicate that care management in some Medicare Advantage programs is merely a phone call after a post-acute visit. Advantage programs often contract out to a separate entity to conduct care management and thus wash hands of implementing truly coordinated care. While these are anecdotal reports, we would urge the Committee to request MedPAC or even the Department of Justice fully evaluate the type and costs of care management in Medicare Advantage to assure that the resources

Medicare Advantage programs obtain are used to full effect to achieve management of chronic condition care and achieve improved health outcomes through that service.

While beneficiaries dissatisfied with the care management can choose an alternative plan during open enrollment and seek better care management, the current ratings system seems not to educate beneficiaries or their representatives well about what to expect from care management in Medicare Advantage.

In general, AOTA has heard concerns about copays for occupational therapy received through managed care and that sometimes they can be more than under a Part B plan. For many, copays serve as a deterrent to seeking needed care and not seeking needed care will affect health outcomes.

AOTA would also encourage support by the Committee for provision of occupational therapy outpatient services in the home. Under Medicare law, occupational therapists in private practice are allowed to see patients in their office or the patient's home. This is similar to access to therapy by long-term nursing home residents not on Part A. However, we have reports that Medicare Advantage programs refuse to allow their network providers to provide occupational therapy in beneficiaries' homes. We feel this is discriminatory against both private practitioners and beneficiaries. Medicare Advantage, and indeed all Part B therapy providers including hospital outpatient therapy departments, should be allowed and encouraged to provide therapy in the home when appropriate or when desired by the beneficiary in the home.

Additionally, Medicare Advantage should continue to strive for greater patient engagement and incentivize access to services like occupational therapy that help patients remain in compliance with their plan of care, have coordinated services, and achieve better health and life outcomes.

2. **Transformative Policies: ACO, APMS**

Occupational therapy practitioners have an important role to play in ACOs and other alternate payment models. The principles driving efforts to transform health care delivery through these integrated care systems align with traditional occupational therapy education, beliefs and values. AOTA believes a greater emphasis on the participation and input of non-physician providers, like occupational therapy, is needed and is critical to the success of all current and future APM initiatives.

Occupational therapy practitioners are trained to improve quality of life, function, and participation. They provide care within a team context when appropriate - coordinated care that is patient-centered, family-focused, and that treats the whole person within the meaningful context of his or her everyday life and across his or her lifespan.

Some examples of how occupational therapy can be an integral part of ACOs include: screening for functional deficits upon entrance into an ACO or other APM entity; addressing function and safety during discharge planning from acute and post-acute care to prevent rehospitalization; managing care – especially for chronic conditions such as diabetes, neurological conditions, or mental illness – to promote self-management; screening and prevention in areas such as falls; and other wellness interventions that will help achieve quality outcomes at reduced cost.

The development of APMs offers an opportunity to redefine primary care to provide true "primary care" like that supported by experts like Barbara Starfield and Thomas Bodenheimer. Their vision of primary care includes:

- First contact care
- Continuity over time
- Comprehensiveness
- Coordination

To implement this vision that is truly patient-centered and targeted toward long term outcomes, systems need to have a comprehensive view of capabilities of all members of the setting or systems team; a comprehensive view of patient to consider the patient's desires and situation and a comprehensive view of illness/condition.

Efforts to develop new models of coordinated care for individuals with multiple chronic conditions should adopt a broad, team-based approach to service delivery; they should not define primary care services as only physician or physician extender services. They should be constructed with a full range of comprehensive services encompassing rehabilitative and habilitative services (as required in the Affordable Care Act) like occupational therapy that, if provided as early and along a continuum, can increase patient engagement and involvement and limit the number of people whose conditions become complex. Occupational therapy practitioners are trained to provide interventions that can maximize independence and functioning, before the onset of disease or disability. These interventions have been shown to lead to health care savings and should be allowed along with other prevention-based interventions that have not traditionally been covered in the FFS model, including group interventions.

Occupational therapists work within interdisciplinary teams to develop, coach, or direct population-based wellness initiatives that can help prevent chronic disease in those at greatest risk. Occupational therapy practitioners were involved in the development of two of the recent health promotion and chronic disease models promoted by the Substance Abuse and Mental Health Administration (SAMHSA) for the Primary and Behavioral Health Integration (PBHCI) program: Nutrition and Exercise for Wellness and Recovery (NEW-R) and Whole Health Action Management (WHAM). Interdisciplinary groups involving occupational therapists are also valuable tools for disease management. The Healthy Eating and Lifestyle After Stroke (HEALS) program (currently in clinical trial) is designed to improve healthy lifestyle practices among stroke survivors. Group interventions such as the "Take Back My Life" program at Battleground Health Care, WA, help clients manage chronic pain without medication. Similar group models can be used for the management of diabetes, heart disease, COPD and other chronic conditions.

But the definition of primary care must be consistently expanded to include this broad construct of contact, continuity, comprehensiveness, and coordination. We were pleased that CMS updated the definition of "primary care services" used to assign beneficiaries to ACOs in the MSSP to include transitional care management (TCM) and chronic care management (CCM) codes in their June 9, 2015 final rule on the Medicare Shared Savings Program. We welcome efforts to harmonize the definition of primary care across different programs, and institutionalize a definition that includes care coordination across a medical neighborhood, patient and caregiver engagement, population health initiatives, advanced access and integrated treatment planning, as under the Innovation Center's Comprehensive Primary Care

Initiative (CPCI) – as well as in the transforming clinical practices initiative (TCPI), patient-centered medical homes (PCMH) and advance primary care (APC) programs.

3. Fee-for-Service Reforms to Incentivize Coordination

The establishment of Chronic Care Management (CCM) CPT® codes was an important step forward in coordinating care for this complex population. CMS continues, however, to limit the use of CCM codes to physicians. Incentivizing greater care management must be more inclusive of non-physician providers.

In occupational therapy, care coordination or management may actually involve an intervention that is coded using an intervention code. But some coordination and management may occur outside of intervention. AOTA recommends that the role and impact of non-physician providers in chronic care management be valued, especially as part of CCM teams in ACOs and other new models. With that in mind, AOTA recommends broadening the use of the CCM codes to professionals, like occupational therapy practitioners, who play a key role in patient engagement and compliance. These services should be allowed under appropriate changes to coverage criteria and be able to be reimbursed properly.

4. Use, Coordination, and Cost of Drugs

See: Developing Medication Management Strategies – above.

5. Improving Telehealth

Occupational therapy practitioners use telehealth as a service delivery model to help clients develop skills; incorporate assistive technology and adaptive techniques; modify home environments; and create health-promoting habits and routines. Benefits of a telehealth service delivery model include increased accessibility of services to clients who live in remote or underserved areas, improved access to providers and specialists otherwise unavailable to clients, prevention of unnecessary delays in receiving care, and an enhanced ability to monitor and manage the habits and routines of those living with chronic conditions.

Systematic reviews and comparative efficacy studies of occupational therapy using telehealth have proven to yield similar outcomes when compared with in-person services for treatment of chronic conditions (Steel et al., 2011), wheelchair assessment (Barlow, Liu, & Sekulic, 2009; Schein et al., 2011), preadmission orthopedic occupational therapy home visits (Hoffmann & Russell, 2008), assessment of activities of daily living and hand function in people with Parkinson's disease (Hoffmann, Russell, Thompson, Vincent, & Nelson, 2008), rehabilitation and adaptive equipment recommendations for older adults with mobility impairments (Sanford et al., 2007).

Occupational therapy via telehealth has already demonstrated value and quality to federal government payers. Both the U.S. Department of Defense and Veteran's Health Administration permit and encourage occupational therapy via telehealth. The U.S. Department of Veterans Affairs (VA) has been at the forefront of health care delivery via telehealth. A VA report noted a 22% annual increase in telehealth utilization and reported that 1,793,496 telehealth episodes of care took place in fiscal year 2013 (Darkins, 2014). Home telehealth services within the VA enabled 41,430 patients to live independently in their own homes rather than receiving care in a long-term institutional setting. Telehealth programming in the VA resulted in decreased hospital bed days of care, decreased hospital admissions, travel reduction savings of approximately $35 per consultation, and high patient satisfaction (Darkins, 2014).

Unlike in Medicare, occupational therapy practitioners are able to participate in VA telehealth delivery and provide therapy through a variety of rehabilitation and health and wellness services (U.S. Department of Veterans Affairs, 2014), including rehabilitation for veterans with traumatic brain injury (Girard, 2007), lower limb amputation or ulcer (Rintala et al., 2004), stroke (Chumbler et al., 2010; Lutz, Chumbler, Lyles, Hoffman, & Kobb, 2009), and mobility impairments (Sanford et al., 2006, 2007); evaluation and recommendations for adaptive equipment and assistive technology to support aging in place (Bendixen, Levy, Olive, Kobb, & Mann, 2009; Sanford et al., 2007); chronic disease management (Bendixen, Horn, & Levy, 2007; Darkins et al., 2008); and provision of home exercise programs, adaptive strategies, assistive technology, and home modification (Hoenig et al., 2006).

In addition to telehealth programming for rehabilitation and health and wellness services, VA telehealth programs also aim to support and improve the quality of life of caregivers of veterans (Griffiths et al., 2010). Despite proven results, occupational therapy practitioners remain ineligible for reimbursement under Medicare for services provided via telehealth.

With that in mind, AOTA recommends that occupational therapy practitioners be allowed to bill for services delivered via telehealth under Medicare, and calls on Congress to remove the statutory prohibitions contained in Social Security Act 1834(m). AOTA believes that allowing Medicare to reimburse for occupational therapy services would yield significant improvements in function, participation, overall wellness, and independence for this complex patient population, as it has within DOD and DVA.

In addition to removing barriers to reimbursement in the Medicare program, we would urge the Committee to consider expanding telehealth services to include remote-patient-monitoring. Through remote-patient-monitoring, occupational therapy practitioners are able to monitor a client's adherence to an intervention program, assist a client in progressing toward achieving desired outcomes, and track and respond to follow-up issues and concerns within a client's natural environments.

Finally, AOTA recommends a waiver of current telehealth requirements in order to permit ACO demonstrations and other capitated alternate payment models utilize occupational therapy as an eligible service via telehealth.

6. Increasing Chronic Care Coordination in rural areas

We also support waiving the homebound requirement under the home health benefit for all alternative payment approaches, including MSSP ACO's as put forth in the proposed rule released on December 8, 2014. While CMS did not include this change in the final rule on June 9, 2015, CMS referenced continued study of this issue. AOTA believes such investigations should take place. AOTA believes that enhancing access in appropriate cases will result in direct cost savings through the avoidance of hospital admissions and re-admissions, serious falls, cognition and skin integrity issues to name a few areas. (Note, these are areas emphasized by the IMPACT Act and should thus be extended to outpatient Part B and other care.)

AOTA recommends that occupational therapy be recognized as a "qualifying service" under the Medicare home health care benefit and occupational therapists be permitted to open 'therapy only' cases if occupational therapy is in the physician's order, a reform that would require legislation.

Short of enacting legislation to recognize OT as a qualifying service, AOTA urges the Committee to support soon-to-be introduced legislation that would allow OT to conduct the initial home health assessment. Legislation addressing this disparity has been introduced in previous Congresses going back more than twenty years and has been scored at no cost. The legislation would increase home health agencies' flexibility by allowing the most appropriate professional to perform the initial assessment and help begin needed care for those at home, especially in rural areas.

The Committee might also consider encouraging home health agencies to provide Part B services including occupational therapy in the home when a beneficiary is not eligible for the home health benefit. Encouraging the network of agencies that already exist around the country to provide services in the home would complement the development of coordinated care and help better meet the needs of those living with chronic conditions.

While agencies may not achieve the same margins under Part B payment, they should be encouraged to provide such services to increase positive outcomes, such as reducing hospitalizations and emergency room visits. The network of agencies is a tremendous and critical resource which must be taken advantage of. This can be achieved by promoting the provision of Part B services by these agencies in collaboration with other providers in the community.

Also See: Telehealth

7. **Strategies for empowering Medicare patients to play a greater role in managing their health and meaningfully engaging with their health care providers**

The Committee's use of "empowering" and "meaningfully engaging" is using language directly from the occupational therapy vocabulary and its ethical underpinnings. Occupational therapy is based in the belief that an individual can be empowered to conduct their life as they see fit and to their maximum capacity.

Occupational therapy's role is to come into engagement with the client/patient, determine their goals, and develop strategies for those goals to be met while maximizing independence and full function and participation in life. This means occupational therapy engages with individuals to enable them to manage their health, not for the occupational therapy practitioner to be conducting that management. The goal is always on "discharge" from therapy. While occupational therapy may be needed periodically to update or change strategies to meet clients' changing needs, the focus is on "periodic."

System-wise, new Medicare structures must be designed to optimize access to services such as occupational therapy to achieve engagement. Access includes having an adequate network; allowing access in the home, community and facilities; enabling optimum communication through high and low (e.g., telephone) technology; and facilitating maximum utilization by encouraging physicians and other gatekeepers to remove false barriers to access.

8. **Utilizing Primary Care Providers and Care Teams**

Occupational therapy practitioners have a key role to play in primary care and related teams, and it's critical that all new payment and care systems adopt the broader team-based approach to service delivery. Team based approaches ought not to define primary care services as only physician or physician extender services. Team-based approaches are much more effective in managing chronic conditions and in preventing the development of more complex conditions. Consideration should be given to incentives for

preventative approaches to health and wellness that decrease the proportion of the covered population with chronic conditions that develop more "complex" conditions.

Also see: Transformative Policies

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AOTA thanks the Senate Finance Committee for considering our comments. We look forward to working with you to improve care for Medicare beneficiaries living with multiple chronic conditions.

Sincerely,

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