The Merlin Factor: Creating Our Strategic Intent for the Future Today

During the past 3 years, I have had the wonderful opportunity, honor, and privilege to interact with and learn from the boards and members of many of our state associations, the members of our Representative Assembly, and the members of our tireless and dedicated national association board and office staff. What have I learned from all of you? What have my experiences taught me? They have taught me something that I never expected. Something that I guess I always took for granted but did not appreciate to the depth of my being as I do today. I have learned that we are not merely a profession. We are a valuable profession. Valuable to both the current and future health of all Americans and our society.

As you are all well aware, the health care delivery system within which we practice continues to change rapidly and dramatically. These changes are driven by aggressive competition among providers, demanding health care users and payers, and the ever-increasing demand for managed care. To succeed in this environment, we must continue to evolve our value of our professional status as well as to be valued for our economic usefulness.

To be valued in this new health care arena, we must satisfy the demands of our clients, those who pay for our services, and those who employ us to provide them. For this reason, it is imperative that the course of our profession’s development be based on a clear understanding of the external realities of the world within which we function.

It has been said that a profession has evolved when the following six criteria have been met:

1. It has evolved a theoretical body of knowledge.
2. A prolonged period of specialized education and training is required to assimilate and apply the theoretical body of knowledge.
3. A formalized professional association is established.
4. The professional association establishes a code of ethics.
5. The profession is founded on a strong service orientation.
6. The members of the profession function with a high degree of autonomy.

It is our strong service orientation that makes us a valuable profession. We have a history of prolonged commitment, strong motivation, and a sense of individual responsibility to serve the interests of our clients. We provide our services to and advocate on behalf of our clients with a sense of mission to serve the community interest rather than self-interest.

Today, as we stand on the threshold of the 21st century, we also stand on the threshold of both significant challenges to our autonomy and unprecedented opportunities to expand our practice roles. The decisive dimension of professional status is the achievement and maintenance of autonomy—the ability of the profession to control itself and thereby control its own destiny.

When we look at how a profession develops, it would appear that we have reached that stage in which it is necessary to further define our roles and reestablish the imperative of our autonomy. It has been said (Kuhn, 1974) that as a profession follows its natural path of evolution, it passes through four stages of development:

1. The first phase is the preparadigm period, a period that precedes the formalization of a profession.
2. The next phase is the paradigm period, a time in the profession’s

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development that signals the first consolidation of the discipline and the acceptance of a dominant ideology, methodology, and common purpose.

3. The third phase is a period of crisis, a point in time in which the paradigm for professional existence and success for some reason fails the profession by leaving some major problem or problems unsolved.

4. The fourth and final phase is that of accepting a new paradigm, a time in which a new dominant ideology, methodology, and common purpose evolves: a new paradigm that redefines the discipline in some way.

In this four-phase scenario, the period of crisis is not a negative phase to be avoided. It is a natural response to changes either within or outside the profession that bring about both challenges and opportunities. It is a phase of development that instigates the profession to define its future and to begin preparing for it. In all practical reality, the health of a profession is based on its ability to continually develop. The engine for that development is the profession's cyclical repetition of periods of crisis and the shaping of a new paradigm.

Today, we once again find ourselves in the midst of phase three. The impetus for the crisis that fuels our movement toward a new paradigm for success is the massive and dramatic changes that are occurring in the funding of health care services. These changes have affected all of our work environments and all the populations we serve. The resolution of this period of crisis and the construction of our new paradigm require a breakthrough in how we perceive ourselves, the services we provide, and the ways in which we provide them.

Change will be inadequate to the task at hand. Change will only bring about doing the same thing in a different way. Change is like rearranging the furniture in a room: It looks different, but functionally it is the same. A breakthrough is a dramatic shift in the vision of our future, a breakthrough that interrupts the status quo. It is a complete break from "business as usual."

To create a breakthrough, we must function on the basis of the Merlin Factor. As you know, Merlin was the great magician in King Arthur’s court. He had the uncanny ability to know the future, and by knowing the future, he was able to advise King Arthur on the actions he should take in order to successfully handle the present. The Merlin Factor, then, is the ability to shape the present from the perspective of a clearly envisioned point of departure in the future. It is the ability to think and plan backward from that envisioned point in the future to generate effective action in the present.

I am not about to tell you that I am Merlin and that I know what our future paradigm is and, therefore, how to solve our current period of crisis. Rather, I want to propose a way that we can begin to envision our future. For the sake of discussion, let us envision our future in our country's health care system as one in which we are accepted and function as full and independent partners with all other health care providers. Looking back from this envisioned point in the future, we then raise the question: What actions should we take today in order to reach this point in the future?

In response to this question, I would like to address one action that I believe is extremely important, an action that I believe must be taken with all due speed. I strongly believe that we must move from our preoccupying internal focus to an external focus on the health care landscape within which we function. We know we are valuable, but we must assure that we become valued. To this end, the decisions that arise out of our current phase three of professional development must, at a minimum, result in action steps that are designed to position us as a valued profession.

We must communicate our professional values, knowledge, and skills to all of our customers (i.e., patients, payers, employers) in a manner that identifies us in their minds as a profession that provides a service that is of value to them. In this regard, I propose four concrete, externally focused action steps:

1. We must demonstrate that our core values are aligned with our customers' core values.

   a. We must champion the transformation of the health care system from a curative to a community-based model.

   b. We must develop a comprehensive public relations campaign to promote our core values.

   c. We must create a database of our customers' core values.

   d. We must develop a system for monitoring and evaluating our progress.

2. We must clarify our role in the enhancement of wellness.

3. We must assure continued clinical competency.

4. We must advocate on behalf of those we treat.

To Be Valued, We Must Demonstrate That Our Core Values Are Aligned With Those of Our Customers

Occupational therapy is grounded philosophically in concepts of mind–body unity. We believe that the disruption of that unity is the basis for psychosocial disability and that the use of purposeful activity is the treatment vehicle to restore the unity of mind and body. Purposeful activity has been the central focus of our profession throughout its history.

The emergence of occupational science in 1990 brought us a deeper understanding of the power and potency of occupation and the need to go beyond physical systems in order to reestablish the relationship between daily activity and quality of life (see Yetza et al., 1990). Occupational science recognizes that some degree of chronic disability will always exist after a disabling pathologic condition. It recognizes that the purpose of rehabilitation is not to "cure" the disability but rather to elicit and foster adaptive responses of persons with disabilities to environmental challenges through purposeful and meaningful activities. The American Occupational Therapy Association’s (AOTA’s) National Awareness Campaign stands as an excellent example of an external focus in bringing these core values to the public at large.

We must also demonstrate our core values in our clinical decision making:

The changes in today's health care values have brought with them the ethical responsibility to prioritize and allocate care on the basis of worth, that is, to distinguish between good care and futile care. This responsibility is absolutely consistent with two occupational therapy core values—truth and prudence. As articulated by the...
which, in part, states [that] "occupational therapy personnel shall provide services in an equitable manner for all individuals" (p. 1037) and that "occupational therapy personnel shall take all reasonable precautions to avoid harm to the recipient of services" (p. 1037).

We must assure that we equitably allocate our services not only on the basis of individual need but also on the basis of the person's potential to attain an outcome of worth. We must assure that we do not do harm by providing services to those for whom such endeavors are futile and, thereby, diminish the amount of services that can be provided to those for whom such endeavors will not be futile. (Foto, 1998, p. 89)

Finally, we must not do harm by holding out false hope by providing services when doing so is futile.

To Be Valued, We Must Clarify Our Role in the Enhancement of Wellness

Today, there is ever-increasing awareness of the need for health care policymakers to consider our occupational roles as well as occupational therapy specifically. We must demonstrate a unique willingness and a special ability not only to treat illness and manage health, but also to prevent disease, injury, or illness. The AOTA recognizes 12 distinctly different occupational therapy roles and 15 Special Interest Sections.

A general practice certification examination is appropriate to enter the practice of occupational therapy. However, it would be inappropriate to use an instrument such as this, which is designed to measure a broad range of knowledge, to determine the competency of those practicing within the narrow competency requirements of our various roles and specialties. Competency assessment must take into consideration our occupational roles as well as our areas of practice specialty.

At this time, the AOTA recognizes that the manner in which we assure continuing competency is critical to our continued professionalism and the protection and financial well-being of occupational therapy practitioners.

1. The manner in which we assure continuing competency must appropriately balance the needs and interests of all stakeholders. A one-size-fits-all approach would be inconsistent with the diversity of occupational therapist roles and practice specialties found in our profession.

4. The assurance of continuing competency is critical to our continued professionalism and the protection and financial well-being of occupational therapy practitioners.

To Be Valued, We Must Assure Continued Competency

The AOTA as a professional organization and its individual members hold a profound obligation to protect the health, safety, and welfare of those we serve. Within this context, I would like to put forward four points for consideration in developing the appropriate action steps to assure continued competency:

1. Assuring continuing competency is not an option. It is our professional obligation to those to whom we hold forth our services. The question is not whether but how to ensure the continual competency of occupational therapy practitioners.

2. The assurance of continuing competency and quality of care is desirable not only for the protection of the public, but also for the protection and advancement of the occupational therapy profession and the protection and financial well-being of occupational therapy practitioners.

3. Finally, we must recognize that successful passage of a certification exam or a recertification exam does not assure competency. We should not confuse the demonstration of didactic knowledge with consumer protection. Competency and consumer protection, whether entry level or continual, must be viewed and measured within a broader framework.

A certification examination and its criterion level for successful passage sets forth our profession's minimal competency standard. Our Code of Ethics (AOTA, 1994a) sets forth our highest standard. In my view, competency is based on a body of knowledge and a set of skills that when provided to our consumers are guided by our Code of Ethics, shaped by our profession's values, and driven by our 10 standards of practice (AOTA, 1994b). We must be clear that a certification examination addresses only one of these components of competent practice—it only measures knowledge.

The fourth external focus that I have suggested is that of advocating on behalf of those we serve. We must seek better policy benefits for rehabilitation in general as well as occupational therapy specifically. We should seek means of requiring full disclosure of policy benefits, limits, and exclusions during marketing campaigns, in sales literature, and in the policy itself. We should provide information regarding appropriate types, frequency, and duration of rehabilitation to the Committee for Quality Assurance. This nationally based committee is to managed care organizations what the Joint Commission on Accreditation of Healthcare Organizations and the Commission on Accreditation of Rehabilitation Facilities are to rehabilitation providers. It conducts detailed inspections and evaluations of managed care organizations and provides a report card on the quality of their care to those who purchase health care plans from them.

Today, I have put forward the idea that we are inexorably evolving toward a new occupational therapy paradigm. I have suggested that the action steps we take to move into our future must be based on an external focus. That is, look at the needs of our customers (i.e., patient, payer, employer) and create ways to demonstrate how we are uniquely positioned to meet them. I have also recommended four areas in which we can take such a focus:

- Demonstrate the applicability of our core values within the context of today's health care values.
- Participate in the wellness movement.
- Address the need for continued competence in a manner that assures our customers more than that practitioners have the ability to pass a test.
- Function as patient advocates in the broad area of health care policy development and implementation.

The AOTA as a whole and you as individual members are now facing a major fork in the road of our professional
development. It is time to choose which road we will take. As it is in any aspect of our lives, a fork in the road means we must make choices. I have put forth the position that one fork in the road is that of an internal focus and the other is that of an external focus. Clearly, I am advocating for an external focus:

- We can choose to seek cooperative, positive means of responding to the changing state of health care or continue on our existing path, which may feel more familiar, comfortable, and safe but no longer fits the realities that surround us.
- We can choose to seek and foster cooperative arrangements with other professions or seek hierarchical supremacy via interprofessional competition, a road in which the consumer is the ball and we are at match point.
- We can choose to embrace the new health care system and work for change within it, or we can continue to deliver services in the same old ways, ignoring how the new system is affecting our future.
- We can choose to acknowledge the business side of our practice or keep our eyes closed and let it be "someone else's problem."
- We can choose to monitor ourselves and insist on integrity and adherence to the highest standards or judge and blame the rest of the world for our shortcomings.
- We can choose to seek a higher level of competency in what we do or accept the status quo.
- We can choose to define what we do both to ourselves and to our public or continue to use words with a myriad of definitions that serve only to confuse or weaken us and others' perceptions of us.
- We can choose to speak out for all rehabilitation issues or leave that to someone else.

Three years ago, I put before you the idea that the radical changes in our health care delivery system will have a profound effect on the future of our profession. I offered my opinion that we must proactively respond to the shifting landscape of health care and chart the course of our profession's evolution into this new era of health care that places high value on those who can provide the highest quality service for the least cost. I stated that a change in our perception and thinking about why and how we provide our services will not be sufficient, for change will only result in doing the same thing in a different way. I proposed that a breakthrough in our perception and thinking would be required. My experiences of the past 3 years have deepened my sense that a breakthrough, a dynamic and unprecedented break with our past perceptions of the roles of our profession and the health care delivery system within which it functions, must occur to position ourselves to compete today and in the future.

Change masters create breakthroughs, and by training and clinical practice, we are all change masters. In a certain sense, we are all Merlins. On the basis of our evaluations we envision our clients' futures—the clinical outcomes we believe they can attain. We then establish the short-term goals and treatment plan that will facilitate our clients' progress through their period of crisis in order to evolve into their new paradigm—a person with a disability rather than a disabled person.

It is in this spirit that I challenge all of us not only to be change masters for those we serve, but also to apply to ourselves that which we encourage and help our clients to do—to look to the future and, when doing so, to look outward. The constantly and rapidly changing landscape of health care today creates a dynamic that requires an extreme awareness of the external realities within which we practice. We cannot afford to be complacent and only place our attention and energy on rearranging our house. We can no longer ride on the coattails of the medical profession. We must create our own destiny! As William Jennings Bryan once said "Destiny is not a matter of chance, it's a matter of choice."

We have a strong profession that provides a valuable service. Our sense of personal responsibility to serve the interests of our clients combined with our sense of mission to meet the needs of the community rather than ourselves is our strength. We must now create our destiny within this new era of health care by taking the message of our strength to the world around us. ▲

References


