with the system itself. After all, vigorous and constructive disagreement can lead to needed changes.

As advocates of rehabilitation for the aging, we need a clear understanding of all reimbursement systems, including the Medicare program, so that we can work effectively within the existing structure, as the letter writers suggest.

Even more so, we need the clarity of vision to see where changes in the system are needed, the courage to criticize what is wrong with the system, and the will to change the system when doing so will improve access of the aging to needed occupational therapy services in a responsible and cost-effective manner.

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Reimbursement Restrictions in Home Health

I was intrigued by Daisy Kunstaetter’s article “Occupational Therapy Treatment in Home Health Care” (Aug. 1988 AJOT pp. 513–519) quantifying the discrepancy that exists between home health therapists’ perception of treatment and documentation entries as reviewed by the author. The article is a bold step in verifying providers’ fears about the practical and psychological impact of reimbursement restrictions on the provision of health care.

It is highly unfortunate that the Reagan era has dictated this condition. Many providers live in doubt as to whether their treatments will be reimbursed by fiscal intermediaries and government regulators. This concern has been growing over recent years as the rate of home health denials has increased or fluctuated greatly and the interpretations of reviewers have varied due to lack of standards.

The article did not explore the possibility that home health agency administration or supervisory personnel might contribute to this discrepancy by encouraging therapists to document only reimbursable care rather than all kinds of treatment rendered.

Although I have some concerns about the credibility of any profession when such discrepancies are uncovered, I remain convinced we as therapists must demonstrate our unique contribution to patient care in addition to documenting the reimbursable aspects of our treatments. Only in this way can we educate colleagues, expand the reviewers’ knowledge of occupational therapy, and justify the provision of our services (rather than having them substituted by other professionals) in any setting.

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In Focus Should Include Only Referenced Findings

We object strongly to the publication of nonreferenced research findings in the November 1988 AJOT In Focus column entitled “Babies’ Exposure to Cocaine Is Risky” (p. 753). Although a general information and idea forum is useful to occupational therapists, recent and controversial research reports do not fall under this heading. The article is a good example of the hazards in this practice. Since we are conducting research described in the column, we can confidently state that some of the information was inaccurate and misleading. We suspect the column item was a summary of multiple authors’ work, which was presented at a recent conference. If this is the case, then, minimally, the name, date, sponsoring organization, and location of the conference as well as the major contributors should have been cited.

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Editor’s Note

Material for In Focus is culled from a variety of resources, including press releases, newspapers, news services, and association newsletters. Some of these sources do not provide the kind of documentation requested above. Also, these sources do not usually indicate that their research or information is controversial. However, we will try to include the documentation in future In Focus columns.