NATIONALLY SPEAKING

Occupational Therapy and Home Health Care

Michael J. Steinhauer

This special issue of The American Journal of Occupational Therapy (AJOT) is devoted to the issues of home health care. Although the importance of the home environment in the treatment of illness has been well known, its importance has now been formalized by third-party payers for home health care services. Between 1974 and 1982, Medicare program payments for home health services increased 965.5%. Total Medicare expenditures increased only 296.8% in the same period. Increased use was demonstrated by a 246.9% rise in home health visits (1). With the implementation of the Prospective Payment System within hospitals, it is anticipated that there will be greater need for home health services because patients may be discharged sooner than in the past. There is little doubt that the trend will be toward more home-delivered services; this will result in an impact on health professions.

The Impact on Occupational Therapy

The impact on occupational therapy has already been demonstrated. The American Occupational Therapy Association (AOTA) member data survey for 1982 (2) shows that the number of registered occupational therapists that list home health agencies as a primary employment setting increased from 0.9% to 3.8%. Although the increase in the number of certified occupational therapy assistants (COTAs) has been somewhat slower, the percentage of COTAs in home health has grown from 0.2% to 0.8%. According to Carolyn Baum at a speech given at an Illinois Occupational Therapy Association meeting April 6, 1984 in Collinsville, IL, there are no statistics to define the number of hospital-based home care occupational therapists; however, it is anticipated that there will be an increase in those numbers as well. Although some occupational therapy personnel have treated patients in their homes from the profession's beginning, this type of treatment has not been the main focus of practice, which traditionally has been institutionally based. Although home nursing care has been well established, especially through the Visiting Nurse Associations, only recently, with the advent of third-party payers to support home health care, have occupational therapy personnel begun to develop practice in this area.

"Skilled" Status

Occupational therapy services are currently found on the rosters of most Medicare-approved programs but are often described as a "modified skilled" service among nursing, physical therapy, or speech therapy. That is, Medicare patients may receive occupational therapy services after the need for nursing, physical therapy, or speech therapy ends. However, the need for occupational therapy services alone will not qualify occupational therapy personnel for reimbursement under Medicare in home health; another service must also have been performed (3). Occupational therapy did enjoy "skilled" status for a short time in 1980 to 1981, but policy makers dropped this rating for reasons that are still unclear (4). However, occupational therapy personnel have continued to participate actively in home health delivery, greatly affecting the success of patients' treatment programs. As more emphasis and funds are directed toward home-delivered services, occupational therapy will have the opportunity to organize so that it can gain recognition by accredited providers as a necessary service.
Issues Must Be Addressed
There are a number of issues to be addressed before occupational therapy can be fully effective in home health care. Through AOTA and state associations, we need to secure the “skilled” Medicare status we once had, so that we can service patients whose only treatment need is occupational therapy. The relationship between the Prospective Payment System, diagnostic related groups, and the savings gained from earlier (but medically safe) discharges should be aligned with the profession’s practices and contributions in home health care. Therapists and assistants must also familiarize themselves with Medicare program rules and regulations as written. Although the Medicare system is workable, there are significant gaps that hinder our potential contributions toward total patient rehabilitation. In addition, private health insurance companies tend to copy the practice of government; efforts to secure a positive environment from the government’s third-party system might result in the same consideration, to include occupational therapy as a benefit provision, from private insurance companies (5).

Information Exchange
Another issue is the lack of publications about and professional guidelines for occupational therapy and home health care. The small number of articles available to occupational therapists is now increased with this first full issue of *AJOT* devoted to home health care. To increase this information flow, therapists are urged to submit manuscripts about home health care and occupational therapy to relevant journals. Also local district or state-wide committees of home health occupational therapy practitioners can be organized individually to study the procedures and patterns of home health delivery (for further information, contact Ben Atchison, Med, OTR, Bay Valley Home Health Services, 1014 Gilbert St., Flint, MI 48504). These groups should be encouraged to submit proposals to speak at local and national conferences.

Educational programs at all levels in occupational therapy should incorporate information on home health issues, methods, and treatment into the curriculum content. Dialogue should begin between the educational programs and home health services to establish fieldwork possibilities; thus, therapists and assistants entering the profession will have experience in this expanding field of health care delivery.

Research programs in home health care should be planned to obtain information about efficiency and efficacy and whether or not this is the optimum manner to deliver services to the consumer. Home health care agencies should pool data to obtain larger populations for statistical analysis.

Occupational therapists and assistants must also keep abreast of developments in other areas of home health delivery. The theoretical concept of team coordination in health care delivery must become more of a reality in the often-isolated world of home health. The technological advances in medical and rehabilitative care will directly influence the occupational therapist in planning treatment and forming a prognosis. For example, when nurses can train their patients in the use of home blood pressure monitoring devices, the therapist can expand on this skill to advance functional abilities in activities of daily living.

Occupational therapists should also establish direct liaisons for discussions on issues of concern to all health professions. Membership in national or state associations of the home health industry is one way to accomplish this. For instance, the American Federation of Home Health Agencies attracts both clinicians and administrative staff to its meetings and seminars. Occupational therapists can benefit from participation in associated organizations in the home health industry.

The 1980s will see an increase in home health care delivery services in the patient’s own community. Meeting the challenge to change from institutional settings to the community will ensure a positive environment for occupational therapists for many years.

REFERENCES