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 pre-paradigm 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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This article is taken from her address delivered at the Annual Conference of the American Occupational Therapy Association, Baltimore, Maryland, April 1998, and was accepted for publication March 23, 1998.
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 requires 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.

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 1960 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... AOTA (1993), "Truth requires that we be faithful to facts and reality... [and that we demonstrate truth by] being accountable, honest, forthright, accurate, and authentic in our attitudes and actions" (p. 1086). To be prudent is to "value judiciousness, discretion, vigilance, moderation, care, and circumspection" (p. 1086) in making judgments. This responsibility is also consistent with our Code of Ethics (AOTA, 1994),
To Be Valued, We Must Clarify
Today, there is ever-increasing awareness
when doing so is futile.

Our Role in the Enhancement
of well-being. Occupational therapists
must demonstrate a unique willingness
and a special ability not only to treat
impairments and disabilities, but also to
manage health.

To Be Valued, We Must Assure
Continued Competency
The AOTA as a professional organiza-
tion 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 considera-
tion in developing the appropriate action
to assure continued competency:

1. Assuring continuing competency
is not an option. It is our profes-
sional obligation to those to whom
we hold forth our services. The
question is not whether but how
to ensure the continual competen-
cy of occupational therapy practi-
tioners.

2. The assurance of continuing com-
petency and quality of care is de-
sirable not only for the protection
of the public, but also for the pro-
tection and advancement of the
occupational therapy profession
and the protection and financial
well-being of occupational therapy
practitioners.

3. The manner in which we assure
continuing competency must ap-
propriately 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 com-
petency is critical to client, payer,
and employer satisfaction and,
therefore, professional recognition.

At this time, the AOTA recognizes
12 distinctly different occupational ther-
apy roles and 15 Special Interest Sections.
A general practice certification examina-
tion 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. Compe-
tency assessment must take into con-
sideration our occupational roles as well
as our areas of practice specialty.

Finally, we must recognize that suc-
cessful 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 compe-
tency 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 con-
sumers 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.

To Be Valued, We Must
Advocate on Behalf of Those
We Serve
The fourth external focus that I have sug-
gested 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,
sales literature, and in the policy itself.
We should provide information regarding
appropriate types, frequency, and dura-
tion of rehabilitation to the Committee
for Quality Assurance. This nationally
based committee is to managed care orga-
nizations what the Joint Commission on
Accreditation of Healthcare Organizations
and the Commission on Accreditation of
Rehabilitation Facilities are to rehabil-
itation providers. It conducts detailed in-
spections 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., pa-
tient, payer, employer) and create ways
to demonstrate how we are uniquely
positioned to meet them. I have also rec-
ommended 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 move-
ment.
- Address the need for continued
competence in a manner that as-
sures 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 ma-
ior 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


