Issues
Recent years have been characterized by dramatic and sweeping changes in the fabric of American society. Resultant changes have become apparent in the health care delivery system.

To influence the optimal path of occupational therapy it is necessary to understand the health care industry and its general trends. Occupational therapy is a service-providing business within this industry. Therefore, the changing trends in occupational therapy practice must be viewed within the context of the trends of the health care industry in order to effectively evaluate and plan for the future.

General trends often said to affect the health care field are:

The Age of the Population. Current population trends indicate that the percentage of the aging population will continue to grow from 10 percent in 1975 to 12 percent in 2000, and to 18-20 percent in 2030. This will dramatically affect the growth of long-term care institutions and result in a new and increased emphasis on services to meet the requirements of this group. Treatment focusing on home care, a trend that is already visible, may change use patterns. The self-reliance and mobility of the elderly may also be improved through advances in exercise, nutrition, drugs, and other medical treatment.

Consumer Awareness. Increased public education and awareness will continue and result in more responsibility for personal health. The communications revolution will be responsible in part for this as computers, television, telephones, and a variety of other devices interact in our homes. Wellness and prevention concepts will become increasingly accepted for philosophical and economical reasons. With decreased governmental regulation, and with the knowledge provided by the communications revolution, consumers will become more vocal in demanding appropriate access to and adequate quality of care. Consumers will be aware of the sophisticated advances in medical technology and will demand that they benefit from these advances.

Technology. While increased technological advances are expected in medicine, their cost will likely restrain their use in hospitals. To minimize health care costs, high technological equipment will probably be located in regional health centers, while community hospitals will focus on ancillary and primary care services. With advances in technology, more people will survive catastrophic illness. The availability of this technology will integrate disabled persons into society.

Business Influence. With health care costs increasing at 15 percent per year, and private industry paying for 23 percent (1979 figure) of the total national health bill, private industry is becoming increasingly involved in health care policy. Business leaders appear to favor a more competitive health care system offering consumer choice and cost-effective care. Implicit, then, is a greater sense of responsibility for the quality of care provided to employees. To cut health costs, businesses are providing health maintenance programs to employees. As business influences the health care arena, the practices and methods of business are being embraced by the health care industry. Strategic planning, marketing, productivity, and accountability are becoming com-
mon vernacular for health care providers.

Environmental, Economic Disasters and Dislocations, and a Shift in Personal Values and Life Styles. The impact of natural disasters could increase in coming years. As the world population swells, the finite nature of our resources will cause the population to continue to shift to sunbelt areas. The gradual shift in Americans' values away from materialistic attainment toward more community-directed and spiritual goals has been reflected in their lifestyles. In health care, the shift in lifestyles is toward an interest in holistic medicine, nutrition, exercise, and health promotion, punctuated by the need to develop a balance in one's life and activities.

Recent developments and future trends in health care are most visible in hospitals, long-term care facilities, psychiatric and mental health facilities, and the hospice movement. The health care industry must respond to trends in society, human values, and economic conditions.

Hospitals. New corporate structures of hospitals, both proprietary and not-for-profit, are emerging as hospitals face complex regulatory demands coupled with cost constraints. In 1968, 200 hospitals were grouped in a formal system; in 1981, there were 34 investor-owned systems managing 900 hospitals and 300 non-for-profit facilities in systems. It is predicted that, by 2000, corporate providers of hospital care in the United States will be fewer than the present 5,500.

As their systems grow, many hospital corporations are diversifying into other health areas such as emergicenters, wellness and fitness testing, and home health care. Acute beds in facilities will decrease. Hospitals will offer a wide range of ancillary services to both ambulatory and bedridden patients—such as outpatient, social service, rehabilitation, public education, health promotion, laboratory, pre-screening, and one-day surgery centers. Hospitals are likely to become the primary operational center for community health services and for community health planning, although the number of hospitals will decrease.

Long-Term Care. The long-term care field has undergone rapid growth and will continue to do so. Greater national attention will be focused on this area as the elderly become a more powerful political or lobby group. More emphasis will be focused on meeting the total needs of the elderly, including chronic, social, rehabilitative, and home health care, and less emphasis will be placed on acute care. Psychiatric treatment, therapeutic activities, and quality of life will also receive greater consideration.

Psychiatric Mental Health Facilities. The demand for mental health services will continue to grow; the number of free-standing psychiatric hospitals will increase in the next 10 years. More hospital-based mental health services will be offered to consumers as hospitals diversify their "product mix." With the intense pressures of modern day life, drug addiction, alcoholism, and mental illness will continue to affect the health of our population.

Hospice. As society becomes more sensitive to the needs of the dying and their families, hospice-type care will continue to grow. From 1974 to 1981, the number of hospice programs grew from 1 to more than 800. The predominant models for service delivery in the U.S. at this time are: free-standing hospice, the hospital-affiliated free-standing hospice, the hospital-based hospice, the hospice within an extended care facility, and the home health care program. It is expected, however, that more than 50 percent of the hospices in this country will be hospital based.

What are the changing trends in occupational therapy practice and how does occupational therapy practice reflect the trends and issues of the industry in which we work?

There is a substantial increase in the number of therapists the profession and therapists are practicing in new settings. The number of therapists that specialize and the number with advanced degrees are also increasing.

Preliminary analysis of the 1982 member data survey indicates that 70.9 percent of OTRs are employed full time in contrast to 57.1 percent in 1975. The number of therapists employed part time has increased from 14.6 percent in 1977 to 16.5 percent in 1982.

The greatest proportion of therapists, 25.3 percent, are still employed in the general hospital, but a smaller proportion indicate their primary setting as skilled nursing homes/intermediate care facilities. Those indicating that their primary setting is a psychiatric hospital—short term or long term—have decreased from 13.8 percent in 1977 to 7.4 percent in 1982. The number of therapists in private practice has nearly tripled and the percent of therapists working in school systems and home health agencies has also increased significantly. An indication that more therapists are specializing can be seen in the decreasing number of therapists that work with mixed ages of patients. Since 1977 this percent has dropped from 43.9 percent to 20.9 percent.
Practice trends are reflected in the varying size of the Special Interest Sections (SIS) and the rate at which new members join the various sections. The Gerontology SIS historically has had the fewest members, usually one third the size of the Physical Disabilities SIS. The Mental Health SIS is the second smallest. The Physical Disabilities SIS has had the most members, but recently has also experienced the largest proportional growth.

These current trends in occupational therapy practice do not particularly reflect the issues of the health care industry or society. Perhaps our profession is responding slowly to these trends or perhaps there is a need to evaluate the directions we are taking and to focus on how we occupational therapists can relate to the issues and trends in the industry in which we work.

**Characters Involved**

Individual therapists are central to the changing trends in practice. Many have entered the profession to help and care for people. After preparation and entering into practice, they have found a field of much diversity and one that is expanding in many different directions. Consumers are becoming more aware and taking responsibility for their personal health. We need to transmit what we have to offer in a way that is understandable to them. The health care industry, the employers of occupational therapists, has embraced business concepts and expanded its expectations of the service-providing therapist to include managerial responsibilities. Occupational therapy educators are challenged to provide students with the ever-expanding knowledge and skills to function in the industry. Professional education, at either entry level or as continuing education, must equip the therapist to function in a complex, changing environment.

**AOTA's Position**

AOTA's purpose is to support its members and strengthen the profession. To ensure that the position or mission of the Association will be fulfilled, the Association has developed a long-range plan. A strategic planning process, based on an environmental scanning technique, has recently been implemented to help detect emerging issues early. Issues and outcome objectives have been defined and actions will be instituted to meet these objectives.

The purpose of the Association's continuing education program is to develop relevant professional materials to assist members in keeping current about diverse practice fields. The Training Occupational Therapy Educational Management in Schools (TOTEMS) Project was developed in response to the expressed need of therapists entering the new area of practice, the school system.

Three competency-based continuing education programs, using the TOTEMS model, are in the planning stages and will be directed toward major and developing areas of practice identified by trends in society. The materials developed will address occupational therapists' expanding roles in vocational rehabilitation, gerontology, and mental health.

The first year of a 2-year project to study productivity was funded by the Representative Assembly in 1982. This intensive program will be conducted jointly with a number of clinical facilities. Each facility will collect data about services provided to its patients over a period of 6 months. The results of this project should give valuable information about staffing, time, and duration of service.

The Educational Essentials are also being revised to reflect changing trends in practice.

**Future Considerations**

The trends in the health care industry and in the practice of occupational therapy will require constant monitoring to ensure that a close match is achieved between what is needed and what we offer. The Member Data Survey provides a functional data base from which to identify a specific practice profile. If the changes we need to make to provide service are effective, we must all share the same goal—to be an integral part of the health care industry. We must continually evaluate whether or not it is appropriate to expand the scope of our practice and the wisdom of moving in many different directions. We must be ready and able to identify the service we provide to meet the changes in the industry in which we work and provide that service in a cost-effective manner. With the newly initiated tracking system for issues, we have a mechanism with which to plan or shift our services to meet the needs of the industry. The profession needs to view itself as a constantly changing business and, with determination, maintain all the elements of practice that have supported its growth, development, and uniqueness.

**Actions For Members**

It is not enough for the Association to develop a long-range plan and institute an environmental-scanning and issue-tracking program. Each member of the profession must perform this activity. Each must look at the trends in
health care and develop a personal long-range plan. This will enable each of us to remain a viable health professional within the context of the issues and trends of the industry. In order to be a profession that can help others, we have to acquire those skills and focuses that will enable us to continue to provide this service in a quality manner. If each member of the profession were to develop a long-range plan based upon the trends in health care, our practice trends would better reflect the industry and we as professionals would be better equipped to provide the service.

As occupational therapists develop their individual long-range plans, they should evaluate the environment in which they work. The health care industry is being required to be accountable, accessible, and affordable. It becomes imperative, then, that occupational therapists respond to these requirements to be informed business managers and to provide services effectively and efficiently. The skills required to be a successful health care manager are only incidentally related to occupational therapy; logic, accounting, mathematics, statistics, systems development and analysis, economics, and organizational theory. These skills are both available to and attainable by occupational therapists and will strengthen our professional image as responsible health care providers.

REFERENCES
1. Bezold C: Health care in the U.S., Four alternatives. The Futurist August 1982
2. Environmental Assessment: The Joint Commission on Accreditation of Hospitals, 1982

Note: Susan Scott's name was inadvertently omitted as author of the article, "Deregulation," which appeared in the Nationally Speaking column in the October issue of AJOT (pp 533-535).

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