Team-Based Care

Allied Health Professionals as Core Team Members Under Health Care Reform

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Allied Health Professionals

Disclaimer

“I have no conflicts to declare”
Allied Health Professionals

Law & Legal Definition

• A health professional (other than a registered nurse or physician assistant)

• Who has a certificate, associate’s degree, bachelor’s degree, master’s degree, doctoral degree, or post-baccalaureate training, in a science relating to health care;

• Who shares in the responsibility for the delivery of health care services or related services including –
  • Services relating to the identification, evaluation, and prevention of disease and disorders;
  • Dietary and nutrition services;
  • Health promotion services;
  • Rehabilitation services; or
  • Health system management services; and

• Who does not have a degree in ---- medicine, osteopathy, dentistry, veterinary medicine, optometry, podiatric medicine, pharmacy, public health, chiropractic, health administration, clinical psychology, social work, or counseling

42USCS §295p
An interprofessional health care team is

- A group of individuals from different professions, who **collaborate effectively** with the patient and each other, to solve patient problems
- that are more complex than can be managed by the knowledge and skills of any one profession alone.
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Interprofessional Team

- A group of individuals
- From different professions
- Collaborate effectively
- To solve patient problems

- That are more complex than can be managed by the knowledge and skills of any one profession alone

- **Size:** 2 or more members
- **Structure:** Implies different education, skills & values
- **Process:** Interdependent---patient--team communication
- **Purpose:** We “work together” because patients are not just arms, legs, GI tracts, and emotions. They are biopsychosocial beings who present as “whole beings” to a team

- **Outcome:** Patient-centered and comprehensive at multiple levels (e.g., condition, function)
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Interprofessional Team

Team Context
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Contributions to Team Care

• Historical perspective
• Rehabilitation team composition
• Model for future US health care
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Evidence of Rehabilitation Team Positive Outcomes

• Strasser and colleagues
  – Multisite studies of team functioning
  – Veterans Administration Hospitals (VAH)
  – Six core disciplines
    • Physical medicine & rehabilitation (PM&R)
    • Nursing (RN)
    • Social work (SW)/case management (CM)
    • Occupational therapy (OT)
    • Physical therapy (PT)
    • Speech language pathology (SLP)
Strasser et al. (2005) found that

- 3/10 measures of team functioning were significantly associated with patient functional improvement:
  - Task orientation
  - Order and organization
  - Quality of information
- 1 measure (effectiveness) was associated with length of stay
Smits et al. (2003) in a study of team cohesiveness found that

- Expectations of discipline-specific supervisors
- Hands-on team leadership, and
- Involvement of the attending physician

  • Were associated with the extent to which teams reported functioning in a cohesive manner

- The authors speculated that higher functioning on the “cohesiveness” scale indicated that patient services were likely delivered with greater interprofessional communication and joint effort
Strasser et al. (2008) examined whether a team training intervention improved outcomes in patients with stroke.

- The intervention was conducted over 6 months.
  - Team dynamics, problem-solving, use of performance feedback data, action plans for process improvement, telephone and videoconference consultation.
- Intervention and Control teams received team performance profiles.
  - FIM patient outcomes for the Intervention teams were 13.6% better than for the Control teams.
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Significance of the Studies

Team functioning ↑↓ Rehabilitation patient outcomes
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Physical Medicine & Rehabilitation || Geriatrics

Rehabilitation Team || Geriatric Team
Mukamel et al. (2006) examined PACE programs [Program of All inclusive Care for the Elderly]

- Community-based and provides primary, acute, and long-term care to frail elderly
- Team = PCP, RN, SW, PT, OT, RT/Activity Coordinator, RD, PCA, and home care and day care coordinators

- *Team performance was significantly associated with better functional outcomes—short and long term, and with better long-term urinary incontinence outcomes*

- *PACE programs improved functional outcomes by improving the functioning of care teams*
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Significance of the Studies

Team functioning ↑ ↓ Primary care patient outcomes
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Contributions to Health Care Reform

PATIENT-CENTERED

TEAM-CENTERED
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ISSUE 1: Disease Prevention & Health Promotion

• Physical activity
  • Athletic trainer, dance/movement therapist, exercise physiologist, kinesiotherapist, physical therapist

• Diet
  • Dietitians

• Healthy lifestyle/Well-being
  • Health educator, occupational therapist, recreational therapist
ISSUE 2: Disease Self-Management

- Focus of rehabilitation
- Self-Management
- Enhancing team functioning

- Change “I can’t” to “I can”
- Of daily activities despite disease
- Health educators
- Health information managers
- Medical librarians
ISSUE 2: Disease Self-Management

Medication Management

- OT, PT, SLP
  - Assessing the functional implications of medications: unstable/rigid gait, shaky hands, drooling

- OT
  - Assessing cognitive & dexterity skills for manipulating medications; developing functional aids for self-management

- Health Educator
  - Developing medication management teaching/learning aids for staff/patients

- Health Information Manager
  - Assessing polypharmacy and prescribing patterns
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Patient-Centered Contributions to Health Care Reform

ISSUE 3: Prevention

Screening

- Dysphagia
  
  Dogget et al. (2001)
  - Substantial reductions in pneumonia rates for patients with acute stroke
  - Preventive screening = health promotion & cost savings

- Functional status
  
  Min et al. (2009)
  - PCP study using Vulnerable Elders-13 (ADL/IADL) scores predicted 5 year functional decline and death in community-dwelling older adults
  - Screening by the PCP can identify older adults at risk for functional decline & death and refer them for appropriate rehabilitation interventions
ISSUE 4: Access to Care

*Populations (e.g., Mental Health)*

Mental Health Service Providers
- Art therapists
- Dance therapists
- Music therapists
- Occupational therapists
- Recreational therapists

*Role responsibilities for these professions may be able to be extended*
ISSUE 4: Access to Care

**Populations (e.g., Mental Health)**

- **Mental Health**
  - *Meyer (1922)*
    - Moral and humanitarian treatment in mental health OT
    - Focus of mental health OT on habit training, adaptation, and balance of work/play

- **PTSD**
  - *AOTA*
    - OT responsible for assessing
      - Frontline soldiers for PTSD
      - Readiness of soldiers to return to battle
      - Need for soldiers to be reassigned
ISSUE 4: Access to Care

Allied Health Role Restrictions Limiting Access to Care

Examples:

- Dietitians
- Dental hygienists
- Occupational therapists
ISSUE 4: Access to Care

*Telerehabilitation: Virtual rehabilitation*

**Projected** Benefits of Telerehabilitation
- Accessibility
- Continuity of care
- Decreased costs
- Assessments and intervention in naturalistic environments
### Allied Health Professionals

**Patient-Centered Contributions to Health Care Reform**

**ISSUE 4: Access to Care**

**Telerehabilitation: Virtual rehabilitation**

<table>
<thead>
<tr>
<th>SPECIALTY</th>
<th># of SUCCESSFUL STUDIES TOTAL # OF STUDIES</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology</td>
<td>10/16</td>
<td>↓ Cardiac risk factors</td>
</tr>
<tr>
<td>Neurology-TBI</td>
<td>3/5</td>
<td>↓ Depressive symptoms; ↑ Behavioral outcomes; ↑ Return to work; Telephone groups = On-site groups</td>
</tr>
<tr>
<td>Speech disorders</td>
<td>2/2</td>
<td>Successful outcomes</td>
</tr>
<tr>
<td>Mobility impairment</td>
<td>1/1</td>
<td>Telerehabilitation may be acceptable for treating patients using new mobility devices</td>
</tr>
<tr>
<td>Various morbidities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At risk of readmission to hospital</td>
<td>2/5</td>
<td>↓ Emergency admissions; ↑ Quality of life; ↑ Team communication</td>
</tr>
</tbody>
</table>

(Institute of Health Economics, 2010)
ISSUE 4: Access to Care

Telerehabilitation: Virtual rehabilitation

Overall:
- 71% of the TR applications were successful
  - 51% were clinically significant
- 18% were unsuccessful
- 11% had unclear outcomes

(Institute of Health Economics, 2010)
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Patient-Centered Contributions to Health Care Reform

ISSUE 4: Access to Care

*Telerehabilitation: Virtual rehabilitation*

- **Clinical outcomes:** These were generally improved
  - They tended to be similar or better than alternative interventions

- **Clinical processes:** Attendance and adherence were high
  - Consultation time was longer
  - Satisfaction was high
  - Satisfaction was higher for patients than therapists

- **Costs:** Preliminary evidence of cost savings

(Kairy et al., 2009)
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_Telerehabilitation: Virtual rehabilitation_

_Schein et al. (2010)_

- For patients needing a wheeled mobility and seating assessment,
- Results of in-person and remote assessment via videoconferencing were not significantly different
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Contributions to Health Care Reform

PATIENT-CENTERED
TEAM-CENTERED
ISSUE 1: Accountability

Health Information Manager

- Monitor data
- Chart patient progress
- Link treatment costs with patient’s response
- Compare patient outcomes
- Outcomes
- Assess team productivity
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Team-Centered Contributions to Health Care Reform

ISSUE 2: Evidence-Based Practice

Medical Librarian

Locate
Evaluate
Summarize
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Team-Centered Contributions to Health Care Reform

ISSUE 3: Communication
Allied Health Professionals
Team-Centered Contributions to Health Care Reform

ISSUE 4: Role Extension and Blending

DIETITIAN
ON-THE-JOB
TRAINING
[experience]
CONTINUING
EDUCATION
[extend/blend]

OT
ON-THE-JOB
TRAINING
[experience]
CONTINUING
EDUCATION
[extend/blend]

SLP
ON-THE-JOB
TRAINING
[experience]
CONTINUING
EDUCATION
[extend/blend]

DIET FEEDING SWALLOWING
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Contributions to Health Care Reform

PATIENT-CENTERED

• Disease prevention & health promotion
• Disease self-management
• Prevention: Screening
• Access to care
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Contributions to Health Care Reform

• Accountability
• Evidence-based practice
• Communication
• Role extension & blending

TEAM-CENTERED
Allied Health Professionals
Contributions to Health Care Reform

*Under Health Care Reform*

*It may not be the profession:*

*It may be the professional!*
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Interprofessional Team under Health Care Reform

Medical Home
Accountable Care Organization
References


