Practice Department Update

Fall 2023

Presenters

Julie Malloy
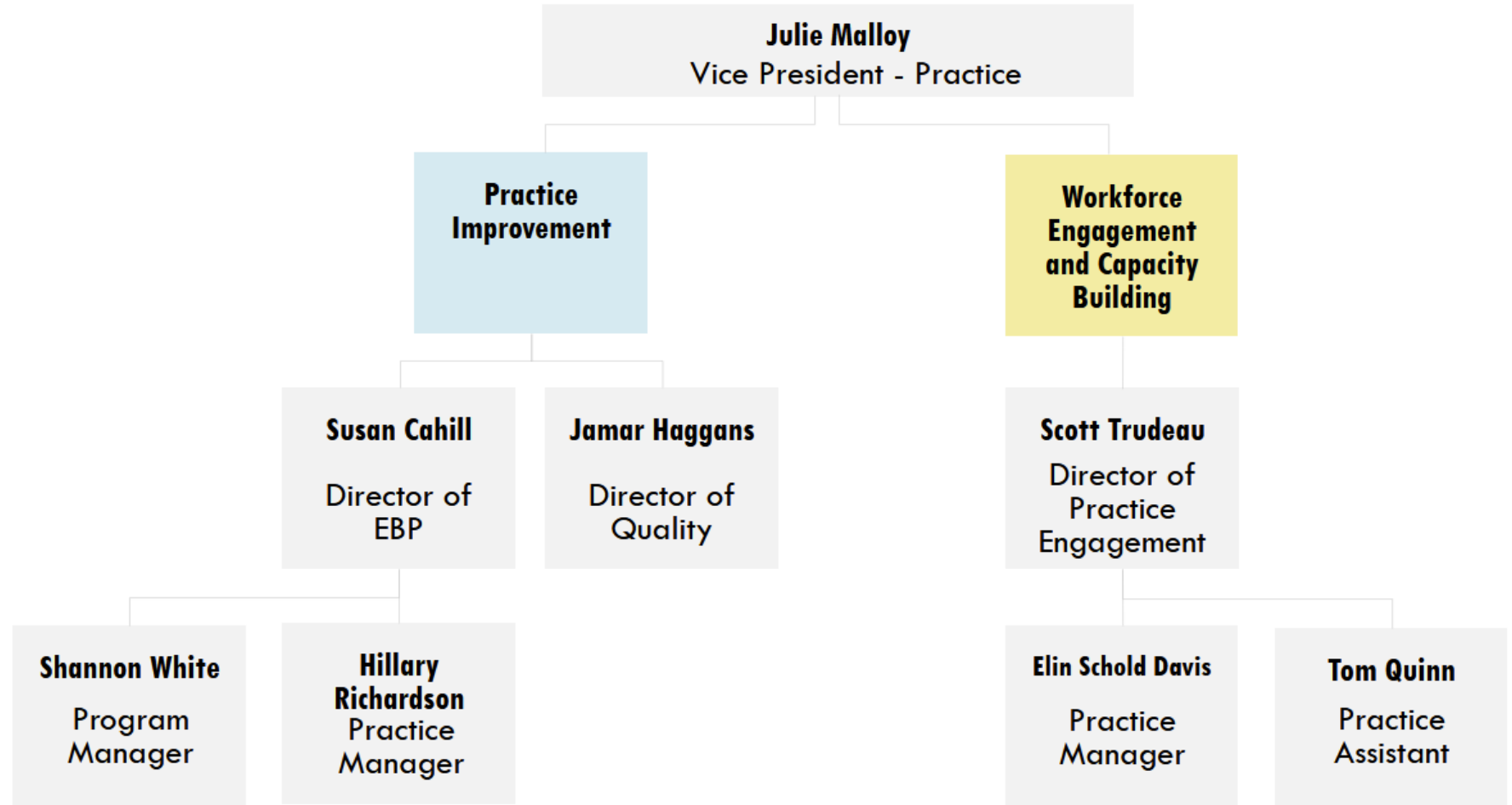**OTD, MOT, OTR/L, PMP, CPHQ, FNAP**
Vice President, Practice

Susan Cahill
PhD, OTR/L, FAOTA
Director, Evidence-Based Practice

Objectives

Following this presentation, individuals will be able to:

- Describe the AOTA Practice Department

- Locate updated practice resources

- Identify opportunities for students

Practice Team

Julie Malloy
Vice President - Practice

Practice Improvement

Workforce Engagement and Capacity Building

Susan Cahill
Director of EBP

Jamar Haggans
Director of Quality

Scott Trudeau
Director of Practice Engagement

Shannon White
Program Manager

Hillary Richardson
Practice Manager

Elin Schold Davis
Practice Manager

Tom Quinn
Practice Assistant

Practice Team

- **Practice Improvement**
  - Evidence-based Practice/KT
  - Quality
- **Workforce Engagement and Capacity Building**

AOTA

Practice Team Members

Julie Malloy
OTD, MOT, OTR/L, PMP, CPHQ, FNAP
Vice President, Practice

Susan Cahill
PhD, OTR/L, FAOTA
Director, Evidence-Based Practice

Jamar Haggans
MS, OTR/L
Director of Quality

Scott A. Trudeau
PhD, MAOT
Director, Practice Engagement

Shannon White
COTA/L, MA
Program Manager, Practice Improvement and Advanced Certification

Hillary Richardson
MOT, OTR/L, DipACLM
Practice Manager, Knowledge Translation, Evidence-Based Practice & Practice Improvement

Tom Quinn
BA
Project Assistant

Elin Schold Davis
OTR/L, CDRS, FAOTA
Practice Manager, Workforce Capacity & Engagement

Practice Department - Occupational History

- A combined **181 years** in occupational therapy practice and over **45 years** working at AOTA
- Our collective experience covers a wide range of settings from pediatrics, geriatrics, driving, project management, to academia
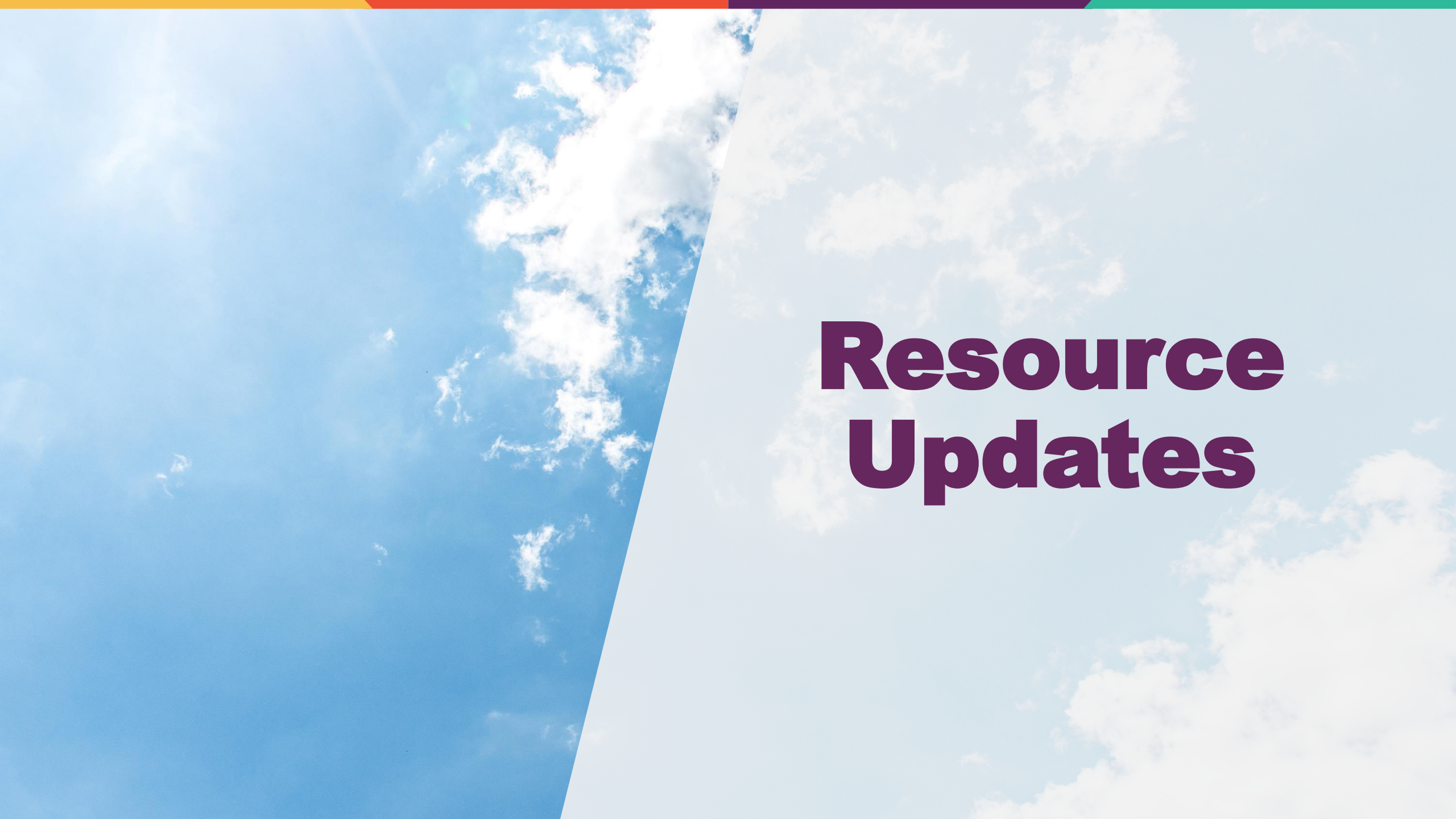
Where do we live?

Washington, DC

Boston Massachusetts
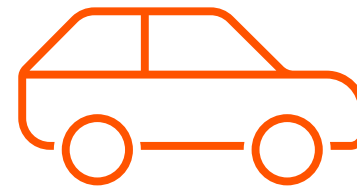
Practice Key Partnerships

- Learning Health Systems Rehabilitation Research Network (LeaRRN)
- National MS Society
- Early Childhood Intervention Personnel Center for Equity (ECiPC-E)
- American College of Occupational and Environmental Medicine (ACOEM)
- National Quality Forum (NQF)
- CarFit

- Guidelines International Network (GIN)
- ECRI Guidelines Trust
- Battelle Partnership for Quality Measurement (PQM)
- Core Quality Measures Collaborative (CQMC)
- Early Childhood Technical Assistance Center
- American College of Rheumatology (ACR)
- Extension for Community Healthcare Outcomes (ECHO)
- Administration for Community Living (ACL)

Resource Updates

Counter Healthcare Misinformation

How to Identify Credible Sources of Health Information

Health information is found on the Internet through social media, blogs, and websites. Not all health information is trustworthy, and misinformation can lead to poor health outcomes. Use these considerations to evaluate the credibility of health information.

Science-based
- ☐ Was the information created based on research?
- ☐ Was the information created by a source (e.g., person or group) with expertise?
- ☐ Was the information reviewed by other experts before it was shared?
- ☐ Is the information consistent with the best available evidence?
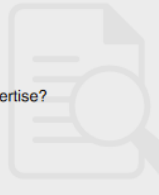
Objective
- ☐ What is the source's motivation for sharing the information?
- ☐ Is the information part of an advertisement?

Transparent
- ☐ Does the source disclose conflicts of interest?
- ☐ Is the information accessible?
- ☐ Does the source share information about how the information was created?
- ☐ Does the source correct the information if errors are made?
- ☐ Does the source seek feedback or comments about the information?

American Occupational Therapy Association
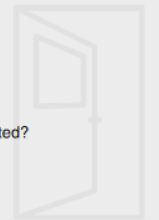
[How to Identify Credible Sources of Health Information](#)

Podcasts

- [AOTA Podcasts](#)
  - Everyday Evidence
    - 3,800 listens per episode
  - AOTA Podcast
    - 3,100 listens per episode

Available through Spotify, Apple Podcasts, and the AOTA website

Practice Guidelines and Related Resources

Practice Guidelines

AJOT

Occupational Therapy Practice Guidelines for Adults With Traumatic Brain Injury

Steven Wheeler, Amanda Acord-Vira

Importance: Occupational therapy practitioners are uniquely qualified to address the occupational needs of people with traumatic brain injury (TBI) and their caregivers to maximize participation, health, and well-being.

Objective: These Practice Guidelines are informed by systematic reviews of the effectiveness of ___ address impairments and skills to improve the occupational performance of people with TBI, as ___ interventions for caregivers of people with TBI. The purpose of these guidelines is to summarize ___ evidence available to assist clinicians' clinical decision-making in providing interventions for peo___ their caregivers.

Method: We reviewed six systematic reviews and synthesized the results into clinical recommen___ in occupational therapy clinical practice.

Results: Sixty-two articles served as the basis for the clinical recommendations.

Conclusions and Recommendations: Strong to moderate evidence supports multimodal sens___ unimodal auditory stimulation, physical activity, virtual reality, cognitive interventions, vision thera___ interventions, individual and group training and education, and caregiver supports. Occupationa___ practitioners should incorporate these interventions into individual and group sessions to maxim___ promote occupational participation. Additional interventions are also available, based on emergi___ expert opinion, including prevention approaches, complexity of injury, and the use of occupation___

HOT Evidence

Toileting for Children & Youth 0–5 Years

Why This Matters

Children with autism spectrum disorder, developmental delays, or mobility impairments may have **difficulties with toileting.**

Delayed toileting skills can have a significant impact on **hygiene, confidence,** and **caregiver burden.**

Occupational therapy practitioners provide interventions for **toileting routines** and **toileting-related performance skills.**

Improving Toileting Routines
Evidence-Based Interventions

- Positive reinforcement for in-toilet elimination
- Schedule toileting sits
- Exclusion of negative or punitive language
- Increase fluid intake
- Caregiver coaching & parent training

Find the Evidence

Visit https://research.aota.org/ajot to review
Interventions Within the Scope of Occupational Therapy Practice to Improve Activities of Daily Living, Rest, and Sleep for Children Ages 0-5 Years and Their Families: A Systematic Review

American Occupational Therapy Association

AJOT Practice Guidelines Collection

New: TBI

Coming Soon: Stroke, Autism, Alzheimer's, Cancer

Evidence Connection articles

Systematic review briefs

HOT Evidence infographics

Evidence-informed intervention ideas

Quality

Toolkit

AOTA evaluation checklists   ⊕

Occupational Profile   ⊕

Activities of daily living (ADLs)   ⊕

Cognition   ⊕

Context and environments   ⊕

Developmental   ⊕

Quality Toolkit

Developmental   ⊖

- Battelle Developmental Inventory, Third Edition (BDI-3) ++
  - Battelle Developmental Inventory, Third Edition (BDI-3) Psychometrics
  - Battelle Developmental Inventory, Third Edition (BDI-3) Tool
- Bruininks-Oseretsky Test of Motor Proficiency, Second Edition (BOT-2)++
- Miller Function and Participation Scales (M-FUN)++
- PDMS-3: Peabody Developmental Motor Scales, Third Edition++
  - PDMS-3: Peabody Developmental Motor Scales, Third Edition Psychometrics
  - PDMS-3: Peabody Developmental Motor Scales, Third Edition Tool
- Pediatric Evaluation of Disability Inventory (PEDI)++
- School Function Assessment (SFA) ++

American Occupational Therapy Association

Practice Improvement: Quality

About Quality Video from AOTA

Occupational Profile Examples

AOTA Occupational Profile Community Mental Health – Homelessness Example

"The occupational profile is a summary of a client's (person's, group's, or population's) occupational history and experiences, patterns of daily living, interests, values, needs, and relevant contexts" (AOTA, 2020, p. 21). The information is obtained from the client's perspective through both formal and informal interview techniques and conversation.

The information obtained through the occupational profile contributes to a client-focused approach in the evaluation, intervention planning, intervention implementation, and discharge planning stages. Each item below should be addressed to complete the occupational profile. Page numbers are provided to reference the description in the *Occupational Therapy Practice Framework: Domain and Process* (4th ed.; AOTA, 2020).

OCCUPATIONAL PROFILE		
Client Report	**Reason the client is seeking service and concerns related to engagement in occupations (p. 16)**	Why is the client seeking services, and what are the client's current concerns relative to engaging in occupations and in daily life activities? (This may include the client's general health status.) Client is referred to OT due to his concerns regarding transitioning from a homeless shelter into independent living due to diagnoses of schizophrenia and bipolar disorder. Client reports difficulty with money and medication management and has concerns about home maintenance/cooking.
	Occupations in which the client is successful and barriers impacting success (p. 16)	In what occupations does the client feel successful, and what barriers are affecting their success in desired occupations? **Success**: morning self-care ADLs. Able to complete chores in the homeless shelter using a checklist. **Barriers**: receiving assistance from staff at local shelter with medication management which he won't have in independent living. Poor short-term memory, distractibility, and executive function deficits in sequencing and organizing.
	Occupational history (p. 16)	What is the client's occupational history (i.e., life experiences)? Client has been experiencing homelessness for 2 years, incarcerated for 5 years prior with no family supports nearby. Previous substance use disorder but has been in recovery for the past year. He has lived locally his entire life and occasionally visits an old childhood friend. He completed the 11th grade and later obtained a GED. His mother experienced depression and alcoholism. Prior to being incarcerated, client has inconsistent work history including busser, construction, and janitor. Client is not married and has no children.
	Personal interests and values (p. 16)	What are the client's values and interests? Client values dependability and his friendships. His interests include living independently and creating community support networks to attend leisure activities.

AOTA Occupational Profile Resources

AOTA's Occupational Profile Template

A template designed for you to use in any practice setting—print it and complete it by hand, type text directly into the document, or include it in an electronic health record (EHR).

Occupational Profile Template (PDF version) ⊕

Occupational Profile Template (Word version) ⊕

Include the Occupational Profile Template in electronic health records (EHR) ⊕

Occupational Profile Examples (PDF version) ⊕

Evaluation Checklists

AOTA Evaluation Checklists

American Occupational Therapy Association

aota.org

OT Medicare Part B Evaluation Checklist & Quality Measures

Use the checklist below during outpatient, Medicare Part B occupational therapy evaluations as a reminder of areas to address. The American Occupational Therapy Association (AOTA) encourages practitioners to print the checklist and bring it with you to help guide client evaluations, as well as to educate and train your colleagues regarding the occupational therapy evaluative process. This document does not replace the clinical judgement of an occupational therapist. The checklist supports high quality occupational therapy evaluations that lead to occupation-based, client-centered interventions and quality performance measures.

A comprehensive occupational therapy evaluation is based on a theoretical model and follows the *Occupational Therapy Practice Framework* (AJOT, 2020). A top-down approach identifies occupations that are challenging and important to the client and then assesses related performance skills, client factors, environments and context, and performance patterns.

Occupational Profile
Each element of the occupational profile is considered from the client's perspective. Take notes here or download the Occupational Profile at aota.org/profile to facilitate the interview and goal development.
- ☐ Client's Concerns
- ☐ Successful Occupations
- ☐ Occupational History
- ☐ Interests & Values
- ☐ Contexts: Environment & Personal
- ☐ Performance Patterns
  - ☐ Habits ☐ Routines ☐ Roles ☐ Rituals
- ☐ Client Factors
  - ☐ Values/Beliefs ☐ Body Function ☐ Body Structure
- ☐ Client Goals/Priorities

Analysis of Occupational Performance
Click on the Quality Toolkit for links to standardized assessments and screenings used in each of the areas below.

	Addressed	Is this area a Priority?		Addressed	Is this area a Priority
Occupations					
ADLs	☐	☐	IADLs	☐	☐
Performance Skills					
Psychosocial/Behavior Skills	☐	☐	Fall Prevention/Fear of Falling	☐	☐
Client Factors—In addition to areas identified while addressing ADLs and IADLs (e.g., motor, sensation, pain)					
Vision	☐	☐	Functional Cognition	☐	☐
Performance Patterns					
Habits, Routines, Roles, Rituals	☐	☐			
Contexts					
Include Safety Screen	☐	☐			

QPP MIPS Quality Measures (2023)
Download details of the Quality Payment Program (QPP) Merit-Based Incentive Payment System (MIPS) measures including collection type on AOTA's Quality Page. Search details for individual measures by visiting https://qpp.cms.gov/mips/explore-measures.

2023 Measures Finalized for PHYSICAL THERAPY / OCCUPATIONAL THERAPY Specialty Measure Set

Done	High Priority	Quality #	Measure Title and Description
		048*	Urinary Incontinence: Assessment of Presence or Absence or Urinary Incontinence in Woman Aged 65 Years and Older
	!	050*	Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older
		126*	Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy—Neurological Evaluation
		127*	Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention—Evaluation of Footwear
		128	Preventative Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

- ☐ **G9996:** BMI Screening or Follow-Up Plan not Documented, Patient not Eligible – Documentation stating patient has received or is currently receiving palliative or hospice care, **Denominator Exclusion**
- ☐ **G9997:** BMI Screening or Follow-Up Plan not Eligible – Documentation of patient pregnancy anytime during the measurement period prior to and including the current encounter, **Denominator Exclusion**
- ☐ **G8420:** BMI Documented as Normal, No Follow-Up Plan Required, **Performance Met**
- ☐ **G8417:** BMI Documented as Above Normal Parameters, AND Follow-Up Documented, **Performance Met**
- ☐ **G8418:** BMI Documented as Below Normal Parameters, AND Follow-Up Documented, **Performance Met**
- ☐ **G2181:** BMI Not Documented due to Medical Reason OR Patient Refusal, **Denominator Exception**
- ☐ **G9716:** BMI Documented Outside of Normal Parameters, Follow-Up Plan not Completed for Documented Reason, **Denominator Exception**
- ☐ **G8421:** BMI not Documented, Reason not Given, **Performance Not Met**
- ☐ **G8419:** BMI Documented Outside of Normal Parameters, Follow-Up Plan not Documented, Reason not Given, **Performance Not Met**

	!	130*	Documentation of Current Medications in the Medical Record
		134	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan

- ☐ **G9717:** Depression Screening or Follow-Up Plan not Documented, Patient not Eligible, **Denominator Exclusion**
- ☐ **G8431:** Screening for Depression Documented as Positive, AND Follow-Up Plan Documented, **Performance Met**
- ☐ **G8510:** Screening for Depression Documented as Negative, Follow-Up Plan not Required, **Performance Met**
- ☐ **G8433:** Screening for Depression not Completed, Documented Reason, **Denominator Exception**
- ☐ **G8432:** Screening for Depression not Documented, Reason Not Given, **Performance Not Met**
- ☐ **G8511:** Screening for Depression Documented as Positive, Follow-Up Plan not Documented, Reason not Given, **Performance Not Met**

	!	155	Falls: Plan of Care

- ☐ **G9720:** Patient receiving Hospice Services, Patient Not Eligible, **Denominator Exclusion**
- ☐ **CPT II 0518F:** Falls Plan of Care Documented, **Performance Met**
- ☐ **0518F with 1P:** Risk Assessment for Falls not Completed for Medical Reasons, **Denominator Exception**
- ☐ **0518F with 8P:** Falls Plan of Care not Documented, Reason Not Otherwise Specified, **Performance Not Met**

		178*	Rheumatoid Arthritis (RA): Functional Status Assessment
	!	181	Elder Maltreatment Screen and Follow-Up Plan

- ☐ **G8733:** Elder Maltreatment Screen Documented as Positive AND Follow-Up Plan Documented, **Performance Met**
- ☐ **G8734:** Elder Maltreatment Screen Documented as Negative, Follow-Up Plan not Required, **Performance Met**
- ☐ **G8535:** Elder Maltreatment Screen not Documented, Patient not Eligible, **Denominator Exception**
- ☐ **G8941:** Elder Maltreatment Screen Documented as Positive, Follow-Up Plan not Documented, Patient not Eligible for Follow-Up Plan, **Denominator Exception**
- ☐ **G8536:** Elder Maltreatment Screen not Documented, Reason not Given, **Performance Not Met**
- ☐ **G8735:** Elder Maltreatment Screen Documented as Positive, Follow-Up Plan not Documented, Reason not Given, **Performance Not Met**

	!	182*	Functional Outcome Assessment
	!	217*	Functional Status Change for Patients with Knee Impairments FOTO (Outcome)
	!	218*	Functional Status Change for Patients with Hip Impairments FOTO (Outcome)
	!	219*	Functional Status Change for Patients with Lower Leg, Foot or Ankle Impairments FOTO (Outcome)
	!	220*	Functional Status Change for Patients with Low Back Impairments FOTO (Outcome)
	!	221*	Functional Status Change for Patients with Shoulder Impairments FOTO (Outcome)
	!	222*	Functional Status Change for Patients with Elbow, Wrist or Hand Impairments FOTO (Outcome)

! Indicates measures are high priority – utilize high priority measures if there is not an applicable outcome measure.
* Indicates measures that cannot be submitted via claims

We appreciate AOTA Member Volunteers!

Practice resources are developed with the expertise of many AOTA member volunteers and AOTA Staff.

Opportunities for Students

Evidence Exchange

- Critically Appraised Papers (CAPs)
- Appraisals of research papers that are shared at Inspire as posters

List of accepted CAPs posted on CommunOT in Library. Search spreadsheets.

Research Updates

RESEARCH UPDATE

Research Update-Noise-canceling headphones for autistic children

Roberta Rosen, Volume 28 • Issue 4 • April 2023, pp. 36–37   04/01/2023

Decreased Sound Tolerance

Decreased sound tolerance (DST), also known as *auditory hypersensitivity*

- Short summary of 3 current peer-reviewed articles on a topic
- Available resources
  - Assignment instruction sheet
  - Rubric
  - Email ebp@aota.org

Communities of Practice

[Social Learning through AOTA's Communities of Practice | AOTA](#)

- **Communities of Practice**
  - 25 active Communities of Practice
  - Serving nearly 2000 AOTA members
  - Add reasons for CoPs

Our Communities of Practice

Autism Community of Practice

Explores the strategies, challenges, and opportunities providing occupational therapy to autistic individuals. This CoP is housed under the Developmental Disabilities Special Interest Section.

Cancer Care Community of Practice

The Cancer Care Community of Practice addresses the complex needs of oncology survivors across the continuum of care. This section is housed under the Rehabilitation & Disabilities Special Interest Section.

Dementia Community of Practice

Explores evidence-informed practice and the role of OT in supporting occupational performance and quality of life for people living with dementia and their care partners. This CoP is housed under the Productive Aging Special Interest Section.

Early Childhood Community of Practice

Addresses the demands of working in this critical phase of the life span to address needs as early as possible to prevent later challenges. This CoP is housed under the Children & Youth Special Interest Section.

Emergency Response & Disaster Management Community of Practice

Explore a variety of direct service, advocacy, research, and leadership perspectives in both emergency response and all phases of disaster management. This CoP is housed under the Developmental Disabilities Special Interest Section.

Environmental Modifications Community of Practice

Explores best and emerging practice in the area of home and environmental modifications which are routinely incorporated into occupational therapy assessment and intervention plans to understand and address performance issues. This CoP is housed under the Home & Community Health Special Interest Section.

Momentum Activities

- **Momentum Activities**
  - Third annual Summit this week 10/5 & 10/6
  - Added monthly Meet-ups to support ongoing work
  - Over 600 members have connected thru activities

PRACTICE ENGAGEMENT/WORKFORCE CAPACITY BUILDING & DEIJAB

Momentum Summit III: Focusing on the future of OT

Hybrid: Livestream & AOTA Headquarters, North Bethesda, MD | October 5–6, 2023

Thursday, October 5, 2023: 10 a.m. – 6 p.m., ET
Friday, October 6, 2023: 10 a.m. – 3 p.m., ET

REGISTER

Guiding Principles

- Practitioners and students need to be able to explain to clients, payers, and those creating programming why occupational therapy matters

- Practitioners need resources to be able to implement evidence-based care

- Occupational therapy needs to continue focus on translating research to practice

- The occupational therapy workforce needs to be able to react to change in the healthcare environment

- Changes in the payment landscape require practitioners to be aware of value and quality programs

- Practitioners need to understand their value to both clients and the larger health care system

AOTA

Practice Team Web Resources

EBP and KT

Workforce Engagement and Capacity Building

Quality

pracdept@aota.org

Questions & Answers

Thank you!