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OASIS Alert

Therapy: PT IS NOT THE ONLY THERAPY THAT COUNTS

Focusing on therapy can improve your case mix - and your cash flow.

Incorporating occupational therapy into more patients' care plans can improve your patient care, your outcomes and your finances.

Real-world results: The "rehab therapy" approach with OTs has done wonders for Peoria, IL-based **OSF Home Care** and its patients, says OSF director of rehabilitation **Cindy Krafft**. OSF is a hospital-affiliated home health chain with six offices - five in Illinois and one in Michigan.

Since Krafft came on board in the newly created position about two years ago, OSF has hired 30 therapists, bringing its total to 52, and increased the percentage of episodes that "break" 10 visits from 32 percent to 45 percent, Krafft tells **Eli**. During the same period, OSF's average case mix level has jumped 20 percent from just under 1.0 to about 1.2, Krafft says.

And much of that increase is due to occupational therapy, Krafft relates. In OSF's Peoria office alone, OT visits surged from 70 a month to more than 300 a month in the last year-and-a-half.

Occupational therapy is often an underutilized service in home care, notes **Linda Krulish**, president of Redmond, WA-based **Home Therapy Services**. "If the OTs themselves are not experienced and proactive in recognizing and sharing what they have to offer in terms of outcome improvement," the result is underutilization, points out Krulish, a physical therapist.

Physical therapists often dominate the home care market, contends Krafft, herself a PT. OTs' potential contributions can get drowned out by the more common skilled nursing and PT services home health agencies are used to focusing on, she warns.

Opportunity: Whenever a patient is having problems with her activities of daily living (ADLs), there's a good chance an OT can help, Krafft stresses. Home health agencies "are really being held to on our outcomes," she says. And OT services can help patients improve or maintain the outcomes profiled by the Home Health Compare Web site and measured by the OASIS instrument.

Here are some places to look for patients who are being underserved for OT, Krafft suggests:

1. PT patients. "If we're doing four or five weeks of PT, you can't tell me there are no ADL issues," Krafft notes.

   It may take PTs some time to relinquish control over ADL therapy to OTs, Krafft admits. But OTs are really the experts on patients' functional abilities.

2. Aide patients. If home health aides are furnishing ADLs for a patient, there's a good chance an OT could be in there teaching them to do the activities for themselves to prepare for when home care services stop, Krafft says.

   OSF now gets a number of its OT referrals from its own aides who see that patients could use help in mastering ADLs, Krafft says. That comes from OTs and aides working closely together on cases - and aides understanding that their jobs aren't threatened by an OT's involvement in the case.

3. Prevention. Getting therapists involved sooner in patient episodes is one of OSF's ongoing goals, Krafft says. Preventing

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problems such as falls is better for everyone - the patient, the HHA and the payor - than coming in after the fact. Identifying functional impairments that lead to falls and other problems can allow PTs and OTs to help patients improve or safely manage the deficiency.

4. General medical discharges. Patients who have been in the hospital for a long time with conditions such as pneumonia are prime candidates for help with their ADLs when they are discharged, Krafft says.

5. Chronic diagnoses. Therapists shy away from patients with chronic diseases such as COPD and CHF because they mistakenly think they can't craft valid treatment goals for them. "It was thought that therapy doesn't fix those things," Krafft says. "Well, we don't fix it ... but we can help them manage better and safer for a longer period."

6. Less severe patients. Just because a patient looks relatively "normal" for home care doesn't mean they are "normal" compared to the rest of the population, Krafft reminds agencies. HHAs tend to stop at a certain level of wellness when they can do more, she protests. "We shouldn't just say for home care they're looking pretty good."

   Enlist help: To improve patient outcomes and increase your therapy utilization with OT services, you'll have to get hospital discharge planners and referring physicians on board, Krafft cautions. And if a hospital therapist says the patient won't need OT when she goes home, docs won't order it.

   Hospital therapists can get touchy if they think you're implying patients didn't get the therapy they needed while they were inpatients.

   "Simulations in the hospital are well-intentioned, but they're still not at home," Krafft says. While inpatient goals may have been met, "think about what's really going to go on at home," she urges therapists and referral sources. "Think about your patients and don't box them in by saying they're perfectly fine."

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