



Ontario Society of
Occupational Therapists

**Integrating Occupational Therapists
into
Ontario's Family Health Teams**

Recommendations from the Profession

**A submission to the Ministry of
Health and Long-Term Care**

January 2010

- Executive Summary -

Introduction

The Ministry of Health and Long-Term Care's recent commitment to fund occupational therapy services in Ontario's Family Health Teams (FHTs) provides an exciting opportunity to expand the diversity and services of these interdisciplinary teams dedicated to providing innovative, comprehensive, patient-centred primary care to meet the needs of the people they serve.

Occupational therapists will bring to Family Health Teams a unique focus on fostering health and well-being by enabling engagement in everyday living through occupation. Occupational therapy is rooted in the belief that occupation gives meaning to life and is an important determinant of health.

In this context, occupational therapy is a profession well suited to complement a primary health care system. The occupational therapist's focus on enabling people to perform the occupations of their daily life that are meaningful to them (self care, paid and unpaid work and leisure) is both relevant and an excellent fit in primary care. OTs work with people experiencing barriers to engagement in meaningful occupations to promote and maintain health, prevent injury or illness, become self-sufficient, contribute to their communities and reduce reliance on public services.

Occupational Therapists and Family Health Teams

Occupational therapists are skilled team members and value the quality patient care that results when inter-professional teams work well together. Although occupational therapists may work in models where clients access OT services directly, it is the profession's position that in the context of a FHT, team determined policies and procedures relating to client access, screening or referral would apply well to integration of new occupational therapy services. OTs would expect to be able to receive referrals from any team member, to see clients on the basis of a triage or screening process or to accept patients into defined programs (such as group programs) as per FHT policies for its service provision. It is expected that the

role will require a strong generalist practitioner, however, in larger FHTs the allocation of OT resources may be apportioned in such a way as to engage a range of OTs that bring focused experience to a segment of the FHT roster (e.g. pediatrics, patients with cognitive impairments, etc.).

Five models of service delivery can provide guidance to FHTs and occupational therapists as OT services are integrated into these settings. These include;

- a **clinic model** in which a therapist is co-located at the clinic/location in which all FHT professionals work, providing treatment and services to both individuals and groups of rostered patients.
- A **shared clinic/community visit model** in which a therapist is co-located at the clinic/location of the FHT but spends a portion of time outside of the clinic providing assessment or treatment interventions in patients' homes, residences or workplaces as may be appropriate.
- A **self management model** through which patients of the Team are provided with support and education to monitor and manage their chronic disease(s) and disabilities. Services may be delivered in a clinic site, a community based resource or via web based educational programs or other educational options.
- A **collaborative consultation model** through which the OT provides support and information specific to occupational issues experienced by patients to individual patients, to team colleagues or in some cases to community organizations or groups. In most cases the OT would be co-located with the FHT Team but the demand for designated treatment space would not be as significant.
- A **case management model** in which an OT acts as a coordinator of complex patients' healthcare and access to community resources.
- An **outreach model** may be important for consideration in northern or remote areas of the province if a FHT has rostered clients that are not served by other primary care services but are not in the community of the FHT.

The service delivery model of choice will be dependent upon the needs of the FHT and its roster. Regardless of the model selected, the integration of a new profession into a FHT will require access to the Electronic Medical Record (EMR), infrastructure such as assessment/treatment tools or materials, administrative support

commensurate to that of other Team members and use of secure space for individual or group sessions.

Defining a meaningful ratio of OTs to FHT Roster

The inherent diversity of Family Health Teams in terms of geographic location, demographic make-up of the roster and current size and orientation of FHT professional staff precludes accurate forecasting of need for OT services by FHT roster. However, a review of population health data generalized to the average FHT and physician roster provides a basis of evidence for the potential need for OT services. Occupational therapists have unique contributions to offer seniors, children with learning problems (and their families), persons with chronic disease and co-morbidities, disabilities and mental health problems. These populations were reviewed specifically. Though it is projected that OTs will surely be engaged with the small percentage of complex clients who have multiple or severe chronic conditions in a physician's roster, the inherent value in adding a professional resource focused on function and occupational enablement, is, we believe, additionally relevant and strategic when service focuses on a larger segment of the roster to include those at risk, engaging health promotion or injury/illness prevention approaches. Additionally OTs have much to offer physicians by way of team support to their management of the general population of the caseload.

The geographic diversity of FHT jurisdictions needs to be considered carefully as our review of the distribution of OT services (and others) in more remote areas of the province speaks to the need for a reduced ratio in such under-serviced regions where great geographic distances between providers exist.

Our review of the available population health data, insights from other primary care sectors and jurisdictions and consultation with stakeholders in Ontario's FHT system substantiates a projection of 1 occupational therapist for 5000 – 7000 patients. This range will, we believe, enable the unique contributions of occupational therapy to be engaged in a sufficient concentration to enable meaningful impact to support the goals of the FHT. This notwithstanding, we urge government's consideration of the opportunity to build an evaluation component into its long range implementation plans so that benchmarks can be reviewed in light of the evidence of impact.

Compensation Benchmarks for OTs in Family Health Teams

Family Health Teams will be best served by occupational therapists who bring experience, expertise and knowledge of the health system to their roles. It is important that compensation models be structured to fairly attract clinicians with 3 - 5 years experience. Analysis of recent survey data of the Ontario Society of Occupational Therapists across all sectors as well as data from community care access centres and the provincial hospital sector supports a compensation range of \$70,200 - \$78,000 in addition to a comprehensive benefit package and paid vacation commensurate to the hospital sector.

The Ontario Society of Occupational Therapists extends its commitment to see the engagement of occupational therapists in Family Health Teams to be a successful and valuable addition to the capacity of the primary health care system in Ontario. We share the Ministry's concern to see collaborative, interprofessional care emerge and thrive in FHTs and to this end, our recommendations above are based on the assumption that fair compensation and reasonable caseload expectations will attract strong candidates who share a vision and commitment to maximizing the reach of a FHT to promote health, well-being and effective health care in a primary care context.