



Presentation at Final Consultation CIHSD, WHO office Copenhagen, May 2-3 2016

Thank you for inviting me to present the view of occupational therapy perspective on integrated care.

In overview this presentation will outline why we as Occupational Therapists think organising integrated care services is difficult and how and why Occupational therapists can contribute towards a more integrated health service delivery.

- 1 a. The current health system is very medical and diagnosis based led by doctors and nurses
- 1 b. The current system is not focused on: "What matters to you?" In other words: those things that make life worth living
2. The Health system and the Social system are not compatible and often not complimentary, which makes integration complex.
3. Occupational therapy's perspective and its actual and possible contribution towards integrated care
4. Example of integrated community care in The Netherlands, Buurtzorg Plus

1 a. The current health system is very medical and diagnosis based.

The main focus is on "What is the Matter?"

Diagnosis and treatment is arranged around specialty. When there are multiple diagnoses there are multiple specialists involved. Research and guidelines are organised around diagnosis and diseases. So, as an example, a lot is known about how to treat Diabetes, or how to treat osteoporosis or depression. With an increasingly older population many people have more than one or two chronic disorders and this means it is difficult to identify what is the effective and right interventions for someone with diabetes, schizophrenia and COPD. Or with osteoporosis and diabetes and dementia. People with learning disabilities also get older these days, which means things like empowerment and shared decision making are a challenge. The real issue should be equally concerned with how these comorbidities impact on a persons' ability to live the life they want to live.

The challenges facing healthcare services include ageing populations and increasing numbers of patients with long-term conditions and multi-morbidities. These populations will benefit from an approach that is focussed on possibilities and functioning rather than only a medical treatment of symptoms.

1 b The current system is not focussed on: "What matters to you?" which means on the persons functioning, wishes and quality of life.

When you ask patients "What Matters to you? What would you like?", they seldom answer:

- I would like more medication please, or
- I would like to move my arm ten degrees higher please, or
- I would like to have another operation

They answer with goals based on their desired functional status and social participation, like:

- Being a host,
- Being able to get dressed
- Moving safely around at my home
- Visiting friends, go shopping
- Being outside and gardening
- Getting back to work

This functioning and participation perspective is reflected in the ICF model, the International Classification of Functioning, Disability and Health of the WHO. If and when this NON medical model is used more strategically in the daily practice of health care systems, it could help to better inform and organise integrated services based on what people find important, as, with concepts of functioning and participation we enter the area of the social systems of health care delivery.

2. Health and Social systems have different concerns and structures. Health systems focus on acute care and treatment, whilst the social system is more focused on life long support.

Legislation and financing of both systems are different which makes it difficult for professionals to deliver integrated services. Professionals in these different agencies speak different languages and whilst there maybe a strong desire to cooperate with each other, the non compatible system gets in the way of achieving what the individual might find most beneficial.

3 How can Occupational therapists contribute to more integrated services

According to the Occupational Therapy Europe (OT-EU) definition:

"Occupational therapy is a profession concerned with improving well-being for persons of all ages through enabling occupations to promote health and participation in society.

Occupational therapists do this by supporting persons' engagement in occupations and activities that they want, need and choose to do in everyday life.

Occupational therapists explore new ways of doing things by adapting activities and physical and social environments to improve function, capacity and participation.

Occupational therapists work in partnership with those involved in the persons' life, for example, family and carers, teachers and employers, to achieve persons' and communities' desired outcomes and promote an inclusive society."

For occupational therapy in primary care it should be added that occupational therapists work in the clients' own environment where their daily activities take place, at home, school, work or social environment.

Occupational therapists recognize the importance of meaningful activity/occupation in promoting mental and physical wellbeing. They are skilled in assessing the impact of developmental, physical and mental health conditions on a person's ability to participate in activities that are important to them, and in devising intervention plans that facilitate occupational engagement.

So Occupational therapists start to ask "What matters to you?"

They believe it is essential to place the clients needs at the centre and see patient empowerment as their core business.

Occupational therapist do not see health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." as defined by the WHO in 1948, but far more as the definition of the concept of Positive Health as defined by Machteld Huber "*Health as the ability to adapt and to self manage, in the face of social, physical and emotional challenges*"

Although Occupational Therapists have the medical knowledge, their focus is on functioning and participation.

Because occupational therapists address the entire area of daily living, they are used to working with every other professional in both health- and social care and also with professionals in the more technical fields, such as architects, ICT, product developers and designers. This makes occupational therapists fully equipped to play a central role in primary and integrated care.

Having an OT in a multi professional team could be helpful in identifying the ways to integrate the health and social services to better effect. Looking for solutions that address the impact of illness or disability and how individuals participate in society is the key to robust integrated health care delivery systems.

For a strong integrated (primary) care where the clients needs are placed in the centre Occupational Therapists find it important integration should be realised on different levels:

- Health care and Social care systems
- Mental health and physical Health (as explained by the different vertical pillars)
- amongst disciplines like nursing, OT, PT, Dietetics, speech and language therapy, and podiatry. Whilst each profession maintains its core skills, those tasks or competences which can be shared must be identified resulting in a comprehensive service delivery without burdening the service user or patient with too many professionals
- between different parts of the service provision i.e. acute care and community care.
- Overhead and administration should be more integrated

To realise patient centered care Occupational Therapists can offer their expert services along the following process:

- Start with listening to the client
- Focus on what the client wants (COPM a special client centered measurement and assessment tool).
- Focus on functional and participation level
- Make a good analysis of the persons needs, wishes, the environment (physical, social).
- Involve family, carers and other stakeholders and professionals
- Make a good activity analysis of those tasks the client wants, need or choses to do.
- Be there where it happens and use the persons own strengths and network.
- Share knowledge and skills between professionals and other persons around the clients to
- Minimise the professionals around the client

4. Example in The Netherlands: Buurtzorg Plus

The Buurtzorg+ teams are self steering teams which ensure excellent care coordination and clear communication. As soon as the community nurses identify a potential threat to the clients' independence and safety they consult the therapists who are easily accessible and respond rapidly. These community therapists are specialized in providing therapy at home, they carry out a comprehensive risk assessment and focus their interventions strongly on prevention. Buurtzorg works from inside out and is empowering, adaptable, networking, supportive, supplementary and substitutional

The evaluation of the Buurtzorg is very high:

- Client satisfaction 9
- Employers satisfaction 9
- 3x best employer of The Netherlands

How is it for professionals to work in such a team?

24 % gives the teams an 8 out of 10

79 % Community nurses (CN) answered the survey

- More knowledge of possibilities PT and OT for our clients and their caregivers (95%)
- **More referrals to PT (85%) and OT (92%)**
- Care and therapy are more tuned (84%)
- Therapists are good accessible and available (92%)
- More contact between therapists and CM by mail, telephone (84%)
- Clients become more independent thanks to therapy interventions
- CN feel their work is less tiring (50%)
- CN feel more supported in their responsibilities (82%)

Stephanie Saenger, COTEC president