

# Improving Access to Occupational Therapy through Integration into Pediatric Primary Care

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## BACKGROUND & PURPOSE

- Currently, there are few occupational therapists (OT) working in primary care (Dahl-Popolizio, Muir, Davis, Wade, & Voysey, 2017).
- Routine screening is not consistently completed for developmental delays and autism in primary care (Gillis, 2009).
- Many common conditions treated by OTs are first seen in primary care (Rush University Children's Hospital, n.d).
- The role of occupational therapy in a primary care setting is not well understood (Donnelly, 2016; Halle et al., 2018).
- OT services are underutilized by PCPs because they do not fully understand the scope of OT (Donnelly et al., 2013; Metzler et al., 2012).

*The purpose of this project was to determine the role of occupational therapy in a pediatric primary care setting and increase access to occupational therapy services through integration into this setting.*

## IMPLICATIONS FOR OCCUPATIONAL THERAPY

### Revision to Theory

- The Public Health, E-HOW, and PEO Models are all appropriate theoretical constructs to guide OT in the pediatric primary care setting.
- Additionally, a theory specific to primary care would also be beneficial.
- MOHO would also be appropriate as many families were provided education about roles and routines which would fall under the construct of habituation.

### Implications for OT

- OTs in primary care can implement interventions at tiers 1 and 2 to prevent disability and promote development before children require services at tier 3.
- Interprofessional collaboration is important to provide holistic treatment.

### Recommendations

- Continue to integrate into primary care to further understand the role, as each clinic will have different needs.
- Provide education to local pediatricians and medical students to ensure they understand OT to increase the likelihood that they utilize OT services.

## THEORETICAL FOUNDATION

### Public Health Theory

- 3-tiered model to promote holistic health (Bayzk & Winne, 2013).
- Tier 1 – Universal
  - Provide education on development to all
- Tier 2 – At risk
  - Provide further screening/education pertaining to risks
- Tier 3 – Individualized intervention –common delivery method

### E-How Model (Pizzi & Richards, 2017)

- The principles were used to optimize the environment, health, and occupational participation to influence quality of life and well-being in patients.

### PEO Model (Law et al., 1996)

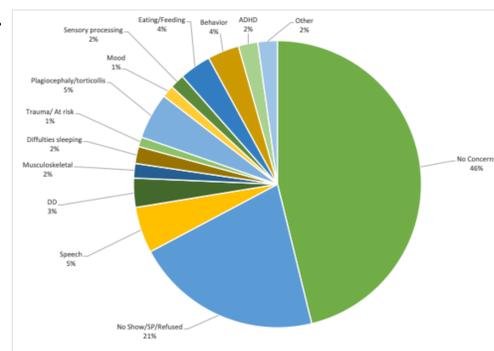
- Examines goodness of fit between person, environment, and occupation to improve occupational performance.
- Provide education to change the person, environment, or occupation to improve occupational performance.

## METHODS

- Collaborated with pediatricians on well-child, well-baby, and behavioral visits at Sanford Children's MB2 clinic to address a variety of concerns and understand the role of OT in this setting.
- Provided handouts and recommendations to caregivers to promote development in a variety of areas.
- Developed an understanding of Sanford's mission and values and wrote a reflection.
- Completed continuing education courses to further expand my knowledge on various concerns that may be seen in a primary care setting.
- Educated PCPs at the clinic on the role of OT in pediatrics and the various areas OTs address.
- Educated new moms on the importance of tummy time and limiting screen time.
- Created a binder of handouts and an activity booklet as resources for the clinic to provide to caregivers to foster healthy development in children.
- Monitored professional development and growth through weekly reflections.

## RESULTS / CONCLUSIONS

- All 13 deliverables were completed to demonstrate mastery of the five learning objectives.
- Educating the PCPs on the role of OT in pediatric primary care led to interest in hiring an OT to work in the clinic.
- OT has the following roles in the pediatric primary care setting
  - Education/Training
  - Screening/Evaluation
  - Advocacy
- 33% of children had initial concerns that could be addressed through an OT scope of practice.



- Children who did not have initial concerns also benefitted from OT education to promote health and development.

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