

Legislation around OT Services Could Help with Staffing Woes

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Occupation therapy (OT) may soon be a qualified service under home health benefits, thanks to a new bill with bipartisan support titled the Medicare Home Health Accessibility Act.

If signed into law, this would allow occupational therapists to initiate home health care, something they can't currently do without another therapy service also ordered.

This could help agencies combat staffing shortages and save time for a lot of agencies, experts says.

There are a lot of patients whose focus is improvement in activities of daily living (ADLs) that currently must have another qualifying discipline working with the patient in addition to OT to be covered under the Medicare benefit, explains J'non Griffin, senior vice president/principal of the coding and compliance departments with SimiTree Healthcare Consulting in Hamden, Conn.

If passed, the bill would assist agencies in sending only the appropriate disciplines to a patient's home. This should ultimately help agencies struggling with staffing because they won't need to utilize multiple disciplines when only an OT is needed, Griffin explains.

This would give agencies greater flexibility to initiate services in multidisciplinary cases and allow patients that only need OT to be able to receive it, says Cindy Krafft, co-owner and founder of K&K Solutions of Fernandina Beach, Fla.

Bring back pandemic-era skills

If passed, agencies that utilized the pandemic-era waiver allowing OTs to complete assessments should be in good shape to ramp back up.

Those that didn't previously train OTs to complete assessments, or have since hired OTs new to the field, should start training now, Krafft says.

While most patients need a combination of OT and another discipline, there are some therapies, such as hand therapy, where no other discipline is needed so the OT should be able to perform all assessments from intake to discharge on their own, Griffin says.

There are a few things agencies can do to prepare OTs unfamiliar with assessments:

Address any resistance. There may be some resistance from OTs to complete admissions because clinicians and PTs have often made it sound like a tedious and lengthy process, Krafft says.

It needs to be framed differently going forward. Agencies should stress that OTs will have much more autonomy than previously, when they have had to rely on other disciplines and their timelines to complete their work, she says.

Shadow other disciplines. When a patient needs both OT and another qualified service, agencies can have the OT shadow the initial and discharge assessments to see how these assessments are completed in real time.

Hire more OTs. OTs have been notoriously underutilized in the past, Krafft says. Often agencies are understaffed in this discipline, so now is the time to hire more and train them to take over assessments where appropriate, she says.

This will not only benefit patients but can help reduce clinician burnout, as it will mean OTs can take unnecessary visits off the clinician's plate. As long as the agency takes the time to make OTs comfortable handling assessments alone, this is a good thing for agencies.

Agencies may be able to take on more patients. Not just patients in need of OT, but patients in need of other services, as now patients will be able to have exclusive therapy care episodes without the need of a clinician where appropriate.

This change is a long time coming and will greatly benefit agencies, Krafft says.