

Critical Appraisal of Factors Leading to Extended Caseload Duration



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Background & Rationale

- Skilled nursing facilities provide short and long-term residential living, and rehabilitation services to help individuals improve functionally.
- Dementia, characterized by memory disturbances and various cognitive deficits, poses challenges to everyday occupations.
- Occupational therapy plays a vital role in promoting the functional independence, quality of life, and engagement in meaningful activities for this population.
- There is a gap in research surrounding the topic of caseload retention, especially from occupational therapists' perspectives who are employed in skilled nursing facilities and those who treat individuals with dementia. The aim of this research was to identify factors that result in extended period of time for clients to remain on caseloads.

PICO Questions

1. "What factors contribute to occupational therapists in skilled nursing facilities keeping clients on their caseload after all goals are achieved?"
2. "What factors contribute to OTs who work in skilled nursing facilities keeping patients on their caseload after patients have achieved maximum functional potential?"
3. "What are the factors that contribute to keeping clients with dementia on caseloads too long?"

Search Methodology

- Database searched: Embase, Pubmed, CINAHL, Google Scholar
- Search Terms: caseload, skilled nursing facility, dementia, occupational therapy, frailty, goals of therapy, over/under treatment
- Inclusion criteria: Information pertaining to OT services, frail, skilled nursing facilities, occupational therapy, therapy in English, individuals 40+ years of age diagnosed with dementia or related cognitive impairments, information about dementia
- Exclusion criteria: Professions other than occupational therapy, settings other than skilled nursing facilities, written/open languages other than English, diagnoses that do not relate to dementia or cognitive impairments, individuals less than 40 years of age

Main Findings and Limitations

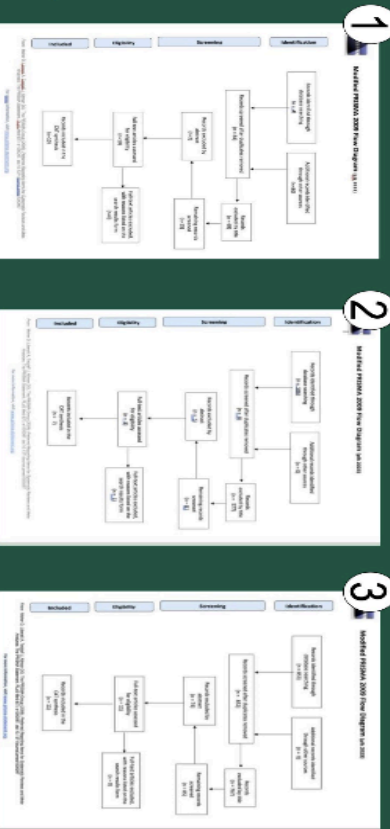
- Main Findings:**
- Therapy is more quality based rather than quality based and has less of a focus on client centered care (Kenney et al., 2002; Bennett et al., 2019)
 - Issues with professionalism and managing being an ethical practitioner (Kenney et al., 2002; Bennett et al., 2019; Bernik, 1989)
 - Therapist feeling pressured to meet the increased productivity standards and reimbursement challenges for services (Kenney et al., 2002; Hildebrand, 2019; Weik, 2007)
- Limitations:**
- Small sample size (Kenney et al., 2002; Bennett et al., 2019; Hildebrand, 2019; Weik, 2007)
 - Limited generalizability (Kenney et al., 2002; Bennett et al., 2019; Weik, 2007; Gaston et al., 2021)
 - Bias (Researcher, non-response, coverage, subjectivity) (Kenney et al., 2002; Bennett et al., 2019; Hildebrand, 2019)
 - Limited materials (Kenney et al., 2002; Barnit, 1989)
 - Outdated research (Kenney et al., 2002; Barnit, 1989)

Search Results

- One thousand four hundred and forty-three articles were screened for duplicates, titles, abstracts, and full-text content resulting in the critical review of the final thirty articles published between 1998 and 2022.

Level II	Level III	Level IV	Level V
2: Quasi-Experimental 2: Cohort 1: Small 2: Case Report 2: Case Study 1: Systematic Review 1: Prevalence 1: Cross-sectional	2: Cohort 1: Non-Interventional Study 1: Case Report 1: Case Study 1: Cross-sectional 1: Longitudinal	3: Descriptive Studies 5: Case Studies 1: Survey Study	1: Expert Opinion 2: Literature Review

Modified Prisma Forms for All PICO Questions:



Clinical Bottom Lines

- Factors that could contribute to a client being on a caseload for an extended period of time include:
- Increased pressure from employers/managers/insurers to meet productivity standards
 - Decreased quality of client-centered care
 - Increased stress on practitioners

Recommendations For Implementation

- Based on the evidence of these factors potentially contributing to increased therapy times on an occupational therapist's caseload, we would advise:
- Implementing standards that would help practitioners be more client-centered with their therapy sessions with decreased pressure from meeting productivity standards.
 - Setting limits on therapy sessions preventing prolonged time on a therapist's caseload.

- With these in place, practitioners would be:
- Less burdened
 - More client-centered

The findings aided in potential factors being identified but indicate that more research should be conducted to effectively identify factors that contribute to occupational therapists maintaining patients on their caseloads past their maximum functional potential.

References & Handout



References

Handout

Baldelli, M. V., Boiardi, R., Ferrari, P., Bianchi, S., & Bianchi, M. H. (2007). Dementia and occupational therapy. *Archives of Gerontology and Geriatrics*, 44, 45-48.

<https://doi.org/10.1016/j.archger.2007.01.006>

Baldelli, M. V., Pradelli, J. M., Zucchi, P., Martini, B., Orsi, F., & Fabbo, A. (2007).

Occupational therapy and dementia: The experience of an Alzheimer special care unit. *Archives of Gerontology and Geriatrics*, 44, 49-54.

<https://doi.org/10.1016/j.archger.2007.01.007>

Barnitt, R. (1998). Ethical dilemmas in occupational therapy and physical therapy: A survey of practitioners in the UK National Health Service. *Journal of Medical Ethics*, 24(3), 193-199. <https://jme.bmj.com/content/medethics/24/3/193.full.pdf>

Bennett, L., Scheirton, L., McCarthy, M., & Muir, B. (2019). Productivity standards and the impact on quality of care: A national survey of inpatient rehabilitation professionals. *The Open Journal of Occupational Therapy*, 7(4), 1-11.

<https://doi.org/10.15453/2168-6408.1598>

Bowblis, J., & Brunt, C. (2013). Medicare skilled nursing facility reimbursement and upcoding. *Health Economics*, 23(7), 821-840. <https://doi.org/10.1002/hec.2959>

Bruno, D., (2004). Can incentives encourage rehabilitation program integrity? *Long-term Care Interface*, 5(2), 38-43.

Canevelli, M., Vanacore N., Blasimme, A., Bruno, G., & Cesari, M. (2021). Overtreating Alzheimer's disease. *Journal of Prevention of Alzheimer's Disease*, 8(2), 234-236.

<https://doi.org/10.14283/jpad.2020.74>

Collins, T. L. (2006). *The therapy threshold within the Medicare prospective payment system: Associated ethical dilemmas and influence to therapy practice patterns and quality of*

patient care. (Publication No. 3206309) [Doctoral dissertation, Walden University].
Walden University ProQuest Dissertations Publishing.

Durocher E., & Kinsella E. A. (2021). Ethical tensions in occupational therapy practice: Conflicts and competing allegiances. *Canadian Journal of Occupational Therapy*, 88(3), 244-253. <https://doi.org/10.1177/00084174211021707>

Flasher, R., & Lamboy-Ruiz, M. (2017). Impact of enforcement on healthcare billing fraud: Evidence from the United States of America. *Journal of Business Ethics*, 157, 217-229. <https://doi.org/10.1007/s10551-017-3650-z>

Gustavson, A. M., LeDoux, C. V., Stutzbach, J. A., Miller, M. J., Seidler, K. J., & Stevens-Lapsley, J.E. (2021). Mixed-methods approach to understanding determinants of practice change in skilled nursing facility rehabilitation: Adapting to and sustaining value with Post Acute Reform. *Journal of Geriatric Physical Therapy*, 44(2), 108–118. <https://doi.org/10.1519/jpt.0000000000000288>

Harrington, C., Mallot, R., Edelman, T., Wells, J., & Valanejad, D. (2020). United States nursing home violations of international and domestic human rights standards. *International Journal of Health Services*, 50(1), 62-72.
<https://doi.org/10.1177/0020731419886196>

Hildenbrand, W. C. (2016). What happens at the intersection of policy and practice? Examining role conflict and professional alienation of occupational therapy professionals in complex environments. [Doctoral dissertation, University of Kansas]. KU ScholarWorks. <https://kuscholarworks.ku.edu/handle/1808/24204>

Kapp, M. (2013). Nursing home culture change: Legal apprehensions and opportunities. *The Gerontologist*, 53(5), 718-726. <https://doi.org/10.1093/geront/gns131>

Kennedy, J., Maddock, B., Sporrer, B. & Greene, D. (2002). Impact of Medicare changes on occupational therapy in skilled nursing facilities: Pilot study. *Physical & Occupational Therapy in Geriatrics*, 21(2), 1-13.

https://doi.org/10.1080/J148v21n02_01

Kurlandar, S. (1998). Excess therapy: The Office of the Inspector General reports medically unnecessary therapy at skilled nursing facilities. *Rehab Management*, 11(4), 90-94.

Lhermite, A., Sastre, M., Sorum, P., & Mullet, E. (2019). Decision-making capacity among elderly people: A mapping of health professionals' and laypeople's views. *The International Journal of Aging and Human Development*, 89(3), 311-326.

<https://doi.org/10.1177/0091415018811092>

Mullaney, R. J. (2020). Workplace factors affecting the delivery of occupational therapy services: The significantly rich perspectives of OT practitioners. *American Journal of Occupational Therapy*, (74). <https://doi.org/10.5014/ajot.2020.74S1-PO3319>

Penny, N. H., Ewing, T. L., Hamid, R. C., Shutt, K. A., & Walter, A. S. (2014). An investigation of moral distress experienced by occupational therapists. *Occupational Therapy In Health Care*, 28(4), 382-393.

<https://doi.org/10.3109/07380577.2014.933380>

Pimouguet, C., Le Goff, M., Wittwer, J., Dartigues, J. F., & Helmer, C. (2017). Benefits of occupational therapy in dementia patients: Findings from a real-world observational study. *Journal of Alzheimer's Disease*, 56(2), 509-517.

<https://doi.org/10.3233/JAD-160820>

Prusynski, R. A., Gustavson, A. M., Shrivastav, S. R., & Mroz, T. M. (2021). Rehabilitation intensity and patient outcomes in skilled nursing facilities in the United States: A systematic review. *Physical Therapy & Rehabilitation Journal*, 101(3).

<https://doi.org/10.1093/ptj/pzaa230>

Prusynski, R. A., Humbert, A., Leland, N. E., Frogner, B. K., Saliba, D., & Mroz, T. M. (2022). Dual impacts of Medicare payment reform and the covid-19 pandemic on therapy staffing in skilled nursing facilities. *Journal of the American Geriatrics Society*, 71(2), 609–619. <https://doi.org/10.1111/jgs.18208>

Prusynski, R. A., Pradhan, S., & Mroz, T. M. (2021). Skilled nursing facility organizational characteristics are more strongly associated with multiparticipant therapy provision than patient characteristics. *Physical Therapy & Rehabilitation Journal*, 102(3).

<https://doi.org/10.1093/ptj/pzab292>

Rahman, M., White, E. M., McGarry, B. E., Santostefano, C., Shewmaker, P., Resnik, L., & Grabowski, D. C. (2022). Association between the Patient Driven Payment model and therapy utilization and patient outcomes in US skilled nursing facilities. *JAMA Health Forum*, 3(1), e214366. <https://doi.org/10.1001/jamahealthforum.2021.4366>

Sandstrom, R., & Schmaltz, A. (2015). Need factors associated with the intensity of outpatient therapy in the Medicare population. *Physical & Occupational Therapy in Geriatrics*, 33(3), 233-249. <https://doi.org/10.3109/02703181.2015.1056572>

Tyler, D. A., Feng, Z., Leland, N. E., Gozalo, P., Intrator, O., & Mor, V. (2013). Trends in postacute care and staffing in US nursing homes, 2001–2010. *Journal of the American Medical Directors Association*, 14(11), 817–820.

<https://doi.org/10.1016/j.jamda.2013.05.013>.

Wells, J. K. (2007). Ethical dilemma and resolution: A case scenario. *Indian Journal of Medical Ethics*, 4(1), 31-33. <https://doi.org/10.20529/ijme.2007.010>.

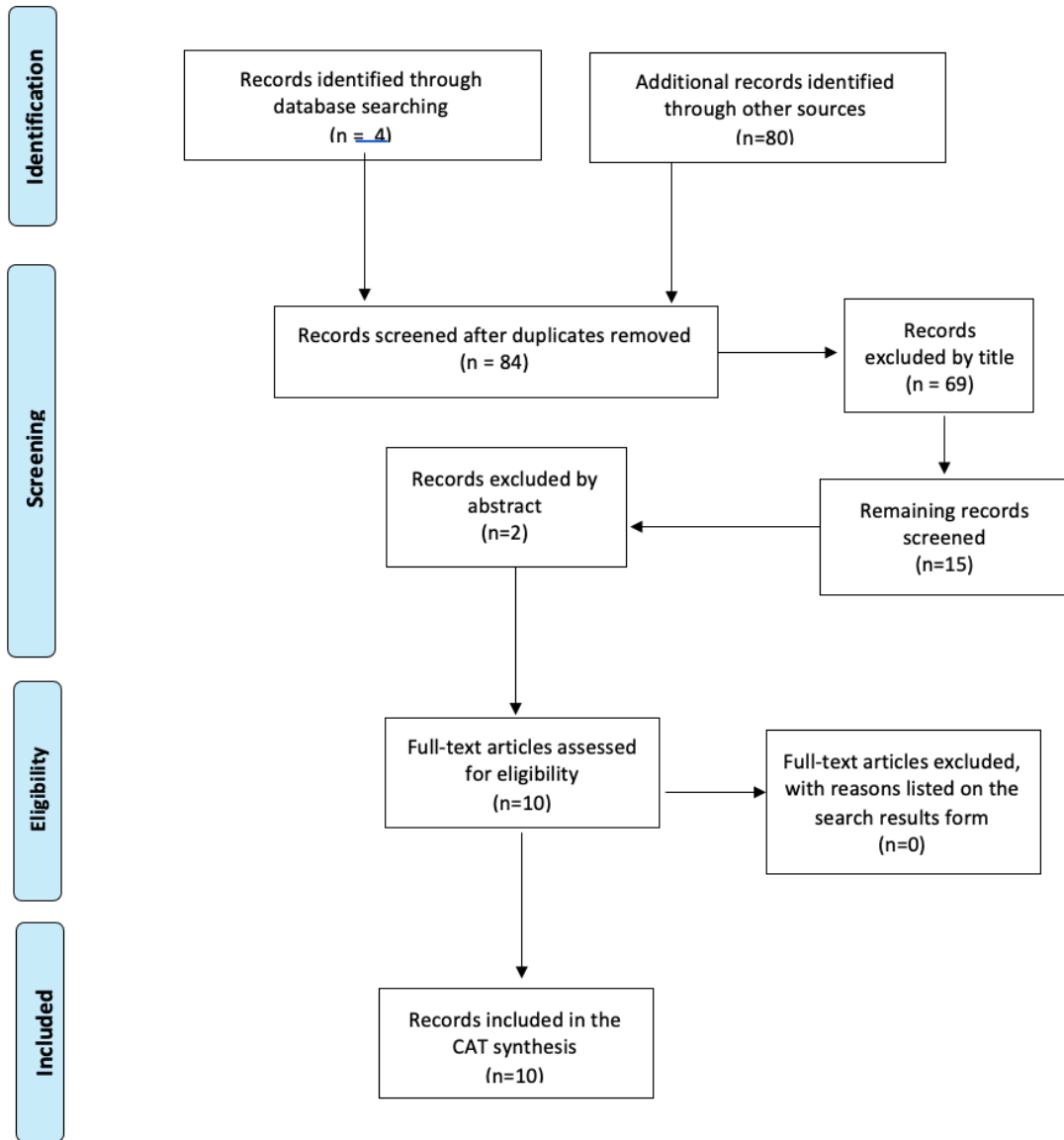
White, Chapin (2003). Rehabilitation therapy in skilled nursing facilities: Effects of Medicare's new prospective payment system. *Health Affairs*, 22(3), 214-223. <https://doi.org/10.1377/hlthaff.22.3.214>.

Yoo, J. W., Choi, J. B., Kim, S. J., Shin, H. P., Kim, K., Ryu, W. S., Min, T. J., Kim, S., & Nakagawa, S. (2013). Factors associated with remaining in a skilled nursing facility for over 90 days from admission: Residents' participation in therapy and desire to return to the community. *Journal of the American Medical Directors Association*, 14(9), 710.e1-710.e4. <https://doi.org/10.1016/j.jamda.2013.05.022>

Zhang, W., Luck, J., Patil, V., Mendez-Luck, C. A., & Kaiser, A. (2022). Changes in therapy utilization at skilled nursing facilities under Medicare's Patient Driven Payment Model. *Journal of the American Medical Directors Association*, 23(11), 1765–1771. <https://doi.org/10.1016/j.jamda.2022.06.003>.



Modified PRISMA 2009 Flow Diagram (pjk 2023)

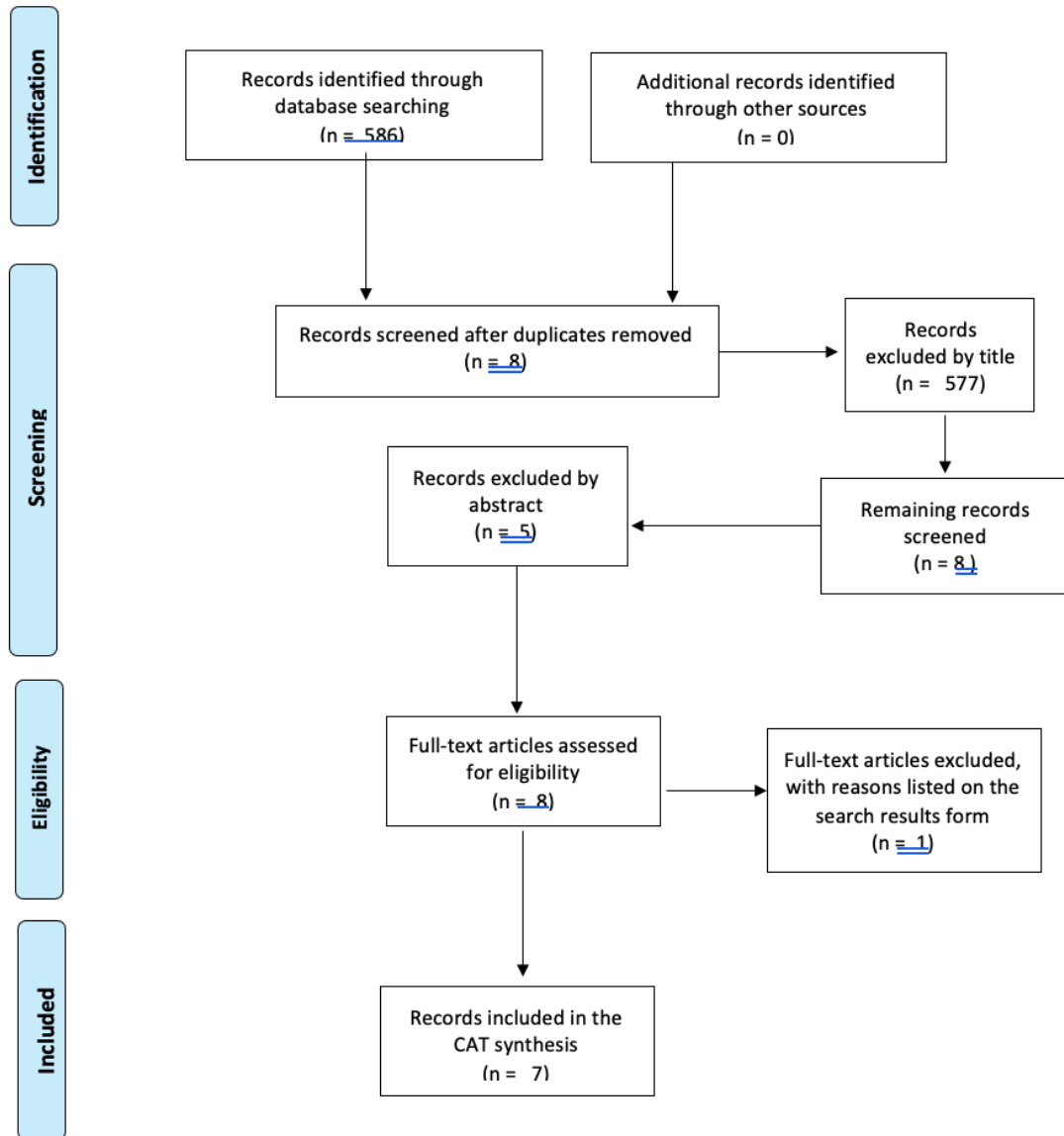


From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. *BMC Med* 6(7): e1000097. doi:10.1371/journal.pmed1000097

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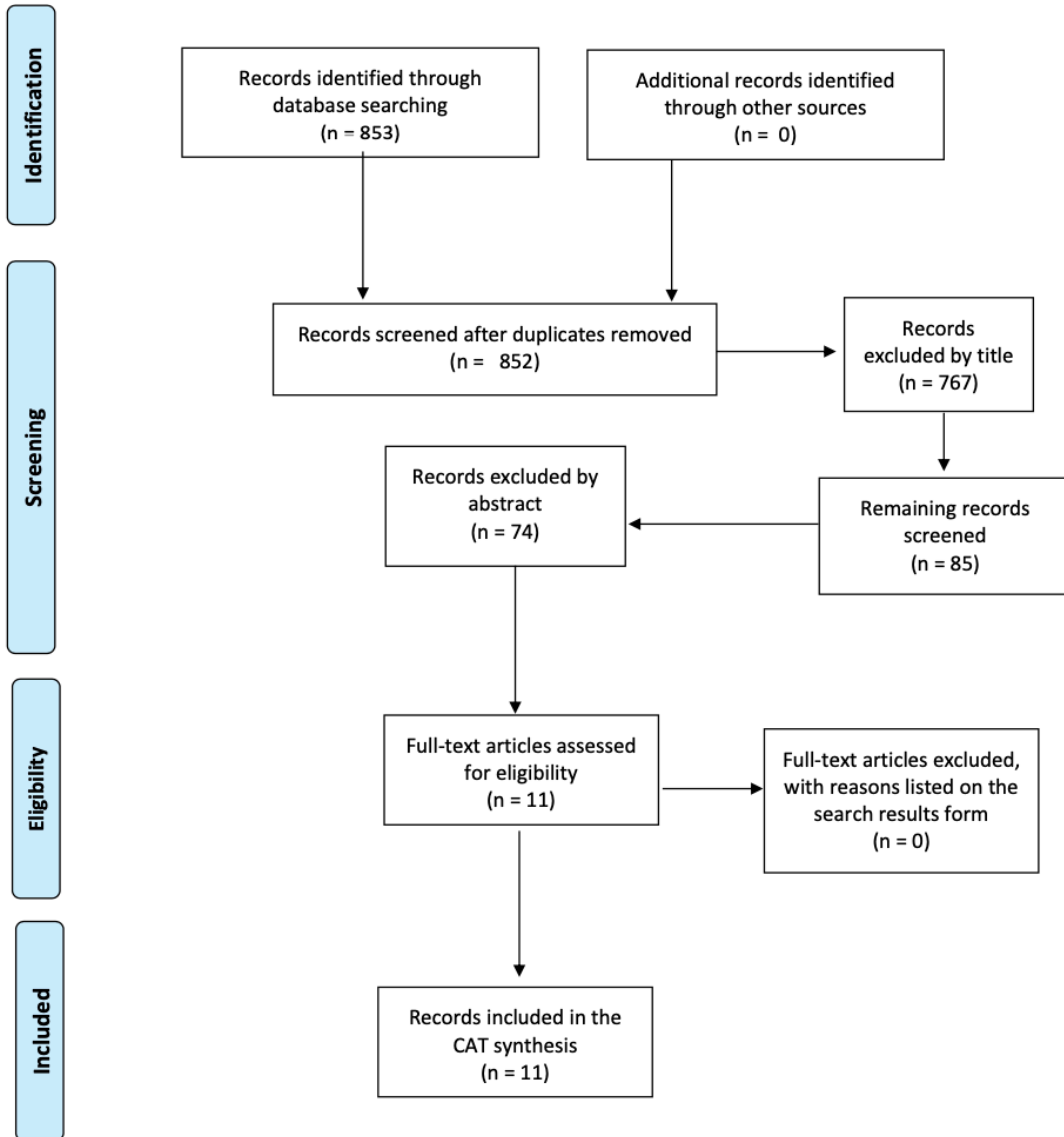


From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

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