



THE UNIVERSITY OF TEXAS  
**MD Anderson**  
**Cancer Center**  
Making Cancer History™

## **Oncology Rehabilitation: Future Directions & Opportunities**

*Brent Braveman, PhD, OTR/L,  
FAOTA, MD Anderson Cancer  
Center, Houston, TX*

### **AOTA Specialty Conference:**

**Occupational Therapy's Distinct Value in  
Oncology Across the Lifespan**

**Brent Braveman, PhD., OTR/L, FAOTA**  
**Director, Department of Rehabilitation Services**

## **Objectives**

- Explore challenges facing the profession including clinical preparation, addressing health disparities, and promoting the distinct value of occupational therapy.
- Discuss opportunities that will be available for the profession of occupational therapy and occupational therapy practitioners in the next decade of oncology rehabilitation.
- Promote open discussion and tap experts in the room!

## Challenges: Collaboration not Competition

- Emerging areas of focus within the profession can breed competition rather than collaboration
- Success and recognition are not zero-sum games

## Challenges: Collaboration not Competition

- There are numerous venues and opportunities to:
  - Present at conferences
  - Publish within and outside the profession
  - Develop & share program guides
  - Develop treatment resources focused on specific types of functional problems due to cancer and/or its treatment

## Challenges: A Critical Mass

- Developing a critical mass of adequately prepared practitioners
  - Practitioners seldom have oncology rehabilitation experience when applying for positions at major centers
    - Where do new practitioners at community hospitals get their training?
  - Logistical problems with providing adequate coverage and maintaining momentum in small programs

## Challenges: Promoting our Distinct Value

- Promoting the distinct value of occupational therapy to physicians, mid-level practitioners, nursing and consumers (clients & payers) requires a level of familiarity that can be hard to obtain outside of existing cancer programs or without access to a supportive and responsive peer network
- We need to be champions!

## Challenges: Promoting our Distinct Value

- Promoting the distinct value of occupational therapy to cancer survivors, payers and other publics



## Challenges: Population Health & Health Disparities

- Lack of consensus in the profession about our responsibility and potential roles in addressing population health & health disparities
- “Disparities in healthcare have been linked to inadequate resources, poor patient-provider communication, a lack of culturally competent care, and inadequate linguistic access, among other factors” (NQF, 2016).

National Quality Forum. (2006). Disparities. Online at :<http://www.qualityforum.org/Topics/Disparities.aspx>

## Challenges: Population Health & Health Disparities

Since 2006, NQF has embarked on several efforts focused on disparities including:

- Establishing criteria to evaluate disparities-sensitive measures and endorsing 35 disparity sensitive measures for the ambulatory care setting (2006).
- Endorsing a definition, framework, and set of 45 preferred practices for measuring and reporting cultural competency (2009).
- Developing of a commissioned paper focused on measurement implications for healthcare disparities (2011).
- Identifying performance measures for healthcare disparities and cultural competency and developing a protocol for assessing disparity-sensitive measures (2012).
- Exploring the adjustment of performance measures for socio-demographic status (SDS) when appropriate (2014).

## Challenges: Population Health & Health Disparities

- Lowest level: awareness & understand
- Moderate level: addressing health disparities in clinical interventions (e.g. culturally and linguistically appropriate interventions)
- Highest level: occupational therapy practitioners actively working on population health initiatives to address prevention, early detection and screening and access to care

## Challenges: Population Health & Health Disparities

AOTA's Commission on Practice (COP) received a charge from AOTA's Board of Directors to develop an official document to promote occupational therapy's role in addressing population health needs, and to heighten an understanding of our role both within the OT community as well as with external decision makers.

(Kannenburg, K., 2016.) Report of the Chairperson of the Commission on Practice (COP) to the RA. Online at:  
<http://www.aota.org/~media/Corporate/Files/Secure/Governance/RA/RA%20Spring%202017/COP-Report-to-Spring-2017-RA.pdf>

## Opportunities: Education/Practice

### **B.11.0. DOCTORAL-LEVEL EXPERIENTIAL COMPONENT**

"The goal of the doctoral experiential component is to develop occupational therapists with advanced skills (those that are beyond a generalist level). The doctoral experiential component shall be an integral part of the program's curriculum design and shall include an in-depth experience in one or more of the following: clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education, or theory development."

### B.11.0. DOCTORAL-LEVEL EXPERIENTIAL COMPONENT

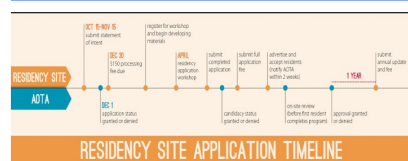
Stephanie Wymyslo, OTD Student  
Northern Arizona University

## Meeting the Psychosocial Needs of Young Adult Cancer Survivors

## Opportunities: Education/Practice

## AOTA Residency

### Prospective Sites for Residency



For institutions seeking to develop an occupational therapy evidence-based program, there are many benefits. Residencies boost an institution's reputation and allow the institution to evaluate its own clinical practices and management for further improvement. Residents gain valuable experience while working under supervision. Residents also learn how to work with others and become more confident. They help promote evidence-based practice in occupational therapy and improve patient outcomes. AOTA-approved Residency Programs receive consultation from AOTA throughout the process of program development. Each site is a member of a yearly cohort and as such, can easily communicate and confer with other sites.

Sites who are interested in developing an AOTA-Approved Residency Program must first submit a Statement of intent form between October 1st and December 1st to the AOTA Residency Program Review Committee. The review committee will review each document and respond by December 1<sup>st</sup>. Application Status is granted based on the date a site submitted its Statement of Intent, without consideration given to diversity in emphasis of programs (e.g., if an application for Low Vision Residences is received and 3 already exist).

Once a site has been granted Application Status, it must submit the application processing fee by December 30<sup>th</sup>. The site is then encouraged to begin developing application materials (i.e., curriculum design; program objectives, goals, and outcomes; mission statement; evaluation, etc.). A site will be removed from the Provider Site Application Registry for the following reason:

Resources for Potential Residency Sites:

- [Residency Policy Manual - pdf](#)
- [Statement of Intent - doc](#)
- [Residency Program Application - pdf](#)
- [Resid. FAQs](#)

## AOTA Residency Program



Occupational therapy residencies are designed to advance a practitioner's performance and interpersonal skills, critical and ethical reasoning, and overall expertise in a focused area of practice. Residency Programs offer opportunities to develop learning, mentored practice, and scholarship for occupational therapists who have graduated and completed the requirements for licensure. By participating in a Residency Program, individuals have the opportunity to advance their clinical skills and become more versatile in the field of occupational therapy as specialized practitioners.

ACOTE-Approved Residency Programs are between 9 and 12 months long and may be based in hospital systems, schools, or in the community, including workplace settings. Although Residency Programs may offer some assistance—including program length, admissions process, focus, and curriculum—a program's central learning objectives and curriculum design must remain consistent with guidelines

## Graduates ▾



Are you a licensed graduate seeking a residency position? Find out where you can apply!

Institutions 

Are you an institution seeking to become an AOTA-Approved OT Residency Site? Find out how to

## Opportunities: Education/Practice

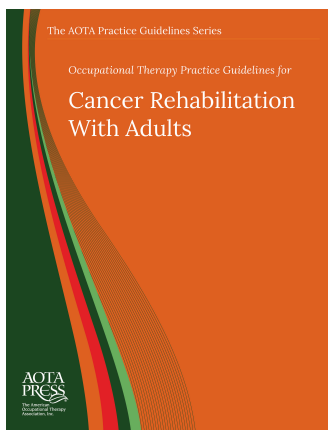
- Influence educational program content
  - We have representatives here from 32 states!
  - Contact your local colleges and universities and offer to present lectures or cases on cancer, cancer survivors and oncology rehabilitation
  - Present at state association conferences
  - Use your network here today!

## Opportunities: Developing Communities of Practice

- AOTA-oncology forum on OTConnections
- APTA-Oncology Section
- ACRM-Cancer Rehabilitation Networking Group



## Opportunities: Expanding Knowledge Base



## Opportunities: Formal Intervention Protocols

- Fatigue
- Cognition
- Pain
- Neuropathy
- Palliative Care
- Work
- Caregiver support
- Parenting
- Sexuality

## Opportunities: Prevention

- The profession has struggled for decades to establish practice models and to convince itself that we have defined role in prevention & wellness
- Lifestyle redesign
- Need program models, intervention examples and research

## Opportunities: Survivorship

- Need to fully define and develop full shared understanding of survivorship
- Apply conceptual practice models to promotion of occupational performance in early and late survivorship.
- Late effects
- Need program models, intervention examples & research

## Opportunities: Research

Occupational therapy practitioners need to be more involved in research and must have the appropriate training to develop and conduct their own well-designed research projects or partner with scholars

## Opportunities: Research

Only a handful of studies specifically included occupational therapy either as a component or specific intervention. More high-quality studies are needed with occupational therapy as a specific component of the interventions and a return to meaningful participation as the outcome.

## Opportunities: Research

Very few studies used **specific assessments of function** other than health-related QOL. The majority of studies did not include assessments or outcome measures specifically addressing return to meaningful activity and participation. Future research needs to include **participation and return to meaningful activities** in addition to QOL available to inform and guide best practice.

## Opportunities: Research

- Outcome measures are needed that focus on improving or changing occupational performance and participation throughout the cancer care continuum.
- Occupational therapists must use assessments sensitive enough to detect potentially subtle changes in participation that may be first signs of future decline or of improvement.
- Common use of high quality assessments to promote shared knowledge & research

## Opportunities: Research

In general, more research is needed to understand appropriate service delivery—that is, who needs what type of intervention at what point in their cancer care and survivorship. Rehabilitation services have the potential to be incorporated before, during, and after treatment. Little evidence is available on which to base clinical decisions such as timing of assessments and services, types of services, and clients who might be at greatest risk of losing function and lessening participation.

## Opportunities: Research

Cognitive issues secondary to cancer and cancer treatment significantly affect cancer survivors' ability to participate in daily life activities and occupations. These issues are important to occupational therapy service delivery, but limited research at Level I, II and III is currently available to inform and guide best practice.

## Opportunities: Research

### Work and employment

- Don't reinvent the wheel
  - Existing research on effective models
  - Employment Options/Enabling Self-Determination Manuals at <http://www.cade.uic.edu/moho/resources/appsAndResources.aspx>
- NCI Efforts
  - WSIS article
  - Summary at NCI @ [www.cancer.gov](http://www.cancer.gov) ?

## Opportunities: Research

- Impact on families and caregivers, caregiver support
  - Parenting
- Program models
- Research

## Opportunities: Research

- Psycho-social support
  - Across the age span
    - Children
    - Adolescents
    - Young adults
    - Adults
    - Older adults

## Opportunities: Policy

There are opportunities to affect funding and policy by becoming involved in cancer organizations and governmental and non-profit institutes.

- NIH and NCI expert panels and roundtables
- National Quality Forum Oncology 2015-2017
- What other opportunities are out there for us?

## Opportunities: Policy

Value-based payment

Value = Quality/Cost

We must be able to sell the value proposition of occupational therapy to multiple audiences.

## Opportunities: Promoting the Distinct Value of Occupational Therapy

We are moving the right direction but even within our own discipline the role and distinct value and contributions of occupational therapy with cancer survivors are not well recognized or understood.



# Thanks for attending!

Questions?



Discussion?



Contact Information  
Brent Braveman PhD, OTR/L, FAOTA  
[bhbraveman@mdanderson.org](mailto:bhbraveman@mdanderson.org)