

March 21, 2011

Dear FHT Executive Director,

As the Ministry of Health and Long-Term Care extends its call for 2011-12 budget submissions, we understand your Family Health Team may have a new or first opportunity to propose programs and services that may engage the addition of an occupational therapist to the complement of IHP's that serve your roster of patients.

I am writing to extend the offer of the Ontario Society of Occupational Therapists (OSOT) to assist you in your consideration of any proposals for occupational therapists in any way that we can, to provide some example of our resources and to request your participation in a short [online survey](#) that will assist us to help you even better!

Over the past year, in consultation with the Ministry and with FHTs who have had queries about occupational therapy, the Society has developed a number of resources that may be useful to your planning processes. I invite you to get to know us, perhaps commencing with a visit to our website resources on Family Health Teams. [Click here](#) for resources on key topic areas including:

- **Learn more about occupational therapy**
- **OT in Primary Care**
- **OT and Family Health Teams**
- **Integrating an occupational therapist into a FHT**
- **Sources of Evidence for OT in Primary Care**

You'll find specific information to assist you in considering how an OT might make evidence-based contributions to your Team's programming, support the Team to facilitate growth of unattached patients and assist you to more effectively meet the needs of your complex and challenging patients. For example;

- A brochure highlighting the diverse service foci that an OT working in Primary Health can provide. See [Occupational Therapists in Primary Health Care: working to support your Family Health Team](#).
- [12 Case Vignettes](#) designed to showcase possible roles and contexts for occupational therapy within a Family Health Team, include specific examples of OT Assessments, identification of issues that pose barriers to occupational performance, typical OT Interventions (& time estimates for interventions), outcomes and potential benefits for patients
- A sample caseload and weekly schedule that provides a contextual option of how an OT could potentially manage patient care. See [Typical Sample Work Week for a FHT OT](#)

Additionally, we'd be pleased to address questions you might have about how best to position occupational therapy services within your unique Team, roster and community. Whenever possible we will facilitate conversations with occupational therapists who are familiar with resources in your community. We're happy to share insights we have gained in working with the Ministry to enable access to occupational therapy services.

For example;

- Our proposals identified a projected ratio of OTs to roster population of 1 FTE: 5000 – 7000 patients. This of course will vary dependent upon the number, range and skillset of existing Team members, the needs of the roster and implications of geography (distances to patients, etc.)
- Occupational therapists can lend real value to “at risk” populations (for example frail elderly living at home, people living with mental health problems, etc). Exploration of potential needs within the roster for services that can promote safety, reductions in ER and hospital admissions can result in programs that assist your Team to contribute to achievement of Ministry priorities.
- Occupational therapists are well suited to address the complicated day to day living skill needs of a Team’s more complex and challenging clients (clients living with multiple chronic issues, etc.). Typically approximately 6% of a physician’s caseload, these clients can consume 33% of primary care resources (Wallace & Seidman (2007). Efficient utilization of OT resources for this segment of the patient roster presents a cost-effective and successful alternative to repeated access to physician resources. This may facilitate the Team’s capacity to address or demonstrate its commitment to roster growth targets.
- An occupational therapist’s focus on occupation across the lifespan is cause for interaction with patient’s around a broad range of life roles – self care, work, play, school, driving and socialization. This requires OTs to be well informed about the environment or context for living. In this regard, OTs can be excellent navigators for clients and families.

OSOT is delighted to see OTs working within a few FHTs already. We have worked to facilitate networking of these clinicians and extend our commitment to support therapists who may come to work with you.

As we continue to tailor resources to assist FHTs and OTs working in FHTs we wish to target to your real needs. Your assistance in completing a short 5 question survey would assist us to assist you. [Click here](#) to access this online survey which should take no more than 5 minutes to complete.

Please know that we will welcome your contact if we can assist you further. We invite you to contact Anne Murphy-Turliuk, OSOT’s FHT Project Lead. Anne can be reached at 416-322-3011/877-676-6768 ext 233 or by e-mail at amurphy-turliuk@osot.on.ca.

We look forward to the opportunity to see our profession work with Family Health Team’s to assist them to meet their goals and to enhance the patient care and outcomes that they can achieve.

Sincerely,

Christie Brenchley

Executive Director
Ontario Society of Occupational Therapists

~ Leading by providing vision, voice, value and visibility for Ontario occupational therapists.

cbrenchley@osot.on.ca
416-322-3011 ext 224
www.osot.on.ca