The Otago Exercise Program

- Evidence-based fall prevention program from New Zealand (late 1990's)

- Program Design
  - 5-6 visits delivered over 8 weeks in home or outpatient settings
  - Standard balance and strength exercises (17 to choose from) 30 minutes 3x/week
  - Patient does exercises INDEPENDENTLY
  - Walking up to 30 minutes 3x/week
  - Follow up visit if possible at 6 months and 1 year
  - Follow up phone calls and visits as needed for up to a year

- In original program, exercises prescribed and progressed by physical therapist

- Best for community-dwelling but frail
US OEP Implementation Resources

https://www.med.unc.edu/aging/cgec/exercise-program

Online training $25

2nd Wednesday of every month
5 pm EST
Free Live Monthly Q&A Webinars
https://uncgeriatrics.adobeconnect.com/otago
## The US OEP Clinical Experience

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- **Initial Visit**
- **Visit**
- **Visit**
- **Visit**
- **Visit**
- **Visit**
- **Visit**
- **Call**
- **Call**
- **Call**

### Mandatory PT Management Phase

### (Optional) Self-Management Phase

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- **Visit/DC**
- **Call**
- **Call**
- **Call**
- **Call**
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3
Why is a Physical Therapist Required?

• Evaluation for OEP
  – Any point during the course of PT plan of care to identify “candidacy” for OEP
  – ID / rule out problems that could exclude or modify participation
    • Cognitive difficulties - can still benefit with caregiver assistance
    • Neurological impairments - may need another intervention / outside referral
    • Determine need for outside referral (e.g., vision, medical management, neurologist)
  – Perform Functional Outcome Measures (TUG, 30s chair stand, 4 stage balance)

• Exercise prescription
  – Prescribe selected exercises and ensure safe return demo by client
  – Prescribe appropriate amount of weights
  – Establish walking program as appropriate

• Re-evaluation of function, response to program
• Progression / modification of program
What Will Medicare Pay For?

• If client is at high risk for falls and meets the criteria for medical necessity for skilled physical therapy then **YES**

• Medicare will NOT pay for phone call follow ups OR weights

• The challenge – It can be done – with a lot of paperwork
  
  – In home health, most clients are not physically capable of the low frequency of PT visits until the end of care. Due to regulations, it is very difficult to keep patients on caseload in home health > 60 days. Also, once a patient is mobile enough to participate in Otago they may no longer be homebound, and no longer qualify for home health
  
  – In outpatient, therapists can keep patients on caseload for an extended period of time, but they must assess patients every 30 days to fulfill Medicare requirements. In addition, there is a question if a patient does medically require PT if they are being seen at such a low frequency of visits after the second month
    
    • Co-pays can be an issue
    
    • Limits to the amount of outpatient PT an individual can receive in a calendar year
How To Facilitate Adoption

• Target outpatient physical therapists
• Focus on 4 – 6 visits over 8 weeks
  – Greatest alignment with Medicare policies
  – Most straightforward for billing and reimbursement
• Provide multiple sets of weights as a “start up” package for PT practices
• Focus on pay for performance initiatives
  – Otago achieves better patients outcomes at a lower number of PT visits and a lower cost
  – This model can be a barrier to some agencies as it limits the amount of billing/patient
  – Look for partners who want to innovate OR control costs
Other Models

• PT/Community-Based Organization (CBO) Partnership (OR)
  – Still 4-6 PT visits in 8 weeks but hand off to CBO
  – PT works with CBO to train staff to implement exercises and conduct follow up calls to increased program adherence
  – CBO meets charge of delivering EB Program
  – PT gains client connections from CBO

• CBO/ PT Consultant Partnership (OR)
  – CBO identifies staff with expertise in geriatric fitness/exercise physiology
  – CBO contracts with a PT to review all clients and provide guidance on exercise prescription and progression. PT may end up working with clients individually as well
  – CBO executes OEP
# Opportunity: PT / CBO Partnership

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Other Models

• PACE (NC + NJ)
  – PT does initial exercise prescription
  – Rehab tech does Otago Exercise Groups
  – PT does “curbside consults” for progression

• Managed Care Organizations and Dual Eligible (NJ)
  – MCO identifies clients at high risk for falls and refers to PT
  – PT completes 8 week session of Otago
  – MCO completes follow up phone calls and provides referrals back to PT if appropriate
Questions?

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