

Otago Exercise Program and Otago Outcomes Database

Frequently Asked Questions

Otago Exercise Program FAQs

Otago Exercise Program – General Questions

Are there any chat rooms or discussion boards for Otago?

Not at this time.

- *If we feel it will be helpful, we can start a twitter feed or discussion board.*
- *Please send all questions, comments and/or suggestions to the Otago Outcomes Database Team (otago@unc.edu).*

The following agencies can help you find other programs and resources for your patients:

Eldercare Locator	http://www.eldercare.gov/Eldercare.NET/Public/Index.aspx
Area Agencies on Aging	http://www.n4a.org/

Patient Appropriateness

My patient is not capable of doing all the exercises prior to starting the **Otago Exercise Program**. Should I start them with Otago?

Yes, (as long as the patient otherwise qualifies for the program).

- *As long as your patient is able to do some exercises in standing and complete the exercises without Physical Therapist supervision, then they are ready to start the program.*
- *Otago is designed to be progressively more challenging. Ideally, you will progress the patient from less challenging exercises – (e.g. standing hip abduction with two hand support) to more challenging exercises (e.g. backward toe walking no hands) throughout the duration of the program.*

My patient will not commit to doing a program for a whole year. Should I start them on the **Otago Exercise Program**?

Yes, (as long as the patient otherwise qualifies for the program).

- *Fall prevention is like managing a disease - a lifestyle change. The **Otago Exercise Program** is the first step in that change.*
- *The program is designed to last for one year (52 weeks). Your patient may progress beyond the **Otago Exercise Program** in as little as two months and then will need to be discharged to*

a more challenging program. Your patient may also only commit for two months, but then decide that they want to continue on with the program. Do not let the one year commitment be a barrier to starting Otago.

- *You do need to tell patients that they must continue with balance exercises beyond the program in order to achieve a protective effect.*

My patient is hearing impaired and cannot participate on the phone calls. Can he/she still do the **Otago Exercise Program**?

Yes, (as long as the patient otherwise qualifies for the program).

- *The purpose of the monthly call is to identify problems early on and to help with adherence and compliance.*
- *If your patient cannot hear while on the phone, it is acceptable to talk to a caregiver and/or use TTY phone services.*
- *If there is no caregiver available, TTY is not an option, and the individual is still a good candidate, it is ok to be creative for the monthly phone call check-ins. For example, an e-mail could work for some older adults.*

My patient lives in an Assisted Living setting. Can he/she do the **Otago Exercise Program**?

Yes, (as long as the patient otherwise qualifies for the program).

- *Older adults who live in assisted living are appropriate for the program. The patient must be able to complete the exercises.*

NOTE: If you are participating in the Otago Outcomes Database project - Please respond to the question asking "Does the patient live in an assisted living setting?" with YES.

I have a patient that is appropriate for the **Otago Exercise Program** that I see at an Assisted Living and/or Memory Care facility. The patient can only be compliant if he/she has access to an aide or a caregiver. Can he/she do the program?

Yes, (as long as the patient otherwise qualifies for the program).

- *We do not have a lot of evidence on the success of Otago in this population.*
- *If the patient is appropriate and has access to an aide or a caregiver who can ensure adherence and compliance, then the patient can be started with Otago.*

My patient has Alzheimer's disease. Can he/she do the **Otago Exercise Program**?

Maybe...

- *We do not have a lot of evidence on the success of Otago in individuals with Alzheimer's Disease (AD). We do, however, have evidence that when people with AD exercise, they move better, have less pain, and better quality of life.*
- *If the individual has a caregiver to assist who can ensure program adherence and compliance, then the **Otago Exercise Program** is probably a good fit.*
- *If the individual will have to remember to do the exercises on his/her own, it may be a good idea to look at other program options.*

My patient lives in a Long Term Care facility. Can he/she do the **Otago Exercise Program**?

Probably not...

- *Otago has not been thoroughly tested and shown to have a meaningful outcome/benefit on the balance and fall risk of patients residing in institutional settings (e.g. Skilled Nursing or Long Term Care facilities). Many patients that reside in these types of facilities are too frail to safely complete balance training and falls prevention programs such as Otago.*
- *If a patient is in an Adult Day Health program, he/she is not considered to be institutionalized and therefore does not fall into the category of patients who may not benefit from the **Otago Exercise Program**.*
- *As with any potential **Otago Exercise Program** patient, assess the patient's readiness and appropriateness prior to beginning the program.*

Visit Frequency and Timeline

I just completed the **Otago Exercise Program** Week 4 Follow-Up visit with my patient and don't think that I need to see him/her in two weeks. Is the Week 6 visit necessary?

Not necessarily...

- *In New Zealand, the first **Otago Exercise Program** visit was an evaluation visit. The next patient visits occurred during Week 2, Week 4, Week 6 and Week 8.*
- *If your patient needs a visit at Week 6 to make sure they are progressing, then by all means – do it!*

In order to comply with Medicare Guidelines, I may not be able to stick to the **Otago Exercise Program** visit schedule/timeline. What should I do?

Modify the visit schedule/timeline as necessary...

- *We understand that completing all Medicare guidelines in a timely manner is critical for reimbursement. Please feel free to see your patient earlier or later if needed in order to remain compliant with current reimbursement policies.*
- *Also see FAQ section on Billing, Documentation, and Reimbursement, below.*

Billing, Documentation, and Reimbursement

In order to be compliant with Medicare Guidelines, I need to do my recertification at 5 months. Is that ok?

Yes.

- *We would like the 6 Month visit to occur as close to six months after the Baseline Survey (Otago Day 1) as possible, but understand that compliance with Medicare Guidelines is the most important factor.*
- *We also understand that your patient need may need to be seen earlier than 6 months to insure safety, adherence, compliance, etc.*

Do I need to include “**Otago Exercise Program**” in my documentation?

No.

- *It is helpful to include Otago in your documentation.*
- *At this time, you don’t need a physician’s referral for **Otago Exercise Program**.*
- *We are hoping we get to the point where a prescription for **Otago Exercise Program** will result in Medicare immediately reimbursing for the evidence-based frequency and duration of Otago visits. However, we are not there yet.*

My patient’s referral from his/her physician did not specifically mention the **Otago Exercise Program**. Do I need to request a referral that specifically mentions Otago in order to prescribe the program to my patient?

No.

- *At this time, you do not need a physician’s referral to for Otago.*
- *For reimbursement purposes: You will need a referral for balance and gait training (or something along those lines).*

I am seeing an individual for another diagnosis and think they would benefit from Otago. Do I need a physician’s referral to start the **Otago Exercise Program**?

Not for Otago Exercise Program, but for Gait and Balance...

- *At this time, you do not need a physician’s referral to for Otago.*
- *If you are seeing a patient for a rotator cuff tear or neck pain and he/she screens positive for falls risk and fits the criteria for Otago, then you can start the patient on the program. You will need to call their physician and ask for a second prescription to treat the new problem of gait and balance. You will also need to adhere to all Medicare policies and guidelines.*

Discharging/Graduating Your Patient from the Otago Exercise Program

My patient has graduated from the **Otago Exercise Program**. Where should I send them?

This depends on the patient...

- *It would be best to send them to an evidence-based program available in the community to continue their progress.*
- *The National Council on Aging is a great resource for programs:*
<http://www.ncoa.org/improve-health/center-for-healthy-aging/>
- *Other Recommendations:*
 - *Tai Chi,*
 - *Arthritis Foundation Tai Chi,*
 - *Tai Chi Moving for Better Balance,*
 - *Fallproof!*

Otago Outcomes Database FAQs

Otago Outcomes Database Project – General Questions

Should I tell my patient that they are in a research study?

That is completely up to you...

- *We are not researching individual patient outcomes. This is not a randomized controlled trial. Patients are not receiving a new and innovative treatment.*
- *There are several therapists that currently treat using frequencies and durations similar to those used in the **Otago Exercise Program**. The only difference between the **Otago Exercise Program** and other treatment methods is the method of program delivery. The purpose of this project is to study the implementation of **Otago Exercise Program** in the United States.*
- *None of the data we are collecting is linked back to the individual patient, nor is any information considered Personal Health Information (PHI) per the Investigational Review Boards at the University of North Carolina at Chapel Hill and at Texas A&M University.*

*You may want to tell the patient that you (the therapist) are participating in a project designed to help understand the most effective ways to deliver the **Otago Exercise Program**. As a part of this project, you would like to share some of the patient's de-identified information with the researchers. None of the information shared is any different than information entered into an electronic health record. In addition, the project itself has been deemed exempt of IRB oversight by two IRB boards.*

I don't have internet access while I am visiting my patient's homes, therefore I won't be able to access the database. What should I do about the surveys?

Print out or download/save a copy of the survey from the Resources/Help Page on the Otago Outcomes Database to use when you are with your patient.

- *All of the data/outcomes* are designed to be completed with your patient present.*
- *If you do not have internet access, you should complete the survey by hand during the visit with your patient. Once you are able to access the database again, you can enter in the survey responses.*

Do I have to assign my patients an ID?

No.

- *The database will automatically assign a Patient ID for your patient.*

I accidentally hit "Save" when I finished Section A of the Baseline Survey for Patient xx-xxx-xxx. I was then sent back to the home screen (out of the patient's Baseline Survey). Am I done with that survey?

No.

- *When you hit the "Save" button after any section of a survey, the database will automatically send you back to the main (My Patients) page. This does not mean you have completed the entire survey for that patient.*

- *The last section of each survey has a box that must be checked in order for that survey to be completed.*
- *After you have checked the box and verified that the information entered into the survey is correct and complete AND clicked the Save button, your survey has been finished and submitted.*

I started a patient on the **Otago Exercise Program** while he/she was in home health and then discharged them to Outpatient Care (or an In-Home Part B Provider). What should I do?

Complete the Discharge Survey for the patient.

- *We are not able to follow patients if they are discharged from one agency to another.*
- *When you discharge a patient from your caseload, regardless of where they are in the program or where they are being discharged to, you will need to complete the Discharge Survey.*

NOTE: If a patient is discharged from Home Health to a Part B Provider within the SAME AGENCY and the therapists are able coordinate information, then we can continue tracking the patient's progress and outcomes in the Otago Outcomes Database.

If you want to do this, contact the Otago Outcomes Database Team (otago@unc.edu) for more information.

I received an e-mail telling me that I should be seeing my patient for his/her 12 Month Follow-Up Visit and should complete the Discharge Survey. I do not plan on discharging this patient from my caseload at this time. Should I complete the Discharge Survey in the Otago Outcomes Database?

No.

- *Complete the Discharge Survey only when you discharge the patient from your caseload.*
- *You should complete the Discharge Survey if you discharge the patient from the **Otago Exercise Program** before reaching the 12 Month Follow-Up Visit or after the 12 Month Follow-Up Visit.*

Functional Outcome Measures

Does it matter on which day I complete the Functional Measures?

Yes.

- *Complete the Functional Measures for the Baseline Survey on Day 1 of Otago.*

Does it matter if I use the 8-foot or 10-foot version of the Timed Up and Go Test (TUG)?

Yes.

- *For this project, please use the 10-foot Version of the TUG.*

Can patients use their arms for the 30-Second Chair Rise Test?

No.

- *The 30-Second Chair Rise Test is standardized test with standardized instructions that indicate the patient should not use upper body support.*
- *If a patient is unable to complete a chair rise without upper body support, it is acceptable to give the patient a score of 0 on that assessment.*

My agency typically does not capture walking speed. Do I need to do complete this functional assessment for this project?

No.

- *If you do not normally capture walking speed, you do not need to assess walking speed for this project.*
- *Walking speed is an optional, but very helpful measure.*
- *When completing the self-selected walking speed assessment, we recommend a minimum distance of 12 feet (4 meters). Please use this minimum distance for this project.*