

## Otago FAQs – Program Implementation

Is it really only 8 weeks?

*So, in the original research, the OEP was implemented in 8 weeks with follow up calls for month 3, 4, and 5. Then there was a follow up visit at 6 months. The results were so good that they decided to continue with the monthly phone calls for months 7 - 11 and a final follow up at 12 months. It is an incredible challenge to implement this model in the US Healthcare system. As a result, we have changed the messaging from a 52 week program to an 8 week program that is the PT MANAGEMENT PHASE. After 8 weeks (give or take a few weeks) the patient is discharged to a SELF-MANAGEMENT PHASE. The self-management phase involves the monthly phone calls and an optional, but strongly recommended follow up visit at 6 months. The most important part to implementing the OEP is the 5 visits over 8 weeks. If you can commit to this, and then do your best to do the follow up phone calls and visits we count this as implementing the OEP. That being said, our research really supports that the six month intervention for very frail older adults is highly effective.*

Do I have to provide Otago in the home?

*No – You can deliver Otago in the home, the clinic, or in a community setting*

Should I tell my patient's 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, and patients are not receiving a new and innovative treatment. The purpose of this project is to study the implementation of Otago in the United States. There are several therapists that currently treat using frequencies and durations similar to Otago. This is not new and different. What is different is how the program is delivered.*

*None of the data we are collecting is linked back to the individual patient, nor is any information considered Personal Health Information per the Investigational Review Boards at UNC and at Texas A&M. You may want to tell the patient that you (the therapist) are participating in a project to understand the most effective ways to deliver the Otago Exercise Program, and you would like to share some of the patient's de-identified information with the researchers, but that 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.*

If I start a patient in home health and then discharge them to outpatient or an in-home part B Provider, what do I do?

*We are not able to follow patients if they are discharged from one agency to another. When you discharge a patient, regardless of where they are in the program, you will need to complete the discharge survey. The only caveat is if a patient is discharged from home health to a Part B within the same agency. If the therapists are able to coordinate information – meaning the Part B therapist can work with the Part A to continue tracking the patient – then it is possible. If you*

want to do this  
contact  
[tshubert@med.unc.edu](mailto:tshubert@med.unc.edu) for more information.

Are patients in Adult Day Health considered institutionalized?

*No, only patients who physically reside in an institutional setting (skilled nursing, long term care, etc.) are considered institutionalized*

My patient has Alzheimer's Disease, can he do the program?

*We do not have a lot of evidence that the program is effective for individuals with AD. But we do 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 to ensure the exercises are done consistently and correctly, then the program is probably a good fit. If the individual will have to remember to do the exercises, it may be a good idea to look at another program. The 6-month visit is outside of the 90-day recertification window. What do I do?*

*We understand that completing all Medicare guidelines in a timely manner is key to reimbursement. Please feel free to see your patient earlier or later if needed in order to remain compliant with current reimbursement policies.*

Is the visit in week 6 necessary?

*In New Zealand, the first visit was an evaluation and then there were visits at 2, 4, 6, and 8 weeks. If your patient needs a visit at 6 weeks to make sure they are progressing, then by all means, do it!*

Do I need to include "Otago Exercise Program" in my documentation?

*No. We are hoping we get to the point where a prescription for Otago will result in Medicare immediately reimbursing Otago visits in the evidence-based frequency and duration. But we are not there yet. It is helpful to include Otago in your documentation, but you don't need a physician's referral for Otago at this point in time.*

Do I need a physician's referral to prescribe Otago?

*No, you do not need a physician's referral to prescribe Otago. You would need for reimbursement purposes a referral for balance and gait training or something along those lines.*

If I see an individual for another diagnosis and I think they would benefit from Otago, do I need a physician's referral to start?

*As above, you do not specifically need a physician's referral to start Otago – though it would be nice if we get to that point! If you are seeing someone for a rotator cuff tear or neck pain and they screen positive for falls risk and fit the criteria for Otago, then by all means, give them the program. You will need to call their physician and ask for a second prescription to treat the new*

*problem of gait and balance and adhere to all Medicare policies and guidelines*

If I work in an assisted living or memory care setting, and I have appropriate patients but they can only be compliant if they have access to an aide or a caregiver, what do I do?

*As above, we do not have very good data yet on the success of Otago with this population. However, if the patient is appropriate, and has access to an aide or a caregiver who can ensure adherence and compliance, then it would be great to start that patient on the program.*

Are there any chat rooms or discussion boards for Otago?

*Not yet but if we feel it will be helpful we can start a twitter feed or discussion board depending on what people would like to do.*

## Otago Database Questions

1. Do I have to assign my patients an ID?

*No, the database will automatically assign a user id for your patient*

2. I accidentally hit “save” when I finished section A and it took me back to the main page – am I done?

*No! When you hit save, it takes you back to the main page, but you are not done yet. Please go back and finish all sections for your visit.*