

# Integrating occupational therapy into cancer care in the Netherlands

## Overview

Between 2000 and 2010, cancer incidence in the Netherlands rose by over 40%, reaching 684 per 100 000 population. Cancer survival rates also increased during this time. These trends have increased the number of patients requiring post-cancer treatment services, specifically rehabilitative care following more invasive procedures. This growing unmet need was recognized by occupational therapists working for Reade, an organization of specialist rehabilitation centres within Amsterdam. Responding to this issue, Reade's holistic package of rehabilitation services, including occupational therapy, was extended to cancer patients

in treatment and recovery. Patients follow personalized care plans delivered in outpatient clinics and work with occupational therapists to maintain or regain functioning and independence. Patients are referred to the programme by general practitioners or oncologists. As part of the initiative, providers in the area have received trainings on how occupational therapy could benefit patients, helping to encourage referrals. Reade management negotiated contracts with health insurance companies so that services for cancer patients would be fully reimbursable. Additional resources have not been necessary as the initiative works within the existing infrastructure and systems

already in place at Reade. At present, the initiative continues to be actively implemented and improved based on clinical experiences, with plans for future research. Recently, one of the initiative's leaders was chosen by the Dutch Association of Occupational Therapists to chair a newly established Union Branch for Occupational Therapy and Oncology. The Union Branch is currently working to build knowledge and develop evidence-based guidelines and recommendations on providing occupational therapy to cancer patients and the experience of the Reade initiative has been shared through this network.

## Problem definition

Cancer incidence rates in the Netherlands rose from 483 per 100 000 population in 2000 to 684 per 100 000 in 2010.<sup>1</sup> In parallel to increasing incidence, cancer survival rates have increased following efforts to improve services, including increasing the availability of cancer screening and accessibility of care, demonstrated through a reduction in the standardized death rate for all cancers decreasing from 198 per 100 000 population in 2000 to 180 per 100 000 in 2010.<sup>1</sup> These trends have necessitated a growing need to provide appropriate care for cancer morbidities, particularly rehabilitative care (Box 1).

### Box 1

What problems did the initiative seek to address?

- Increasing number of patients living with or recovering from cancer.
- Lack of rehabilitative services for people affected by cancer.

## Health services delivery transformations

### Timeline of transformations

In the late 2000s, occupational therapists employed by Reade – an organization specializing in rehabilitation services – observed

a need to extend Reade's services to cancer patients. In response, a holistic package of services to be offered to cancer patients and survivors was introduced under direction of Reade management in 2010. The initiative has shared its experience through the Union Branch for Occupational Therapy and Oncology's network, which is to build an evidence base on best practices in this emerging area.

### Description of transformations

**Selecting services.** Outpatient occupational therapy services are now available to cancer patients at Reade rehabilitation centres in Amsterdam. Occupational therapy

services are offered as part of a holistic rehabilitation package, which aims to increase functioning and quality of life for cancer patients and survivors.

**Designing care.** Reade has adjusted internal organizational protocols to account for the integration of occupational therapy into cancer patients' care. While efforts are being made at the national level to develop evidence-based guidelines on providing occupational therapy to cancer patients, at present occupational therapists draw on recommendations for conditions with similarities to specific cancers and personal experience to provide the best possible care for patients. Care pathways for cancer patients are highly personalized and adapted to individual needs. Occupational therapists work closely with patients to develop individualized care plans and therapy goals. Patients' daily functions and progress are assessed and regularly monitored using a subjective 10-point graded scale based on a Canadian assessment model, recognizing this as a best practice.

**Organizing providers.** A variety of health providers, including physicians, nurses, social workers, psychologists and occupational therapists, among others, are employed by Reade and work in multidisciplinary teams to provide inpatient and outpatient services in home, community or hospital settings, depending on which is the most appropriate for patients. Health providers at Reade work together to deliver holistic rehabilitative care to cancer patients and survivors. The number of different providers caring for each patient depends on individual needs and functioning. For example, some patients may only require services from occupational therapists, while others may need additional support from physiotherapists or psychologists. Patients must be referred to Reade either by their general practitioner or

specialist. Occupational therapists have direct access to patients' medical records and provide a final report to referring providers detailing the care given to ensure a continuity of information.

**Managing services.** The management team at Reade is responsible for overseeing and managing services delivery. Costs for services are reimbursable under patients' health insurance. Additional resources have not been necessary as the initiative works within the existing infrastructure and systems already in place at Reade.

**Improving performance.** The Union Branch for Occupational Therapy and Oncology offers continuous learning opportunities to occupational therapists, including workshops, symposiums, lectures and other educational programmes. Specialized trainings for occupational therapists are offered four times a year, with additional activities held in conjunction with other providers to expand knowledge and skills. Providers are also encouraged to share experiences with each other through the Union Branch's network and engage in peer-to-peer learning.

Indicators including the amount of care patients receive, the range of services each patient uses and patient outcomes are collected internally at Reade. These indicators are monitored and analysed to help manage activities and maintain the focus on achieving positive outcomes for patients.

**Engaging and empowering people, families and communities** Increasing the wellbeing and healthful functioning of the patient is at the centre of occupational therapy. "We [occupational therapists] look holistically at the client and their abilities and functioning during daily activities. This is a central perspective within occupational therapy." New services offered by Reade work to support

people living with or recovering from cancer to live "a healthy life again and work on independency and autonomy". Occupational therapists work closely with patients to develop personalized care plans with the aim of gradually building patients' abilities and confidence to enable and empower them to manage on their own. "Supported self-management is necessary to create independency. As an occupational therapist your job is to create care that meets patient needs and helps them obtain their healthy independent life back again."

### Health system enabling factors

While the initiative has primarily been carried out at the organizational level within Reade, wider health system support is helping to generate a national understanding of the role of occupational therapy in supporting people affected by cancer. A key enabler for the initiative was the cooperation from health insurance companies. Reade management negotiated with insurance companies to secure reimbursement for occupational therapy services provided to cancer patients and survivors at Reade. "Health insurance companies do realize that this care is necessary for people who are living with and are surviving cancer."

Oversight for the development of occupational therapy and oncology more broadly within the Netherlands is the responsibility of the new chairperson of the Union Branch for Occupational Therapy and Oncology. The Union Branch is working with policy-makers responsible for setting national care guidelines to secure official recognition that occupational therapy is an essential component of care for oncology patients. This communication is ongoing and more work needs to be done on establishing an evidence base to convince policy-makers to implement changes to care guidelines at the

Table 2

How was the delivery of health services transformed through the initiative?

Before	After
<b>Selecting services</b>	
Cancer patients receive standard curative treatment but have limited access to rehabilitation or support services; occupational therapy widely available for other conditions.	Reade offers holistic package of rehabilitation services to cancer patients and survivors, including occupational therapy.
<b>Designing care</b>	
Lack of evidence and guidelines on providing occupational therapy to cancer patients.	Efforts underway to develop national guidelines and recommendations on providing occupational therapy to cancer patients; occupational therapists draw on knowledge and experience of other conditions to develop personalized care plans for cancer patients at present.
<b>Organizing providers</b>	
General practitioners act as gatekeepers to specialist care; patients referred to oncologists for cancer treatment; providers employed by Reade organized in multidisciplinary teams (including occupational therapists, physiotherapists, psychologists and others), but do not work with people affected by cancer.	Reade providers deliver services to people affected by cancer; patients referred by general practitioners or oncologists to Reade, who then reports back to referring providers to ensure continuity of care; specific mix of providers involved in patients' care determined by individual needs; medical records made available to occupational therapists treating patients.
<b>Managing services</b>	
Reade organization consists of several specialized rehabilitation centres around the Amsterdam area; health insurance reimburses services provided by Reade.	Cancer services managed and delivered within the existing Reade infrastructure; health insurance reimburses costs of delivering cancer-related services at Reade.
<b>Improving performance</b>	
No educational opportunities available on providing occupational therapy for cancer patients.	Continuing education opportunities made available by the newly established Union Branch for Occupational Therapy and Oncology; monitoring of key indicators is conducted by Reade and used to improve services.

national level. The Union Branch is currently working to build the necessary knowledge in this area.

## Outcomes

Final outcomes for the programme have not yet been determined. However, new services offered by Reade have been reported to be better suited to helping patients return to work than previous care models. Once the initiative is more established, leaders hope to conduct formal research and share this information with other professionals in the occupational health field.

## Change management

### Key actors

Completing a master's degree in clinical epidemiology triggered the initiative's leader to recognize the need to provide occupational therapy for people affected by cancer. As an occupational therapist working for Reade, the initiative's leader immediately turned to the organization for support in addressing the challenges observed (Box 2). Design of the initiative was led by a multidisciplinary group of providers working within Reade with support from Reade management. "What really helped me is that my company

and my colleagues have supported this and that they have created the policy for the company to focus on occupational therapy and cancer."

More recently, increasing awareness of the need to expand knowledge on the use of occupational therapy in cancer care caused the Dutch Association of Occupational Therapists to form the Union Branch for Occupational Therapy and Cancer to bring together actors in this field for knowledge sharing and best practice development. Currently chaired by the initiative's leader, the Union Branch has helped share the

example of the Reade initiative with occupational therapists across the country.

## Box 2

Who were the key actors and what were their defining roles?

### Initiating change

- **Initiative leader.** Developed the initiative with support from colleagues and Reade management; chairs the Union Branch for Occupational Therapy and Cancer.
- **Reade management.** Supported the development of initiative; worked with policy-makers and health insurance companies to negotiate support and funding.
- **Union Branch for Occupational Therapy and Oncology.** Branch of the Dutch Association of Occupational Therapy which connects occupational therapists in a professional network and enables knowledge sharing among members; raises awareness of the application of occupational therapy to cancer care; gathers information on best practices on treating cancer patients; plans to publish evidence-based guidelines on occupational therapy in cancer care.

Examination of the current care guidelines for cancer highlighted several possible opportunities where occupational therapy could help improve patient outcomes. As providing occupational therapy to cancer patients was a relatively new idea, leaders designed the initiative based on their experience treating patients with other conditions with

similar clinical presentations to those seen with specific cancers; for example, using experiences of treating patients with brain injuries to design care pathways for patients with brain tumours. “Combining present knowledge with new insights can provide important possibilities for good care.”

### Implementation

Reade brought together providers within its organization to apply their skills to treating the complex needs of cancer patients and survivors. Different providers’ skills are pooled in multidisciplinary teams to deliver more comprehensive and holistic care, with providers supporting each other to better support patients. Attention was also given to identifying necessary partnerships and resources outside the organization. Providers external to Reade were approached by leaders in order to gain their support and participation in the initiative. “It is really helpful, for example, to speak with nurses and the other providers. This is what we are trying to do more and more. It raises awareness and helps them understand why the initiative is important.” Engaging external providers has been important for generating referrals to the programme. Outreach efforts, combined with positive experiences of working together, have helped generate widespread recognition

within the medical community of the important role occupational therapy can play for cancer patients and survivors. “General practitioners are sometimes quite surprised with what occupational therapists can do.”

### Moving forward

The Reade rehabilitation centre continues to offer services to cancer patients and survivors with the focus moving forward on further defining services and undertaking formal research on the initiative. As the use of occupational therapy in the rehabilitation of cancer patients is a relatively new practice, it is hoped that future research on the initiative will contribute important evidence supporting this type of care. Experiences of the Reade initiative are being shared with other occupational therapists using the Union Branch for Occupational Therapy and Oncology’s network. By sharing their experiences, the initiative’s leaders hope to educate and empower other professionals to implement similar initiatives. “By sharing your programme throughout the country and by learning from each other, I think you can build up best practice evidence.” The Union Branch is currently compiling occupational therapists’ experiences on delivering care to cancer patients and developing best practice guidelines based on this information to support future improvements.

### Highlights

- Extending the services package provided more holistic treatment to cancer patients.
- Support from management in developing protocols and negotiating with national level actors was essential for the implementation of the initiative.
- Building strong working relationships with other providers in the region was key to bringing them on board with planned activities.

1 World Health Organization (2015). *European Health for All Database*. Retrieved from: <http://data.euro.who.int/hfad/>