

## BACKGROUND

Currently, there are 2,033 registered occupational therapists in the state of Nebraska. However, only 211 of these OTRs, COTAs, and OT students are Nebraska Occupational Therapy Association (NOTA) members<sup>1</sup>. This means 10% of practitioners are NOTA members. Contrastingly, American Occupational Therapy Association (AOTA) currently states that 60,000 OTs, COTAs, and students are AOTA members. As such, approximately 30% of the 213,000 registered OT practitioners are AOTA members<sup>2</sup>.

However, among approximately 353,000 PTs, PTAs, and PT/PTA students<sup>3</sup>, the American Physical Therapy Association (APTA) has 100,000+ member PTs, PTAs, and PT students<sup>4</sup>. As such, at a very minimum, 28% of the PT population are national members. Additionally, the Nebraska Physical Therapy Association cites 1,370 members in the organization including PTs, PTAs, and PT students<sup>5</sup>.

Additionally, the Nebraska Speech-Language-Hearing Association currently cites 370 members<sup>6</sup>. According to the American Speech Language Hearing Association, Nebraska currently has 1,290 registered SLPs and 126 registered audiologists<sup>7</sup>. Given these statistics, approximately, 28% of SLPs in Nebraska are registered state association members.

In conclusion, in comparison to other state associations, NOTA lacks member engagement and overall membership numbers.

## RESEARCH QUESTION

What are the perceptions of NOTA and barriers to NOTA membership among pediatric OT practitioners in Nebraska?

## PRACTITIONER HISTORY

All practitioners were recruited based on convenience and currently working in pediatric practice. One practitioner works in pediatric outpatient rehab with majority of clients being seen for traumatic brain injury, pediatric stroke, and other neurologic conditions. One practitioner works part-time in OP Peds with a focus on feeding, eating, and swallowing. One practitioner works in OPS EI with children birth to three years old. The final practitioner works part-time in OP peds and PRN in pediatric inpatient acute.

## METHODS

An informal, descriptive qualitative design was used to discover themes pertaining to perceptions barriers relating to NOTA. Practitioners were recruited based upon convenience and the criterion of working in a pediatric practice setting. Two practitioners were interviewed face to face, while two practitioners completed open-ended interview questionnaires via Microsoft Word. Four total practitioners were recruited and interviewed.

## IMPLICATIONS FOR NOTA



Allow members to pay membership fees in monthly installments—similarly to AOTA

Increase access to information regarding current lobbying and NE legislation



Provide resources for providers regarding insurance reimbursement tactics, changes, and legislation

Provide pediatric specific resources for practitioners on webpage.



Utilize Instagram more!

## RESULTS

CODES:	CODES:	CODES:
<b>Financial Burdens</b> <ul style="list-style-type: none"> <li>Financial burden of membership</li> <li>Financial burdens for patients/caregivers</li> <li>Cost of equipment</li> <li>Insurance reimbursement</li> </ul>	<b>Awareness &amp; Knowledge</b> <ul style="list-style-type: none"> <li>Policy updates (specifically relating to pediatric practice)</li> <li>Increased access to resources on webpage</li> <li>Increase access to CEUs</li> <li>Increase advertising for NOTA's current plans</li> </ul>	<b>Emerging Areas of Practice</b> <ul style="list-style-type: none"> <li>New and emerging diagnoses</li> <li>Primary care intervention and prevention</li> <li>Telehealth</li> <li>Support for foster care children and foster families</li> </ul>
THEME:	THEME:	THEME:
<p>"Some barriers we come across are access to equipment for our kiddos."</p> <p>"My job now doesn't give you any reimbursement [for NOTA membership]"</p> <p>"Reimbursement especially by Medicaid (common barrier)."</p> <p>"UHC Community Plan prior authorization requirement—both associations [NOTA, AOTA] do address but very significant barrier."</p> <p>"Coverage and financial support for respite care to families with children who have significant or complex medical needs"</p>	<p>"even if it's not able to be put online synchronously, but like if they [NOTA] could record the sessions [at NOTA conference] and do them asynchronous."</p> <p>"The bills and summaries and highlights and things [on Instagram], that way you can participate more ..."</p> <p>"I also feel emails are a strong way to get information out related to CEU's, information, etc. so this could be helpful in terms of concise and effective delivery of information."</p> <p>"my best grasp on this comes from what I learned in OT school and through additional resources of some OT's I have worked with or had close relations with who are on NOTA board."</p>	<p>"With the current state of our world, I think this will shed new light on Telehealth and what we can do to provide services with technology."</p> <p>"the idea of pediatrics and getting into more primary care... if you get them in earlier, you can do more preventative measures."</p> <p>"I think one that we've discussed, and I think we will move towards this. Even thinking about the current situation [COVID-19], is telehealth."</p> <p>"...there is viral and bacterial encephalitis. Like there is a huge influx in that in the pediatric world."</p>

## REFERENCES

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