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OTAs as Entrepreneurs

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We are delighted to present three visionary occupational therapy assistants (OTAs) who are entrepreneurs and administrators/managers of organizations that provide occupational therapy services. We share their personal accomplishments as examples of what OTAs are capable of achieving as professionals and, most importantly, what OTAs can contribute for the advancement of our profession. Three exceptional individuals—Caroline Alterio, COTA; Rosemarie Armour, COTA; and Theresa “Terry” Olivas de La O, COTA—were interviewed through e-mailed questionnaires. The interviews proceed as follows.

Briefly describe your business/organization and your professional background as it relates to your business/organization.

Caroline Alterio: I currently co-own a private outpatient occupational therapy practice with my husband Christopher who is a registered occupational therapist (OTR). We have two locations for ABC Therapeutics, Occupational Therapy, PLLC: a pediatric outpatient clinic located in Clarence, NY, and an outpatient orthopedic hand clinic located in Lockport, NY. We also have many contracts throughout the western New York area in early intervention, preschool, and school-based occupational therapy. I have been in practice for about 17 years. My primary practice area has been in outpatient orthopedic hand injuries and cumulative trauma injuries. I have had the unique opportunity to have worked alongside an orthopedic hand surgeon for the past 11 years and the privilege of observing many surgical procedures directly in the operating room.

Rosemarie Armour: I am owner of Vision Rehabilitative Services (VRS). VRS is a specialized occupational therapy company with expertise in pediatric vision therapy, adult vision rehabilitation post-brain injury and stroke, and low vision intervention for adults with degenerative eye disease. In addition, we offer a comprehensive return-to-driving program for adults with disabilities that consists of both in-clinic and on-the-road assessments. I employ four part-time occupational therapists.

I received an associate of science degree in occupational therapy from Indiana University in 1989. I attended college after I was married and had three children, began my career in a hospital inpatient unit, and developed a passion for working with the brain injury population. I then worked for several years with a wonderful neuropsychologist, Dr. Lance Trexler, at the Center for Neuropsychological

Rehab (CNR), an outpatient brain injury clinic. CNR was a place for great professional development.

While I was working at CNR, my daughter was diagnosed with convergence insufficiency by our optometrist Dr. Greg Ossip (also my brother-in-law), and the treatment consisted of several vision therapy sessions. This was a new field for me. I was intrigued! As I observed my daughter’s sessions, I realized that many of the patients I have worked with had the same symptoms that my daughter was having: double vision, poor tracking, and headaches after a visual task. I asked Dr. Ossip whether he did vision therapy with patients with brain injury. He stated that he had just returned from a conference given by the Neuro-Optometric Rehabilitation Association and that if I was interested in adding that component to his practice, he would help me with the training. I worked for Ossip Optometry for 7 years, became manager of the vision therapy program, and hired an additional occupational therapist to the staff. Four years ago, we decided that it was time for me to go out on my own, so I wrote up a business plan, took out a small loan, and opened Vision Rehabilitative Services in March 2001.

Terry de La O: I am the co-owner and Chief Executive Officer of Therapy Designs, a for-profit organization that was a dream of my business partner, who is an OTR, and mine several years ago. Vera Rubio Arzaga, MS, OTR/L, and I celebrated our company’s inception on January 3, 2006. We founded the company to provide consulting services to community-based organizations that serve children in foster care, emancipated youth, and survivors of domestic violence.

When we founded Therapy Designs, we had intended to file for nonprofit status in order to seek grants and become a viable agency for the Hispanic community and those in most need of our services. However, a for-profit model seemed to work better for this venture because we wanted to market occupational therapy and the uniqueness of both our backgrounds. We believed that if we did not do this, we would not succeed with our project, a one-of-a-kind conference for Latino young men and their fathers. The conference has been one of my visions for more than 5 years. It was designed with Latino cultural and family values in mind and aimed toward empowerment and “learning how to work towards achieving a successful future” for young Latinos (www.familysuccessbydesign.org). I organized the first conference in 2004. A year later, Vera and I decided as two Latinas to make our combined visions happen.

On March 3, 2006, we filed for a separate nonprofit organization, Family Success By Design, Inc., in California, of which I am Executive Director. Its mission, as a “multicultural focused organization [is

to)...address the needs of families and individuals in health, education, and occupation, in order to promote productive lives” (www.familysuccessbydesign.org). The process for filing our 501(c)(3), took many hours, but our teamwork and enthusiasm for our vision made us eager to complete the task. That was critical to both Vera and I, as without our occupational therapy background and passion for what we do, I do not believe that we would have been as successful in our work together. You must thoroughly research and devise a business plan with the right vision and mission to carry out your dream.

My relationship with Vera in both of our companies is one of collaboration and equal partnership, rather than one of boss-subordinate or supervisor-supervisee. When we practice direct occupational therapy services, we collaborate. I am in charge of all the other day-to-day operations of the two companies.

How did you become interested in becoming an entrepreneur? How did you become a manager in your organization? What factors facilitated that?

Alterio: My husband and I decided to go into private practice about 6 years ago; however, he has done contract work in various capacities since 1989. We believed that becoming private practitioners would provide us greater opportunities for career development, growth, and financial gain. I do not directly supervise or have clinical responsibilities for our employees, but I am quite knowledgeable with regard to the billing aspect of our business, including filling out the contracts for health maintenance organizations (HMOs) and private insurance companies. Additionally, I am responsible for getting initial authorizations for all workers’ compensation cases and keeping up on the reimbursement structures of all payer entities, such as Medicare, Medicaid, and private HMOs.

Armour: I was raised in a family that encouraged entrepreneurship and helping others. My mother is a registered nurse, and my stepfather is an attorney who had several small businesses. I think my blend of a small business and a patient-centered practice was inevitable. The ability to provide services with a model that I developed is very rewarding. I believe that many of the skills we learn in our occupational therapy education help with management and business development, such as activity analysis, problem solving, and building therapeutic relationships. I use these skills daily.

De La O: When I was 11 years old, I knew I wanted to be an occupational therapist. When I became a COTA, I did more than what was expected from me. I knew that one day I would own my company because I wanted to do more for the children and families I served. I have always been a self-starter in all that I do. What I considered as my strengths in leadership were perceived negatively

as a threat by others (notably some OTRs working in traditional settings). I have always been recognized as a team player and a strong client advocate; however, not all share my vision and my view of the bigger picture.

Over my 27 years as an OTA, I have learned to turn negative reactions toward me into positive actions—to make change, be the change. I received this advice: “If you want to make change, Terry and you want to make change within the profession for other OTAs and those you serve, then you must get involved in your associations, address policies being voted on, and get involved in the world outside of OT.” Without those leaders’ innovative visions and my family’s personal sacrifices, I would still be struggling. Although not all leaders and practitioners in the profession see the future with OTAs involved, it is my hope that the course of history will change. I know it can; I am an example of the change.

I believe that my state and national association involvement at every level has helped me to be a strong leader. I learned from my involvement that visionaries are many times perceived negatively by those who do not see the big picture. It is wonderful but sad that only in the past 4 years have I been able to demonstrate that my work was valuable and on the cutting edge. I owe this opportunity to two exceptional OTRs who now sit on our nonprofit Board as officers, my parents, and my 12-year-old daughter who is my world.

For many years, I have received encouragements to have my own business from colleagues within and outside of the occupational therapy profession. They saw in me that when I set my ideas in place, I could make things happen. I learned that I should not question my dreams and ideas even when critics do.

How much of an influence does your occupational therapy background have on your being an entrepreneur and manager/administrator?

Alterio: I believe that my educational background at the associate’s level did not have much influence on my decision to go into private practice. The educational course work and requirements also did not prepare me for what is necessary to be a private practitioner. I believe that I have gained much of my knowledge through continuing education, support and joint efforts of working alongside my husband, and keeping up to date on the changes of the reimbursement requirements set forth for proper coding and billing.

Armour: It is a little different scenario with an OTA as the “boss” with OTRs, but in our case, everyone works very well together. I consider myself the person that allows us to do the type of work we passionately want to do. I am very lucky that I work with four very talented professional women. A small business owner once told me that the key to a successful business is to surround yourself with the “cream of the crop” employees, and they will always make you look good! He was so right. I cannot leave out a young gentleman that I recently hired part-time to do the billing. For the first few years, I thought I had to do this myself (partly because I was too cheap), but hiring another person to do billing has taken away loads of stress from me. That is advice I would give anyone starting his or her own business: Hire people to help with the areas you are not trained in. I had some very costly and stressful mistakes that could have been avoided if I had an office assistant who was trained in billing procedures.

De La O: My background as an OTA has everything to do with my being an entrepreneur, administrator, political advocate, media marketer, businesswoman, client advocate, and practitioner. I make decisions with my occupational therapy frame of mind: I think day in and day out, how can I bring occupational therapy to the forefront not only to those our companies serve, but also to those in the world who need us?

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What barriers or advantages have you encountered related to being an OTA/business owner in the health care arena?

Alterio: To be honest, I have not really encountered roadblocks as an OTA in private practice. I believe that I have only grown into a better and more well-rounded practitioner in all aspects of the profession. I have become knowledgeable with respect to legislative issues that affect practice in the state of New York and changes in reimbursement, especially Medicare and Medicaid programs. Some may think that being an OTA is a barrier because most insurance companies require a baccalaureate degree to negotiate a contract for service and require the OTR to have oversight of the OTA during service delivery. This again has not affected me directly as I have had the privilege of having direct and continuous supervision from my husband and co-owner.

Armour: Creating VRS continues to be a very rewarding experience. Are there days that I wonder why I am doing this? Would it be easier to work for someone else for more money, more benefits (such as health care!), and less anxiety and worry? Usually, I have my answer that day—a reminder from a coworker/employee about how much she loves working for the company, hearing patients say that their physician wanted them to come to VRS because we are the best, or having a patient or parent state that he or she is so glad to have found us. I know that I have made the right decision, and I am excited to think of new ways to make VRS an even better company.

De La O: Our business is not traditional health care. We are a community-based mental health practice focused on wellness and prevention. We are doing ground-breaking occupational therapy. My vision is that our unique “Animo: Latino Young Men’s Conference,” which we do as a lone agency locally, will go nationwide within 2 years. (*Animo* is a Latin term that refers to having purpose or intention.)

My personal struggles as an OTA to be seen as a viable member of the profession for so many years have taught me to keep moving forward and to keep my actions positive in thought and implementation. To forge ahead and to use my frustration and anger with those OTRs who remain narrow-minded in their views of a COTA has given me great strength. It is critical that we encourage collaboration between the OTR and COTA in all areas of practice and research. Based on my experience, I do not believe that the profession gives the OTA enough value and emphasis in educating the public and future practitioners.

As a business owner, what liaisons or strategic partnerships did you feel were important to your success?

Alterio: One of the most critical factors in the ongoing success of our business is the strategic partnership between my husband and me. We have a mutual commitment to the success of our business. With the ever-changing delivery of health care, we are both dedicated to pursuing continuing competency in practice and management and keeping abreast with legislation and reimbursement policies. Positive relationships in our community with key stakeholders such as physicians, school principals, teachers, and parents also are very important in the advancement of our success.

Armour: Time is better spent on patient care, building liaisons with the local outpatient rehabilitation staff, physicians, and case managers. These liaisons have been a key factor in our growth and success. Because of our company’s small size, we are able to give timely and personal customer service.

De La O: Networking beyond our comfort zones with non-occupational therapy forums and being ready to take part in

strong alliances in the political arena were key to our success. Our important accomplishments include participating directly in U.S. Representative Grace Napolitano’s Mental Health Forum in partnership with other community agencies and being invited by Governor Schwarzenegger’s task force to advocate for persons with disabilities. Media relationship was very important with our marketing efforts, especially with our focus on the uniqueness of occupational therapy practice. I also provided assistance to my state association and to the American Occupational Therapy Association whenever there was a call to action. All of these created visibility and credibility.

What advice would you give to other occupational therapy practitioners, in general, and to OTAs, in particular, who may be interested in becoming an entrepreneur and manager/administrator?

Alterio: I believe that being a member of both your national and state association is important because they provide many foundational opportunities and resources that are vital in the private practice arena. If someone is interested in becoming a private practitioner in his or her state, it is helpful to research the laws of business corporations and the laws that govern the practice of occupational therapy. You also will need to look into malpractice and liability insurance.

Armour: If someone is considering opening his or her own practice, I would suggest the following:

1. Have a strong desire to learn because you will need to learn something new almost every day.
2. Have a detailed business plan and have many different people review the plan—someone from health care, a financial advisor, and a small business owner.
3. Surround yourself with the best. Remember that your reputation depends on it!
4. Have more capital than you think you are going to need.
5. Make sure that your business not only feeds the body, but also the soul. You have to have a passion for your business to succeed.

De La O: I would suggest the following:

1. Never give up on your dreams about why you became a COTA. Never believe that your work or you being an OTA is second-rate.
2. Always advocate on your patients’ behalf. Remember, we are there to serve their needs, not ours.
3. Be ready for the sacrifices with your family; friends; and, at times, your own lifestyle while starting your own business. If you have children, always keep time for them. I thank my parents for being there every day for me in making my dreams a reality.
4. Have a financial planner to work with you. Having a Certified Public Accountant who knows nonprofits sit on your board also is beneficial.
5. Be sure to have a backup plan with your business financially. If possible, have a side job and manage both well so neither suffers.
6. Be sure you have people around you who believe in you and your work every day. Make every effort to stay positive.
7. Have a business partner who you can count on when moments become overwhelming and with whom you can share both growth and success.

Conclusion

Learning how to manage, administrate, or run a business enterprise may go beyond what entry-level occupational therapy education provides. However, these skills may be acquired through additional

education, self-reflection, and blending of performance and process skills that we possess as OTs or OTAs. Either may indeed change roles from that of a practitioner to that of a manager, administrator, or entrepreneur. However, adoption of any one of these roles should never compromise our direct care duties as either an OT or an OTA but, rather, foster greater OT-OTA collaboration. ■

Salvador Bondoc, OTD, OTR/L, CHT, is Editor of the *Administration & Management Special Interest Section Quarterly*.

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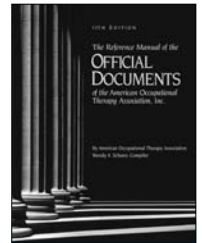
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