



Integration of a Registered Massage Therapist at West Toronto Community Health Centre (WTCHS)

August 26, 2024

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Project background and approach to this review

Integrating registered massage therapists into primary care teams

Interprofessional healthcare providers have long been integral to primary care delivery within community health centres (CHCs). While registered massage therapists (RMTs) are often integrated into multidisciplinary teams in the private sector, access to RMTs remains limited in the public sector. As the health human resources crisis deepens and waiting lists to access traditional therapists grow, there is an opportunity to consider how non-traditional therapists, such as RMTs, can be integrated into the public primary care system.

Based on this premise, in spring 2023, the Registered Massage Therapists' Association of Ontario (RMTAO) entered into an agreement with the West Toronto Community Health Services (WTCHS) to fund the introduction of two RMTs (total 1.2 FTE) at 2 sites - Bloor and Dundas.

Nous Group was retained to conduct a review of this pilot in alignment with the quadruple aim framework. This report outlines the findings, limitations and future opportunities presented by the pilot.

Three components to the engagement



Client surveys

Administered by WTCHS, all clients (115) who received RMT services during the pilot were invited to complete a short survey. 49 clients initiated the survey, with 43 submitting valid responses representing a 37% response rate. Not all participants responded to each question. Percentage calculations of survey questions are based on the number of clients who responded to each question.



Interviews/ focus groups

Focus groups/interviews were conducted with:

- Primary care providers nurse practitioners (NPs) and physicians across both sites. Virtual group with ~15 participants.
- Interprofessional health (IHP) team members; one in-person group at each site ~ 10 members. IHPs who were unable to attend the in-person focus group but wanted to provide feedback were invited to email the consultants.
- Interview with RMT from Bloor site.



Administrative data analysis

- Anonymized demographic and clinical grouping data.
- Data from clinically validated were intended to be part of this review. Unfortunately, this information was not collected during the pilot period; as such, the assessment of the pilot's success/achievements is based solely on subjective information.

Referral pathways and conditions eligible for referral

Referral criteria

As part of the pilot project, WTCHS and RMTAO jointly agreed that referrals to the RMT would be limited to (rostered and non-rostered) clients of the CHC who did not have access to private massage therapy.

Staged approach to referrals

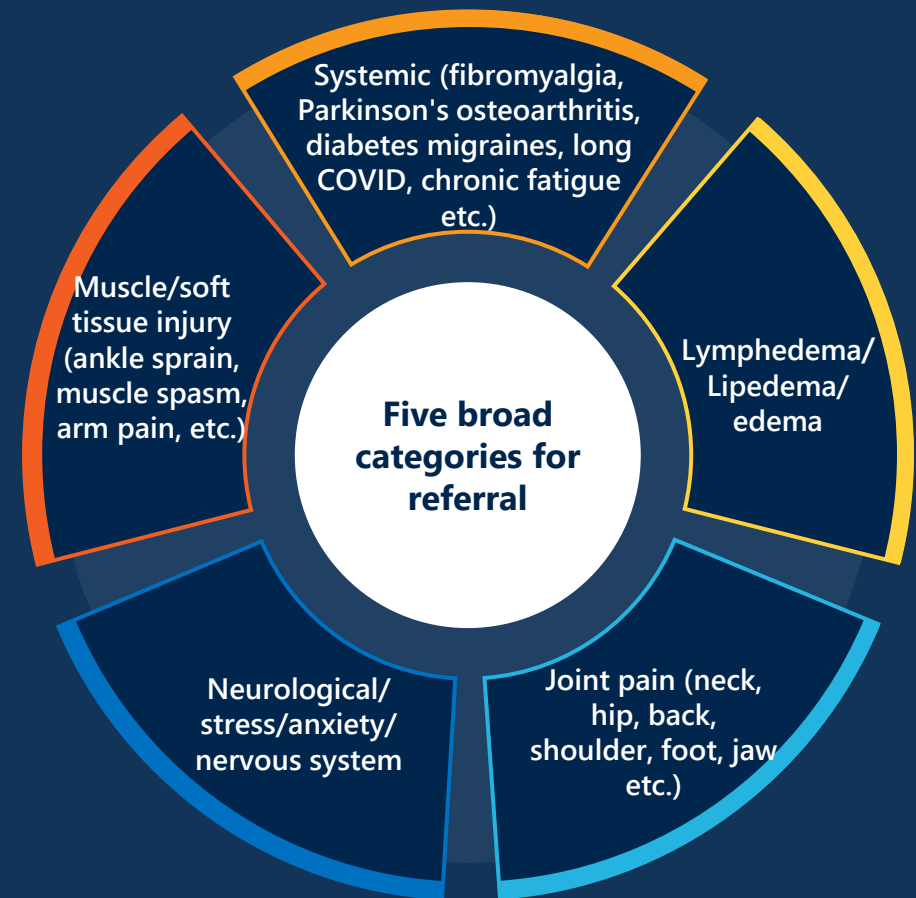
At the outset of this pilot, referrals to the RMT were limited to therapists (OT, PT, Kinesiologists). The ability to refer to the RMT was then expanded to Chiroprody, Social Work/Therapists, Dietitians and finally Primary Care Providers (PCPs).

A range of conditions were eligible for referral

Seventeen conditions were identified as eligible for referral to massage therapy. These conditions were grouped into five broad categories shown on the right.

- Musculoskeletal Conditions (myofascial pain/trigger points, stiffness, limited ROM, RSIs)
- Plantar Fasciitis
- Achilles Tendonitis
- Ankle Sprains
- Shin splints
- Metatarsalgia
- Arthritic Conditions (Rheumatoid Arthritis, Ankylosing Spondylitis, Psoriatic Arthritis)
- Post-orthopedic surgery rehab
- TMJ syndrome
- Neurological Conditions (MS, Parkinson's, Stroke, ALS, Bell's Palsy)
- Chronic pain (including fibromyalgia)
- Migraine/headache/congestion
- Insomnia, sleep issues
- Circulatory issues
- Lymphedema/Lipedema
- Digestive Issues (IBS, constipation)
- Symptoms of Anxiety/Depression, low mood, stress

Massage therapy focus areas



Participant profile

Profile of clients who received massage therapy



DEMOGRAPHICS

115 patients in the pilot program including 86 (75%) female, 23 (20%) male and 6 (5%) whose gender is unknown.

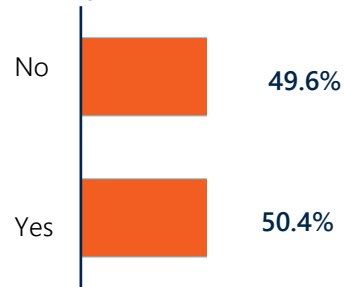
Age profile of males



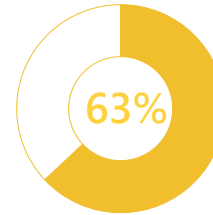
Age profile of females



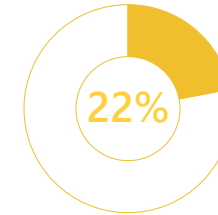
Rostered to primary care provider



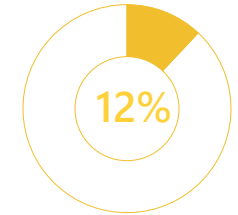
ACCESS/EQUITY



Born outside Canada



Do not speak English

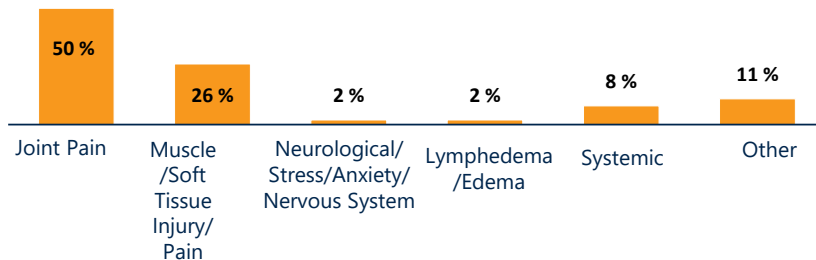


Would have been able to access massage therapy elsewhere



TREATMENT FOCUS

Focus of treatment visit by percentage



IMPACT

100% of respondents satisfied or very satisfied with the **massage therapy services they received.**

73% of respondents agree or strongly agree that access to massage treatments alongside other rehab treatments **helped them reach their goal(s) faster.**

84% of respondents agree or strongly agree that access to massage treatments has **improved their health and well-being in new or unique ways.**

95% of respondents are **more satisfied with their overall care at the CHC** since having access to massage therapy.

Emerging findings

Patient experience

"I'm still very new to this treatment however after every appointment I feel relaxed, less anxiety, human touch alone is very beneficial. I can feel changes in my body already (mentally & physically)."

"Thank you ... for being gentle, kind, understanding, flexible, adaptable , very grateful to you."



Overwhelmingly positive response to massage therapy treatment

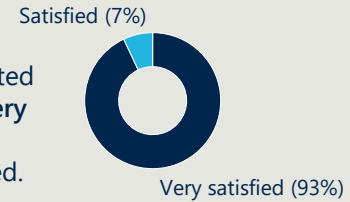
All clients who responded to the survey reported a high degree of satisfaction with the care that they had received. They felt heard and understood, with over 88% reporting that the therapist adapted the treatment plan to meet their individual teams. Clients appreciated that the RMT explained things in a way that were easy to understand and provided the opportunity to ask questions. *"My therapist was extremely helpful. She took time to listen and explain. She customized my treatment for maximum results."* A similar number of clients (84%) felt in control throughout the process and, as a result, noted that the therapeutic touch brought them a sense of comfort and connection. The RMTs were described as *"magical," "wonderful," "knowledgeable"* and *"skilled"* with clients being *"beyond grateful for the service"* with 100% of respondents noting that they would recommend this service to friends or family.

The addition of the RMT has impacted the overall quality of care of clients, with 95% of respondents stating that they were more satisfied with their overall care at the CHC with the introduction of the RMT.

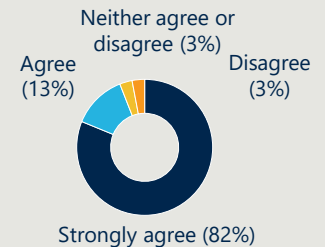
OPPORTUNITIES AND RECOMMENDATIONS

- A small percentage of respondents (~5% at each site) note strong disagreement on each of the questions related to meaningful engagement with the RMT. While the sample size is too small to draw any conclusions, this may be an area of consideration in daily interactions between the RMT and the client.

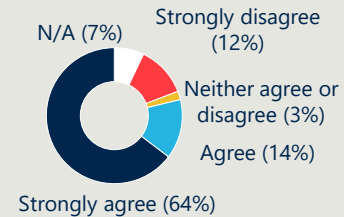
All survey respondents reported that they were **satisfied or very satisfied with the massage therapy services** they received.



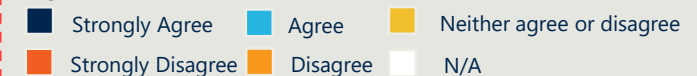
95% of respondents reported that they were **more satisfied with their overall care at the CHC** since having access to massage therapy.



Almost 80% of respondents felt that **their care was a team effort** between their massage therapist and their other health care providers.



Legend:



Additional survey feedback in the "better patient experience" domain can be found in the Appendix (page 16)

Client outcomes

"After visiting many specialists over many years, the first time I have ever found relief."

"It was the missing piece that completed my overall treatment. It has been incredibly helpful mentally and physically."



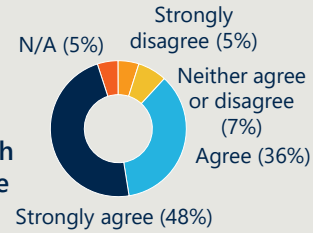
Enhanced ability to manage condition and improved quality of life.

Massage therapy is reported to have improved the health and well-being of ~80% of respondents in new and unique ways with one respondent noting that *"this has been a pivotal healing experience for a condition which I have been battling for over five years."* Considered the *"missing piece of treatment"*, 75% report that having access to massage therapy services has enabled them to reach their therapeutic goals faster. Massage therapy treatments have improved overall function and quality of life for many clients, with 81% of respondents reported having less pain after receiving treatments. This has allowed them to *"get through the day with less pain"* and giving them *"freedom and ability to live a more active and pain free lifestyle."* Given these outcomes, it is unsurprising that 88% of clients report improved mood and outlook and just over 80% report greater ability to cope in the day.

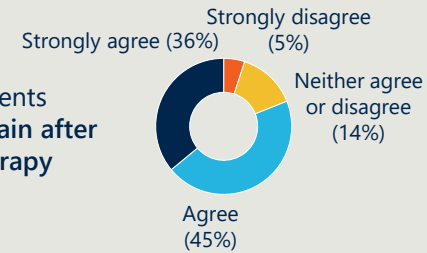
Limited resources have curtailed the number of sessions offered to clients.

While the current practice of three to five sessions is helpful for clients referred for acute injuries, other conditions, such as lymphedema would benefit from longer treatment courses of ~8 sessions. The limited number of sessions offered as part of the pilot was a consistent theme that emerged in the survey feedback - *"More time is needed to do the therapy especially if one has health concerns. Few sessions are not good."* Others noted that *"I need it desperately, more often. It really helps a lot. Please, please continue service please."* Several clients who had experienced a stroke and greatly benefited from massage therapy lamented the limited sessions: *"(I) need more massage therapy, because stroke and swollen one leg from stroke, some is not enough."*

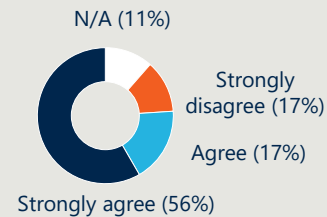
83% of survey respondents reported that massage therapy treatments improved their health and well-being in new or unique ways.



81% of survey respondents reported having less pain after receiving massage therapy treatments.



Almost 75% of respondents noted that having access to massage treatments alongside other rehab treatments allowed them to reach their goal(s) faster.



Legend:

- Strongly Agree
- Agree
- Neither agree or disagree
- Strongly Disagree
- Disagree
- N/A

Additional survey feedback in the "better client outcomes" domain can be found in the Appendix (page 17)

Client outcomes

Literature may provide important guidance on how best to prioritize client referrals given resource constraints.

As with other therapeutic offerings, the demand for publicly covered massage therapy is insatiable. Individuals interviewed as part of this process suggested that the best use of RMT services would be in clinical areas where other therapists are unable to provide meaningful treatment or support. There was broad agreement that prioritizing clients with acute injuries/muscle tightness, lymphedema as well as those that had gastrointestinal/digestive issues would result in the greatest impact of limited resources.

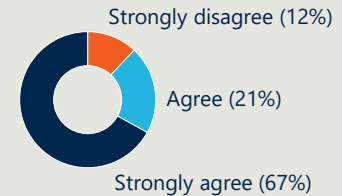
Lymphedema: While manual lymphatic drainage (MLD) has been the gold standard in helping relieve edema and lymphedema, there is a growing body of evidence that demonstrates the impact of MLD for specific conditions such as upper limb lymphedema after surgery for breast cancer, axillary web syndrome (AWS) also for breast cancer patients, and oral cavity cancer patients¹. In each of the studies cited in this article, individuals who received MLD had significantly improved outcomes/pain reduction compared to the control group.

Gastrointestinal/digestive issues: This is an

emerging area of research, but recent reviews published in this area² show a promising role for massage therapy in improving gut function. The parasympathetic activity and gastrointestinal response induced by abdominal massages has demonstrated numerous positive outcomes including the reduction of abdominal distention, fecal incontinence, intrabdominal pressure, constipation etc.

As WTCHS/RMTAO look to confirm next steps for the pilot project, it may be worth reviewing demand for services and corresponding clinical evidence to determine where the RMT can offer greatest impact. Focusing treatment to a smaller group of clients will also permit a greater number of treatment session for each client and maximize therapeutic impact.

Almost 90% of respondents report a **better understanding of the role of massage therapy** in treating their health conditions/issues.



References:

1 American Massage Therapy Association. [Updates is Research: Manual Lymphatic Drainage](#). Massage Therapy Journal. Summer 2023
2 Dehghan, M. et al. (2020) [The effect of abdominal massage on gastrointestinal functions: a systemic review](#). Complementary Therapies in Medicine. Vol. 54

RECOMMENDATIONS



OPPORTUNITIES AND RECOMMENDATIONS

- Review best-practice guidelines/available literature to determine the ideal treatment course for specific conditions.
- Collect objective and reliable data on the impact of massage therapy services by ensuring the RMT(s) administer agreed-upon clinically validated assessment tools for all clients referred for services (e.g., GROG, NPRS, 4-point pain intensity scale, PSFS etc.).
- Incorporate tracking of broad clinical categories for both client satisfaction surveys as well as clinically validated tools to determine relative impact by condition.
- Re-evaluate/re-prioritize conditions eligible for referral to massage therapy, increasing the number of sessions as indicated, to ensure the greatest observable and objective impact with limited resources.

Value and efficiency

"It has helped with my pain far more than anything else I've tried, and I've tried it all. I've even been to a pain clinic and used to get ketamine infusions - massage helps more. After my first one I had a good 2 weeks of overall pain relief, and noticed I also had a greater range of movement in several joints which gave me better mobility. Please keep this program going, it has been life changing."



Survey feedback suggests promising impact

This review relies on survey feedback to determine the impact of massage therapy services on value and efficiency.*

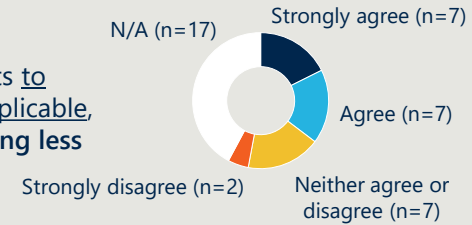
Qualitative comments submitted as part of the client survey make frequent mention of the impact of massage therapy on pain. While the overall sample size for this review is small, over 60% of respondents (to whom the question was applicable) noted that participation in massage therapy allowed them to take less pain medication and reduced the number of visits that were needed with their doctor or nurse practitioner for their condition. Fewer visits to other health providers on the team were noted by 50% of respondents.

*Many of the patients referred for massage therapy were receiving concurrent treatment from other IHP providers. As such, there was no empirical data available to draw upon for conclusive findings.

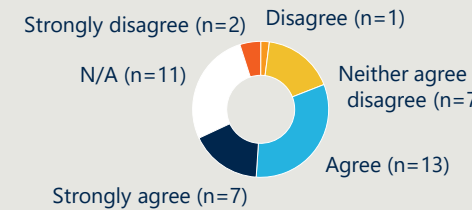
OPPORTUNITIES AND RECOMMENDATIONS

- Where patients are referred exclusively for massage therapy, consider formal appointment tracking with PCPs and/or prescriptions associated with the referred condition to establish directional findings on value and efficiency.

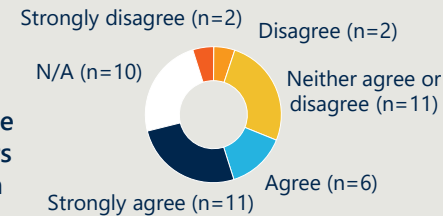
Of the respondents to whom this was applicable, 61% reported **taking less pain medication**.



Of the respondents to whom this was applicable, two-thirds reported **having to see their doctor or nurse practitioner less often** for their condition.



Of the respondents to whom this was applicable, over 50% reported **having to see other health providers in the team less often** for their condition.



Legend:

- Strongly Agree
- Agree
- Neither agree or disagree
- Strongly Disagree
- Disagree
- N/A

Health equity/access

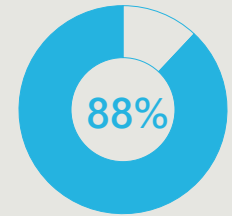
"I am 74 years old and this is the first time I have this service. It is very good for the people we cannot afford."



The pilot has enabled clients to access treatment that would otherwise have been out of reach.

Situated in priority neighbourhoods, CHCs provide primary care services to individuals who are largely of low socioeconomic status, on social support or who are new to Canada and have difficulty accessing resources. In the absence of benefits, access to massage therapy treatments would have been virtually inconceivable for the majority of clients. For providers, the addition of the RMT role is seen as a natural component of the CHC's mandate to support equitable access to care. *"The RMT pilot has allowed these clients who otherwise have barriers to receiving RMT, access to this evidence-based treatment."* Considered by some as *"an absolutely wonderful god send,"* they are *"grateful and happy with the new service added to the Four Villages because (they) cannot afford to pay for the massage, that I need to help me with pain."*

Vast majority of clients would have been **unable to access massage therapy outside the CHC (private pay).**



Access to massage therapy services has been transformative for many clients. As one client noted *"Having access to therapeutic massage has been very important to me. Following cancer treatment/surgery. I developed edema and fibrosis. Without the massage at Four Villages, I could not afford this massage therapy. The massage therapy has had a very significant impact on my health."*

Provider/team satisfaction

"The RMT pilot has allowed me to provide more comprehensive and holistic care."

"In terms of my own work and satisfaction, the RMT pilot has reduced the burden on primary care and my caseload, increasing my job satisfaction."



Early orientation sessions played an important role in establishing the RMT role within the CHC.

Team members were highly supportive of the RMT role. Early orientation sessions with the RMT, an understanding of their specialized training (e.g., management of patients with lymphedema) and clear referral criteria were seen as important in helping *"clinician(s) to learn more about what massage therapy entails and how they treat (specific conditions.)"*

The addition of the RMT role has enabled holistic care and provided viable treatment alternatives.

While many clients were referred for joint pain or muscle injury, many noted the role that massage therapy has played in supplementing "usual care" modalities for clients with Long-COVID, digestive issues and, importantly, stress or anxiety.

Team members noted the unique impact of massage therapy on clients with lymphedema. The RMTs specialized training in supporting patients with lymphedema enables them to provide relief for a condition that is otherwise challenging and costly to care for.

The ability to tap into additional support when *"all other resources are exhausted"* or *"experiment (with a referral to RMT) when nothing else has worked"* has been seen as a hugely positive for the CHC's clients.

Massage therapy has been an important enabler for participation/adherence to the broader treatment plan.

Noting the role of psycho-social well-being, several team members noted that participation in massage therapy has been instrumental in bringing clients to a state of readiness to engage in other therapies. As one team member noted, *"A lot of our clients are underprivileged and never had a massage. A few sessions might be all they need to help them from a mental health perspective. That addition can really help with other treatments because, after the MT sessions, they come in with a different mindset."*

Other therapists noted that massage therapy is an important tool in helping clients overcome physical barriers: *"RMT provides another treatment that can be used as a gateway to have them feeling stronger ... see this is a good treatment option."* In other cases, therapists found that just a few sessions with the RMT enabled clients to overcome their reluctance to take on an active role in treatment (i.e., stretches, exercises etc.) or *"to come back and perform more intense physiotherapy sessions."* As one team member noted, *"It gave me another potential option to support the client. Maybe they weren't ready to do specific treatments but after massage therapy, they were calm enough to do so. It was helpful to have the team approach especially with complex patients."*

Limitations

Limitations

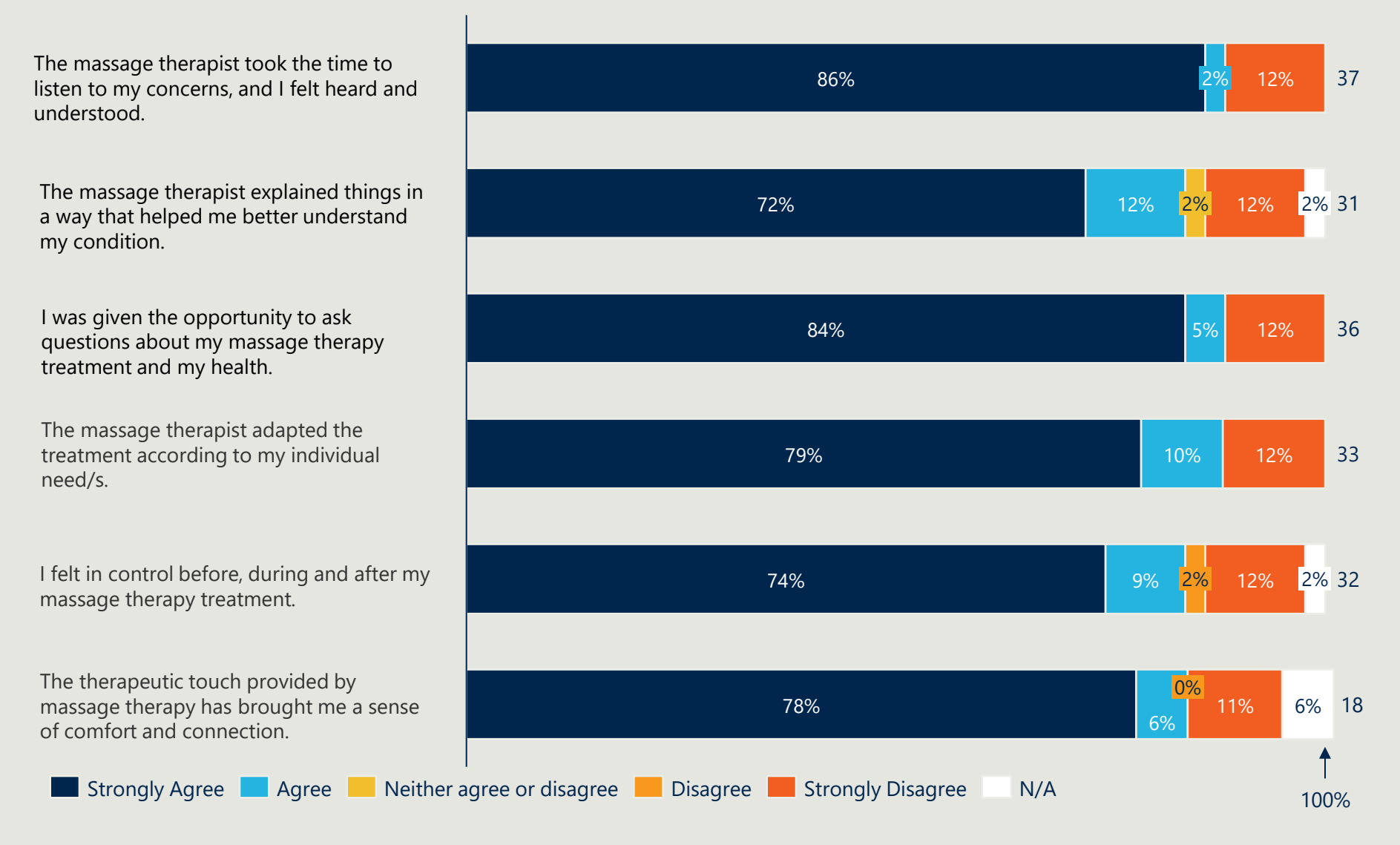
Qualitative findings, from both a patient and provider perspective, have been positive. However, a fulsome review of this pilot was challenged by:

- The departure of one RMT within a few months of the pilot launch, resulting in just 0.5 FTE RMT to support care across two sites. The reduced resourcing meant that a much smaller number of clients (115) were able to access RMT support over the pilot project.
- The absence of objective and reliable data through the administration of clinically validated assessment tools as had been originally planned.
- A low number of responses (43) to the client survey.

Appendix: Client survey findings

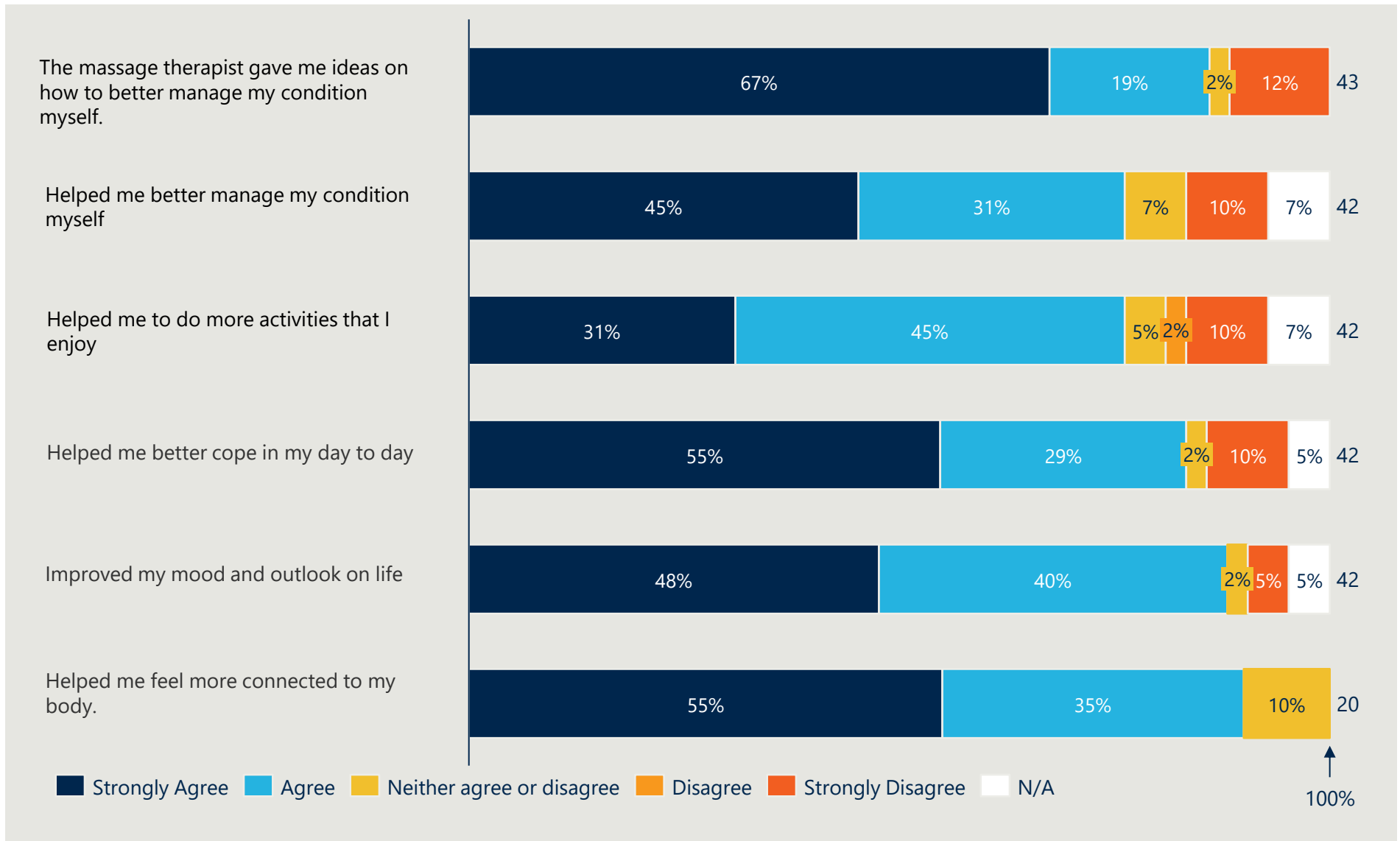
Clients felt respected by their therapist and appreciated that treatment plans were customized for their condition(s)

Client Experience



Clients report improved quality of life and a better sense of control of their condition

Client outcomes



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750
PEOPLE

5
COUNTRIES

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Business and growth strategy
Cost reduction and productivity
Mergers, integration and alliances

TRANSFORMATION & IMPLEMENTATION

Transformation strategy and delivery
Implementation support and assurance
Process improvement and automation

DATA & ANALYTICS

Data strategy and capability
Advanced analytics
Data Assets Warehouse for Nous (DAWN)

NousCubane –
UniForum benchmarking

PUBLIC POLICY

Policy development
Evaluation

ORGANIZATIONAL PERFORMANCE

Operating model
Culture
Workforce
Equity, diversity and inclusion

DIGITAL

Digital strategy
Digital transformation advisory
Cyber security capability and culture

REGULATION

Regulatory policy
Regulatory practice
Regulated entity experience

LEADERSHIP & CAPABILITY

Leadership strategy, assessment and development
Capability and learning

DESIGN

Service design and implementation
Customer experience strategy and measurement
User research and insights
Digital product design

ECONOMICS

Business cases and cost-benefit analysis
Pricing and cost recovery
Market design and efficiency

+80.7

2020-22 NET PROMOTER SCORE

– global consulting average: **+76.6**

Our key sectors

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