



MASSAGE & MYOTHERAPY AUSTRALIA

A submission in response to the State Insurance
Regulatory Authority Consultation Paper
September 2020

Feedback on the Health Outcomes Framework
for the
NSW Workers Compensation and Compulsory Third Party Schemes
Consultation Paper

State Insurance Regulatory Authority
Health Outcomes Framework
WC & CTP Schemes
GPO Box 2677
Sydney NSW 2001

Friday 4, September 2020

To whom it may concern

Thank you for the opportunity to provide Massage & Myotherapy Australia 's feedback regarding the health Outcomes Framework for the NSW Workers Compensation, and Compulsory Third-Party schemes.

If further clarification is needed please do not hesitate to contact me.

Yours sincerely

Ann Davey
CEO

Contents

| | |
|---|----|
| 1. Overview | 4 |
| 2. Executive summary | 6 |
| 3. MMA responses to the questions posed | 7 |
| Question 1. How can the health outcomes framework be most effectively used to improve health outcomes and the value of healthcare expenditure? | 7 |
| Question 4: What can the WC and CTP schemes participants (insurers, health practitioners, claimants, employers) do to help advance the vision of value-based care in the schemes? | 8 |
| Question 5: Are there areas where you believe SIRA should focus its implementation efforts to best promote achievement of value-based care? | 9 |
| Question 6: Do you have any comments on the implementation plan? | 13 |

1. Overview

Introduction

Massage is not a cure for physical or mental illness, but massage and myotherapy play an important role in prevention, management and rehabilitation in the WC and CTP schemes administered by SIRA.

On a regular basis, qualified massage therapists and myotherapists provide care and relief, in accordance with the 'Workers Compensation Guide for Allied Health Practitioners'.

Professional qualified massage therapists and myotherapists often fill the gap when clients seek alternatives to medications and other therapies because they feel that massage and myotherapy provide a level of relief that is appropriate to their needs.

About Massage & Myotherapy Australia

Massage & Myotherapy Australia is the sector's leader and driving force towards evidenced-based massage and myotherapy services.

Massage & Myotherapy Australia is a not-for-profit organisation formed in 2003. As the leading representative body for massage, remedial massage and myotherapists nationwide, we currently service over 8,600 professionally-qualified member therapists.

Massage and myotherapy defined

While massage therapy and myotherapy are not cures, their interventions can help to relieve the symptoms of disease, pain and stress, and improve the limitations of mobility caused by disease or injury.

There are many confusing terms used to describe massage therapy and myotherapy services that are designed to assist in achieving physical and mental health. The confusion of terms has blurred the lines between quasi-massage and massage administered by a qualified professional therapist.

Massage & Myotherapy Australia describes therapeutic and remedial massage and myotherapy as manual manipulation therapies involving the deep or shallow soft tissues of the body including muscles, tendons and ligaments.

Adjunct services and techniques that extend beyond hands-on direct physical contact and that combine the use of devices or supplementary techniques, such as myofascial dry needling or aromatherapy, augment massage or soft tissue manipulation therapies, but they are not massage.

Clinically-focused massage modalities which, depending on the condition and circumstances, can combine a variety of massage techniques to help address and describe massage that is appropriate for conditions or lifestyle issues. As with most health-related therapies, no two people respond in exactly the same way.

As a guide, therapeutic massage assists with the relief from aches, pains and stress-related symptoms.

Remedial massage is used in pain management of chronic musculoskeletal conditions, postural conditions, sporting and occupational injuries.

Myotherapists, and remedial therapists with advanced training, apply the higher-level skills required for advanced assessment and treatment protocols.

Qualified therapists generally use an integrated approach, drawing on a variety of techniques and adjunct services to assist in addressing a specific condition. The following tables show some of these.

Table 1: Conditions for which massage is applied

| Disease and injury | Dysfunction and pain | Emotion |
|------------------------------------|--------------------------|------------------|
| palliative conditions, i.e. cancer | postural & thoracic | neural tension |
| muscular tears & strains | sacroiliac, lumbar & hip | tension & stress |
| tendonitis & tendinopathy | neck & shoulder | relaxation |

| Disease and injury | Dysfunction and pain | Emotion |
|--------------------|----------------------------|--------------|
| surgery recovery | reduced range of motion | headaches |
| | reduced fitness & strength | restlessness |

Table 2: Average number of sessions per condition

| Complaint or condition | Number of sessions | |
|---|--------------------|--------|
| | Average | Median |
| Diabetes Effects Management | 10 | 6 |
| Addictions Rehabilitation Support | 10 | 6 |
| Cancer Treatment Issues | 9 | 5 |
| Other Chronic Conditions | 9 | 5 |
| Health and Wellness | 9 | 5 |
| Motor Vehicle Accident and Rehabilitation | 8 | 6 |
| Psychological Distress | 8 | 6 |
| Joint Pain and Stiffness, including Arthritis | 8 | 5 |
| Back Pain and/or Other Back Problems | 6 | 4 |
| Repetitive Strain Injury Syndromes | 6 | 5 |
| Neck/Shoulder Pain | 5 | 4 |
| Other Acute Injury or Pain Conditions | 5 | 4 |
| Sports Injury Management and Rehabilitation | 4 | 4 |
| Headaches or Migraines | 4 | 3 |

2. Executive summary

Massage therapy is the most used [complementary therapy](#) used for both therapeutic and remedial needs in response to pain and stress caused by chronic disease, injury and lifestyle issues.

As a low risk therapy, massage is not afforded an appropriate level of recognition for the training, skills and experience required to deliver massage therapies that are efficacious.

Because massage therapy can be provided by a SIRA approved Allied Health provider without specific documentation and reporting in terms of its efficacy there appears to be:

- a lack of appropriate scrutiny in terms of who, when and how massage is applied, and no documentation about the results that these therapies achieve in helping clients return to work
- a lack of accurate and specific data collection and reporting pertaining to the practitioner who delivers massage and myotherapy treatments
- a lack of accurate and specific reporting and data collection concerning the massage modalities used to treat given conditions
- no or limited understanding of the contribution massage makes to the recovery and management of claimants' conditions.

We propose that more formal recognition of massage therapists as standalone, preapproved healthcare service providers with Provider status would enable massage to be identified and delivered by qualified therapists with appropriate skills and experience for given conditions.

These views were expressed by many members of Massage & Myotherapy Australia (the Association) who completed an online survey regarding the 2019 SIRA consultation. Overwhelmingly, the most common responses when asked about the issues that need to be addressed, were threefold:

1. Massage Therapists need to be recognised as an important part of pre- and post-injury management along with Allied Health therapists.
2. Remedial Massage therapy and Myotherapy is an actual evidence-based form of health care that can work alongside other already accepted modalities.
3. Effective administrative payment systems with no excessive red tape are needed, including easier access to health care for clients.

We are not suggesting that massage therapists or myotherapists depose the role of Medical or Allied Health services, but that these therapies have a more valuable cost-effective role to play when administered by massage-qualified, educated and experienced career professionals.

Importantly, the body of evidence supporting these therapies in managing pain and stress across all population groups is growing rapidly, especially in primary care and those who self-manage their condition. It is the relationship between physical ailments, mental health and the therapeutic effects of massage and myotherapy for users, that is of relevance to improving health outcomes for many people.

The inclusion of massage therapists and myotherapists as approved Providers within the SIRA system promises considerable improvement in understanding how the modalities and quality of massage provided can help to improve injury and stress management and recovery outcomes, without placing undue or additional costs on the SIRA health care system.

Such an approach would enable a more regulated integration of 'clinically-focused' therapies with other responses and allow for a staged system of massage service utilisation. More informed management and administration of massage and myotherapy services would be underpinned by more accurate and useful data collection and interrogation.

By working with General Practitioners (GPs) and dedicated case managers, massage and myotherapy, administered by professional qualified 'clinically focused' therapists who have Provider status, can provide a more cost-effective response than is currently the case, without a reduction in services.

3. MMA responses to the questions posed

Question 1. How can the health outcomes framework be most effectively used to improve health outcomes and the value of healthcare expenditure?

Appropriate data collection that provides detailed metrics and breakdowns of services provided is central to achieving SIRA's vision of delivering value-based care to injured persons covered by the WC and CTP schemes.

Consequently, while the system appears to have encouraged the use of massage or myotherapy, the value of the massage modality treatments used in these settings is unclear and unacknowledged. This highlights three limitations:

- i. our understanding of the benefit that massage and myotherapy affords clients
- ii. the veracity of any informed decision about the value and efficacy of massage to address pain and stress
- iii. the potential positive effects and outcomes of massage-specific modalities applied by qualified remedial massage therapists.

Greater transparency and a systematic approach to monitoring and reporting of the healthcare provided is required. A breakdown of specific modalities involving allied and complementary practice will lead to less aggregated and generalised reporting of these services, and in turn help SIRA achieve a deeper understanding of the specific outcomes and related costs, and the contribution, timing and value of the individual modalities used.

SIRA-funded remedial massage therapy is recognised as a legitimate treatment for subsidies and is provided under the guidance of Registered Health Professionals, such as a General Practitioner (GP), physiotherapists, chiropractors or osteopaths with prior-approval by an insurer.

This means that remedial massage therapies are often delivered by physiotherapists, chiropractors or osteopaths, as an adjunct to these therapies—not as a standalone therapy—with limited reporting about the efficacy of these specific modalities' efficacy being recorded. Additionally, while massage therapy costs less than other pain and stress relief soft tissue manipulation and exercise-based services, it is not particularly time efficient as compared to physiotherapy or medication. This can be a disincentive for time-constrained health professionals to administer the therapy due to the time required to achieve maximum benefit.

Also, the rules and funding arrangements create a disincentive and potential conflict of interest for Allied Health practitioners to utilise and pay for the additional skills and training of a qualified remedial massage or myotherapy professional.

As a result, when not funded directly as standalone complementary health professionals, the presence of qualified massage therapists and myotherapists in private and public care settings often occurs on an ad-hoc basis as organisations either respond to consumer demand, or massage is championed by key personnel within the organisation. These individuals are often motivated by the effectiveness of massage therapy as evidenced in the scientific literature or anecdotal and personal experiences related by clients and patients. This occurs because medical science is yet to fully understand how massage works and the difficulties of creating high level Cochrane studies.

This has led to a lack of formal recognition for the skills required to deliver efficacious massage and myotherapy which in turn limits the opportunity to gather the evidence required to support more formal integration. For example, current SIRA arrangements involving massage therapists do not require approval from SIRA to deliver services in the NSW workers compensation system.

The result is a general lack of appropriate and separate outcome monitoring and/or record keeping, in relation to the remedial massage modalities provided. More formal integration involving these therapies and therapists would have the effect of improving information for insurers, GPs and other

health professionals, about effective pain and stress management services available through qualified professional massage therapists and myotherapists.

Question 4: What can the WC and CTP schemes participants (insurers, health practitioners, claimants, employers) do to help advance the vision of value-based care in the schemes?

Pain relief, and the positive psychological/physiological effects of touch and human interaction with low risk make massage an attractive and easily utilised response.

Additionally, a significant majority of massage delivery is self-funded. This suggests that the sustained level of growth in the sector generally is driven by consumer demand and satisfaction, as well as the ability to choose therapists, and self-manage injury and stress.

Currently, SIRA-funded massage therapies when approved by a General Practitioner (GP) and Insurer, must be administered by a Registered Health professional or administered by remedial massage therapists under the guidance or oversight of physiotherapists, chiropractors or osteopaths.

This can add considerable cost to the delivery of these therapies and limit the best delivery of remedial massage modalities. It also confuses the accuracy of reporting and billing.

We are not suggesting that mistakes are made on purpose, but that the system does not require the accuracy required to understand the contribution that massage therapy or myotherapy make in supporting GPs or Allied Health services, and hence there are limitations to the benefits the current arrangements afford both in terms of cost, and the quality of massage delivery.

Being a whole-system approach, massage therapy tends to require spending a longer time with each client—both a strength and a limitation. Hence Table 3 compares 30-minute physiotherapy consultations with 1-hour massage therapy consultations.

Table 3: Cost comparison — Massage delivered by Allied Health/Massage therapy

| Suggested staged care plan involving Allied Health Care plan and standalone therapists delivery | | | | | | | |
|---|------------------|----------------------------|-------------|---|--|--|---|
| Therapy | Duration minutes | Average number of sessions | SIRA rebate | Total payment based on average number of sessions | Average cost based on average number of consults | Compounding effect x 1 initial AH consults & 1 subsequent consults; & 4 X 1 hour MT consults | SIRA Approved session - up to 8 including 1 Initial AH consults & 7 MT consults |
| Initial physiotherapy Consultations | 45 | 1 | \$145.00 | \$145.00 | | | |
| Standard Physiotherapy Consultations | 30 | 5 | \$122.70 | \$613.50 | \$758.50 | \$390.40 | \$1,003.90 |
| Remedial massage | 30 | 5 | \$42.00 | \$210.00 | | | |
| Remedial massage | 45 | 5 | \$61.50 | \$307.50 | | | |
| Remedial massage | 60 | 5 | \$83.80 | \$419.00 | \$419.00 | \$419.00 | \$731.60 |
| | | | | | | <u>\$809.40</u> | |

Given that the comparative cost of massage services when administered by a qualified massage therapist or myotherapist is less than when provided by Allied Health professionals, it would be more appropriate for these therapies to be administered by dedicated remedial massage therapists and myotherapists with specialised training and skills, as SIRA-approved standalone Providers.

Appropriately, these arrangements, would require massage and myotherapy to be delivered by therapists with recognised qualifications. These are therapists who have completed Bachelor Degrees in Health Science, Advanced Diploma or Diploma and who have undertaken at least 1,000 hours of specialty training. They may also have completed the National Quality Assurance Certification program, currently administered by Massage & Myotherapy Australia. It is with these professional therapists that the opportunity lies to achieve measurable improvement at a lower cost in the delivery of these services to clients.

In comparison, Allied Health practitioners can administer massage under the SIRA program with as little as 200 hours of training and limited massage qualifications and experience, which is also likely to limit the benefit that massage treatments afford clients.

For this scenario to provide the same level of care as current provisions, myotherapists and remedial massage therapists with advanced training can apply the higher-level skills required for advanced assessment and treatment protocols, and can communicate appropriately with registered health professionals concerning clients' conditions and the therapies administered. In this regard, they generally use an integrated approach, drawing on a variety of techniques and adjunct services to address the specific condition, and are practiced in appropriate client documentation and privacy. Consequently, they can communicate effectively, using the correct taxonomy with other health providers.

An effective program that involves delivering these services by professional massage therapists and myotherapists, would include appropriate documentation of therapies and modalities applied to given conditions and enable deeper levels of tracking analysis and reporting of the outcomes. Considerable improvement in understanding how the modalities and quality of massage provided helps to address given conditions would also flow. In turn enabling more regulated integration of 'clinically focused' therapies with other responses, more informed client management decisions, and more considered administration of massage services.

Question 5: Are there areas where you believe SIRA should focus its implementation efforts to best promote achievement of value-based care?

1. Facilitating a higher level of integration

The role of GPs in informing their clients about how they can access alternative pain relief is of relevance.

Advice provided by authoritative sources refer to massage as an alternative pain management option to opioids. For example, the [Opioid Management Team](#) which presented [Alternative options to codeine](#), said that while heat and massage are contraindicated in the first 48 hours following musculoskeletal injury, the team also suggested that practitioners discuss non-pharmacological options including heat, massage, psychotherapies, physiotherapies, osteopathy, etc., for clients suffering from chronic pain.

The Therapeutic Goods Administration website offers '[Talking tips for Pharmacists](#)' that include flagging a number of non-medication and therapeutic options, including massage as part of a client's pain management strategy.

Correlating evidence also supports the use of massage as an alternative pain management therapy. A [2018](#) analysis found that using massage therapy instead of opioid medication for client conditions where massage is proven effective can reduce overall addiction rates in the United States.

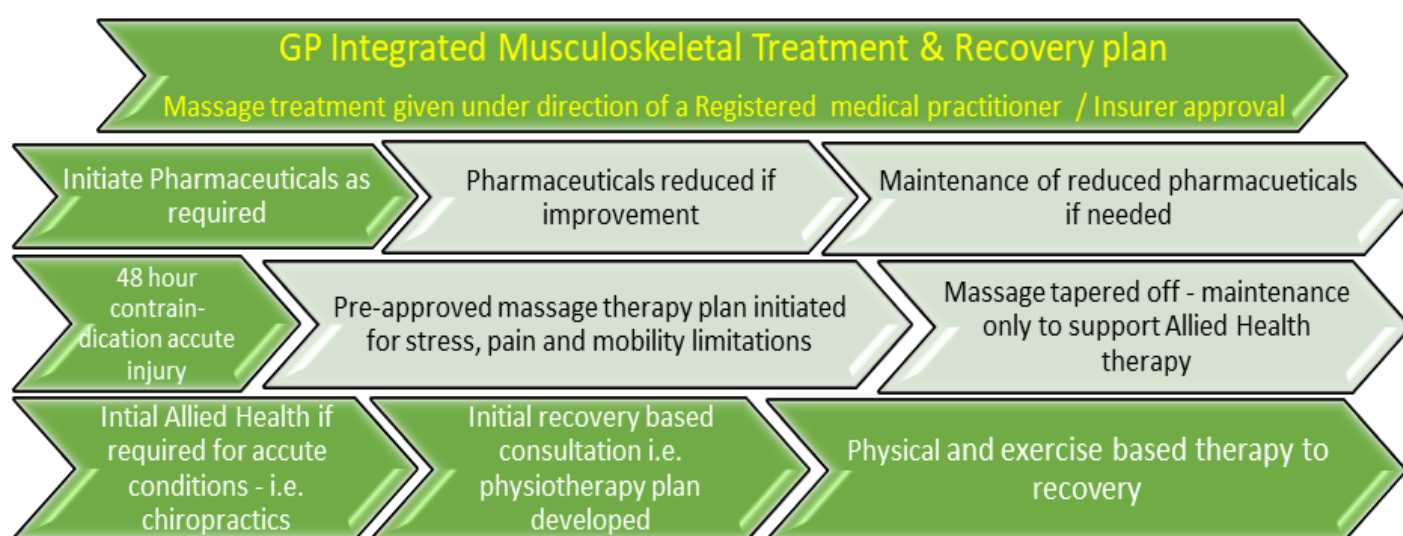
A [2012](#) USA study asked individuals seeking primary care treatment with buprenorphine-naloxone in order to block the effects of opioid medication, including pain relief or feelings of well-being that can

lead to opioid abuse. Respondents indicated reported interest in a wide range of conventional, complementary, and alternative pain-related treatments for pain management services.

Additionally, Table 3 above lists the approximate comparative costs and consultation times, alongside the compounding effects and potential cost savings if massage is administered by SIRA-approved massage therapists or myotherapies with prescribed involvement of Allied Health practitioners if necessary. As illustrated, the cost of remedial massage would be considerably higher if delivered by a physiotherapist, while the duration of the massage would be half of that compared to a massage therapist.

In Figure 1, we propose an integrated approach where the role of remedial massage in helping people recover and get back to work is acknowledged and implemented by qualified massage therapists and myotherapists.

Figure 1: GP integrated massage care plan



Within this integrated program of care, separating remedial massage delivery to dedicated remedial therapists, a reduction in Allied Health costs could potentially be achieved.

Rather than setting fees based on the qualifications of the practitioner or therapist, and the time applied, fees could also be indexed according to the risk involved to the patient because of the therapy and modality applied.

The qualifications and conditions treated by massage and myotherapists are listed in Table 4 which also provides an initial guide as to the conditions that Allied Health practitioners may be currently choosing to administer.

Table 4: Massage qualifications and conditions treated

| Condition | Cert IV | Diploma | Advanced Diploma or Degree |
|--------------------------------------|---------|---------|----------------------------|
| Stress | ✓ | ✓ | ✓ |
| Relaxation | ✓ | ✓ | ✓ |
| Tension | ✓ | ✓ | ✓ |
| Headaches | ✓ | ✓ | ✓ |
| Muscular tears | ✓ | ✓ | ✓ |
| Postural dysfunction | ✓ | ✓ | ✓ |
| Neck dysfunction and pain | | ✓ | ✓ |
| Thoracic dysfunction and pain | | ✓ | ✓ |
| Lumbar dysfunction and pain | | ✓ | ✓ |
| Sacroiliac dysfunction and pain | | ✓ | ✓ |
| Shoulder dysfunction and pain | | ✓ | ✓ |
| Hip dysfunction and pain | | ✓ | ✓ |
| Tendonitis/Tendinopathy | | ✓ | ✓ |
| Muscular strain | | ✓ | ✓ |
| Reduced range of motion | | ✓ | ✓ |
| Palliative conditions such as cancer | | ✓ | ✓ |
| Neural tension | | | ✓ |
| Reduced fitness | | | ✓ |
| Reduced strength | | | ✓ |

We propose that fees for remedial massage therapy that are presently paid to Allied Health professionals should be indexed and equivalent to the fees paid to remedial massage therapists.

To receive payment for remedial massage there should be a specific requirement to keep accurate records regarding the modalities, duration of massage consultations, client responses, and outcomes achieved which are then reported to GPs overseeing the care provided.

2. Improving process and administration

Massage & Myotherapy Australia members have expressed a degree of frustration in relation to timely assessment and approval for remedial massage therapy, as well as delayed payments.

On the one hand, remedial massage is included as a low risk skilled adjunct treatment to Allied Health therapies, yet it still seems to warrant an extensive process for approval.

Members expressed a need to streamline the process and provide easy access for clients to receive massage as an early lower cost treatment, implemented by qualified remedial massage therapists and myotherapists, under the supervision of a GP.

Achieving quicker assessment and payment of accounts requires follow-up, better communication, and acting promptly. Providing simplified and standardised massage therapy forms for application and reporting, alongside an online APP and more accessible website features would also help.

Hence, we propose that massage and myotherapy administered by qualified remedial therapists and massage therapists involve a preapproved schedule of modalities and scope of practice for given conditions. An option is that General Practitioners (GPs) are also delegated responsibility for determining the suitability of these therapies for a given condition in the first instance.

Under their supervision, professional qualified massage therapists would administer the therapies as standalone professionals, and not solely on referral of Allied Health Practitioners.

There is considerable evidence to support this proposal.

A 2008 review by the Canadian Institute of Work and Health concluded that [massage was most effective when combined with education and exercise, and when administered by a licensed therapist.](#)

A [national workforce survey](#) found that there are high levels of support for massage therapies among Australian GPs, relative to other Complementary Therapy professions, with low levels of opposition to the incorporation of these therapies in client care.

- GPs (76.6%) referred to massage therapy at least a few times per year
- 12.5% of GPs referred at least once per week
- 95% of GPs believed in the efficacy of massage therapy
- 95% of GPs perceived a lack of other treatment options
- 95% of GPs who had prescribed any complementary and alternative medicine previously were all independently predictive of increased referrals to massage therapy
- GPs were more likely to refer a client to a massage therapist if they had obtained their medical training in Australia.

Additionally, a [2019 USA study](#) reported that massage is the most often recommended therapy at 30%, with women being the highest referrals. Researchers found that ‘*overall, more than half of office-based physicians recommended at least one complementary health approaches (CHA) to their patients. Female physicians recommended every individual CHA at a higher rate than male physicians except for chiropractic and osteopathic manipulation. These findings may enable consumers, physicians, and medical schools to better understand potential differences in use of CHAs with patients.*’

Anecdotal evidence is also supportive. During 2018/2019, Massage & Myotherapy Australia displayed information brochures through the brochure-dispensing facilities located in the waiting rooms of GP clinics. The brochures were titled *The benefits of Massage & Myotherapy*. Tonic Health Media, distributor of these brochures, reported that the client take up rate of these is the highest ever recorded, compared to all other brochures that they have distributed. The brochure featured the two primary massage-related conditions—headache and lower back pain.

A 2009 article briefly describes research illustrating the promise of integrative approaches for the treatment of cancer-related neuropathic pain. The authors concluded that the [advantage of complementary approaches such as massage therapy](#), acupuncture, and mind–body therapies such as meditation and self-hypnosis is that they are inexpensive, safe, non-invasive, and absent of side effects, in contrast to pharmaceuticals administered for pain management. Evidence for the efficacy of these approaches continues to accumulate and could be augmented through more accurate reporting.

Additionally, the Australian Institute of Health and Welfare ([2018](#)) cites the Australian [Physical Activity and Sedentary Behaviour Guidelines](#) which recommend that people aged 18 to 64 exercise for at least 150 minutes over 5 sessions per week; and over 65 years, at least 30 minutes per day.

Unfortunately, limited functionality and increased pain often translates to a limited ability to exercise or undertake the recommended exercises and activities as outlined in the Australian Physical Activities and Sedentary Behaviour Guidelines.

While physical exercise is known to improve mental and physical health, the close associations between physical functional limitations and psychological distress highlight special needs among individuals experiencing daily functional limitations ([2018](#)).

Importantly, massage and myotherapy play an important role in helping patients to bridge this gap.

Improving the utility of people’s daily lives through massage can have profound effects on their mental health and their predisposition to exercise more and engage in additional activities. For example, improvements in a client’s ability to walk with less pain ([2018](#)), drive ([2006](#)), engage in social activities ([2016](#)), improve mobility ([2017](#)) and maintain social ties for older people or people with chronic disease such as diabetes ([2017](#)), easing the debilitating symptoms of cancer ([2015](#)) or improving sleep after cardiac surgery ([2017](#)) in order to achieve a more positive disposition and normal functions are important measures on the path to reengaging in work or avoiding absenteeism.

Alongside their experiences of pain, a significant Australian [longitudinal study](#) indicates that over 50% of women visited a massage therapist in the previous 12 months. Women with lower quality of life scores in terms of bodily pain and/or emotional health are more likely to consult a massage therapist than those with higher scores. Additionally, older Australian women experiencing chronic bodily pain [prefer a concurrent multimodality](#) approach (accessing conventional treatments alongside massage therapy) to cope with their condition.

Hence, creating a preapproved early response system for massage therapy would reduce the amount of time it takes for people to access care, improve their emotional predisposition sooner, and incorporate early responses along a staged pathway of treatment options for musculoskeletal injury as illustrated in Figure 1 above. This may also enable some patients to return to work sooner and reduce their overall care costs.

Question 6: Do you have any comments on the implementation plan?

Massage & Myotherapy Australia members have suggested that a Benefit Card that could be accessed through the likes of the HICAPS payment system may be of benefit to insured workers.

They suggested a team approach by employing more assessors to act in a timely manner, and ensuring a stable case management system that involved assigning a dedicated case manager for the duration of the treatment and recovery-focused case manager KPIs linked to positive and measured client outcomes at defined stages of recovery was also suggested.

Such arrangements would help build a better understanding and relationships with the injured client's needs and goals, and augment a greater level of personal control and motivation to recover.