



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

September 2019

Finding a more efficient use of health management  
resources

Regulatory requirements for health care arrangements in the NSW  
Workers Compensation and CTP Schemes

Publishing Status; Publish as is

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Friday, December 6, 2019

Dear Carmel

Thank you for the opportunity to add our suggestions regarding the Review of the NSW Workers Compensation, and CTP insurance schemes.

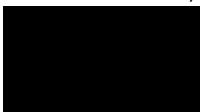
In preparing this document, the Association conducted a short online survey of the questions posed in the Review, seeking feedback from Members about their experiences with these schemes.

The main thrust of their concerns and suggestions are incorporated and identified where relevant.

We believe this 'on the ground' input adds considerably to the veracity of the submission.

Additionally, I would be happy to participate in any discussions if further clarification is needed.

Yours sincerely



Tricia Hughes

Chief Executive Officer/Company Secretary

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## Overview

Massage is not a cure for mental illness, but massage and myotherapy play an important role in prevention, management and rehabilitation in the NSW Workers Compensations Scheme.

On a regular basis, qualified massage therapists and myotherapists provide care and relief from stress, and anxiety, 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.

A report commissioned from Ernst & Young indicates that costs under the Massage Therapy Fees Order grew by 51% between 2016/17 and 2018/19, and that service utilisation grew by 43% in the same period.

On the one hand, this could as a result of its effectiveness, and accessibility or because of structural issues inherent within the system that warrant further investigation.

In response, SIRA has invited Massage and Myotherapy Australia to contribute to a deeper understanding of the reasons for the extraordinary growth in service utilisation and possible initiatives to improve value-based care in the NSW workers compensation system.

The following submission is presented to represent the possible cause and responses as perceived by Massage & Myotherapy Australia, in the context of the question posed in the Consultation Paper and the NSW SIRA [Clinical Framework](#):

1. Measure and demonstrate the effectiveness of treatment
2. Adopt a biopsychosocial approach
3. Empower the injured person to manage their injury
4. Implement goals focused on optimising function, participation and return to work
5. Base treatment on the best available research evidence.

### *About Massage & Myotherapy Australia*

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

### *Massage and myotherapy defined*

Massage therapy and myotherapy are not cures; they are interventions that 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 all 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 which can include:

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       |
| surgery recovery                   | reduced range of motion    | headaches        |
|                                    | reduced fitness & strength | restlessness     |

### Executive summary

Massage therapy is the most used [complementary therapy](#), being utilised for both therapeutic and remedial needs in response to pain and stress caused by chronic disease, injury and life style 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. Hence, we suspect that more than one factor has contributed to the significant growth in massage utilisation. This may include:

- The efficacy of massage in responding to the specific needs of clients experiencing pain and stress because of acute or chronic injury, illness, or work-related stress.
- Removal of ‘over the counter opioids’ resulting in increased use of alternative pain and stress management options, such as massage therapy.
- Massage therapists not needing to be approved by SIRA to deliver services in the NSW workers compensation system, which enables any Allied Health provider within the system to administer massage, without specific documentation and reporting in terms of its efficacy. Hence 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.
  - possible duplication of billing where the therapy is provided by other allied health providers.
  - a lack of accurate and specific reporting and data collection concerning the massage modalities used to treat given conditions.
  - specific data concerning the contribution massage makes to the recovery and management of workers compensation claimants.

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 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 & 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, including easier access to health care for clients, without jumping through excessive insurance company hoops.

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, addictions, mental illness 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 address given conditions, 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.

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.

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.

#### *Summary of proposed SIRA Responses*

For SIRA’s consideration we propose to introduce:

1. A staged system of massage service utilisation based on a ‘prescribed scope of practice’ for given conditions, enabling more informed management and administration of massage services, that is based on more accurate and useful data collection and interrogation.
2. More formal recognition of massage therapists and myotherapists as standalone, preapproved healthcare service providers with Provider status, enabling massage to be identified and delivered by qualified therapists with appropriate skills and experience for given conditions.
3. Qualitative measures involving sustained attitudinal and behavioural change alongside self-assessed feelings of wellbeing can provide clinicians with a more holistic understanding of the therapeutic responses to massage or myotherapy in relation to defined measurable outcomes.
4. Accurate and specific reporting and data collection pertaining to the practitioner who delivers the massage and myotherapy treatments.
5. Accurate and specific reporting and data collection concerning the massage modality treatments used for given conditions.

#### Clinical Frame work 1. Measure and demonstrate the effectiveness of treatment

##### *1. Ensuring best outcomes for injured people*

*Do you think that injured people are receiving high quality, evidence-based health care in the personal injury schemes (workers compensation and motor accidents 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.

When not funded directly, the presence of massage 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 who are motivated by the effectiveness of massage therapy as evidenced in the scientific literature or anecdotal and personal experiences related by clients.

This lack of formal recognition of the skills required to deliver efficacious massage and myotherapy is mirrored in current arrangements involving massage therapists who do not require approval from SIRA to deliver services in the NSW workers compensation system.

Correspondingly, several Members expressed a feeling that their skills and qualifications are under-recognised and under-utilised. In this sense they are referring to the recognised functions and benefits of remedial massage and myotherapy massage in freeing up muscles, improving mobility, and reducing pain and stress when administered by professional qualified therapists, has significant relevance.

The reasons clients attend the massage clinics of the Association’s members illustrate this and are presented in Table 2, as taken from the *Australian Association of Massage Therapists: Practitioner*

Survey, Preliminary Report II, January 15, 2013 which included determining the kinds of services that therapists provide, and their clients' characteristics. Table 2 lists the conditions and number of average and medium number of consultations involved.

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      |

Massage can also be delivered by physiotherapists, chiropractors or osteopaths, as an adjunct to these therapies. Hence massage therapists and myotherapists do not occupy a clearly defined and separate but equal role to Allied Health therapists who are approved to deliver a defined spectrum of approved massage modalities. Even though remedial massage is recognised as a legitimate treatment for subsidies and provided under the guidance of Registered health professionals, with prior-approval by an insurer, this may have led to a general lack of appropriate and separate outcome monitoring and / or record keeping, in relation to the remedial massage modalities.

#### *How can SIRA, insurers and providers help injured workers and motorists access the best outcomes?*

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 potentially add considerable cost to the delivery of these therapies and limit the best delivery of remedial massage modalities as well as confuse the accuracy around billing.

We are not suggesting that massage therapists or myotherapists depose the role of GPs or Allied Health services, but there are limitations to the benefits the current arrangements afford both in terms of cost, and the quality of massage delivery.

To receive the funding directly, there is a disincentive for Allied Health practitioners to refer the administration of massage to specialist massage therapists. While massage therapy costs less than other pain and stress relief manipulation and exercise-based services, it is not particularly time efficient as compared to physiotherapy or medication.

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.

This is a disincentive for physiotherapists and other Allied Health professionals to administer the required massage therapy treatment for given conditions, but instead apply more time efficient but less effective massage, alongside exercise and strength-based therapies to meet the SIRA prescribed time allocation.

Given that the comparative cost of massage services when administered by a qualified massage therapist or myotherapists 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 such as Bachelor Degrees in Health Science, Advanced Diploma or Diploma, and who have undertaken at least 1,000 hours of specialty training, and that may 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 in the delivery of these services to clients at a lower cost. 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. 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; and hence can communicate effectively, using the correct taxonomy with other health providers.

An effective program that involves delivery of 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, because more informed client management decisions, and more considered administration of massage services would be made possible.

*From your observation, what are some of the reasons for the increase in service utilisation (i.e. the increase in the amount of services each injured person is receiving)?*

Since opioids are no longer available over the counter, and alongside the growing awareness of the addictive nature of opioid-based prescribed pharmaceuticals, we suspect that alternative therapies are being utilised more to avoid the use of these pharmaceuticals.

Therapeutic Goods Administration (TGA) banned the sale of all over-the-counter (OTC) medications that contain codeine on Feb 1, 2018. The Ernst and Young preliminary figures show that costs under the Massage Therapy Fees Order grew by 51% between 2016/17 and 2018/19, and that service utilisation grew by 43% in the same period.

A [2015](#) study found that massage is the most used complementary therapy within the general population. Based on this and without access to specific tracking data, the coincidental timing suggests that restrictions in opioid use may be an influencing factor in the increased utilisation of massage.

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

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 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 in Table 3, in this case, 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.

Given that diagnosis and recovery plans, and other forms of physical therapy such as exercise are involved in physiotherapy care plans, physiotherapists may be choosing to administer massage themselves and hence note this as a separately coded item of treatment.

Table 3 Cost comparison - Massage delivered by Allied Health / Massage Therapy

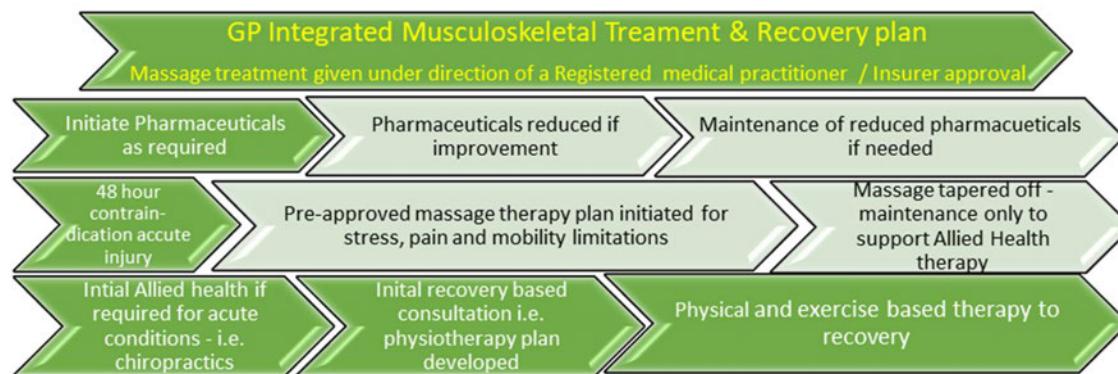
| Suggested staged care plan involving Allied Health Care plan and standalone therapists delivery |                  |                            |             |                                                   |                                                  |                                                                                              |                                                                                 |
|-------------------------------------------------------------------------------------------------|------------------|----------------------------|-------------|---------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 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                                                                        |
|                                                                                                 |                  |                            |             |                                                   |                                                  |                                                                                              | \$809.40                                                                        |

## 2. Setting and indexing fees

How could SIRA appropriately set and index allied health fees with the aim of better outcomes?

As illustrated in Figure 1, we propose an integrated approached where the role of remedial massage in helping people 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 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.

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                     |         | ✓       |                            |

Table 4 provides an initial guide as to the conditions that Allied Health practitioners may choose to administer remedial massage for. We propose that they should be indexed and equivalent to the fees paid to remedial massage therapists. To receive payment for remedial massage they should also be required to keep accurate records in regard to the modalities, duration of massage consultations, client responses and outcomes.

## Clinical Framework 2. Empower the injured person to manage their injury

### *3. Improving processes and compliance*

*What could help improve administrative processes – including reducing paperwork and leakage – for providers, insurers and other scheme participants?*

Some members expressed a degree of frustration in regards 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 to 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 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.

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 CAM 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 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. Distributed by Tonic Health Media, and titled 'The benefits of Massage & Myotherapy. Tonic Health Media reported that the take up rate by clients of the massage and myotherapy brochures 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.

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. This may also enable some patients to return to work sooner and reduce their overall care costs.

*What enhancements to claims administration requirements would help ensure scheme sustainability and improve understanding of the outcomes being achieved?*

Another suggestion from Members was to provide insured workers with a Benefit Card that can be accessed through the likes of the HICAPS payment system.

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.

*What improvements to monitoring, data collection and reporting would help ensure scheme sustainability and improve understanding of the outcomes that are being achieved?*

As a result of current SIRA arrangements, massage is often administered alongside other interventions, by nurses or physiotherapists, as a low-level response.

The outcome is that specific massage modalities and interventions used are rarely documented in the client or client notes, or in any data collection by SIRA and predominantly only the primary condition. Whereas subsequent areas of treatment may present as the condition improves or deteriorates. Also, client responses concerning how they feel or evaluation of specific massage or myotherapy techniques and modalities used, are rarely gathered, measured or assessed through follow-up client evaluation such as interviews.

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.

More formal integration involving these therapies 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.

### Clinical Framework 3. Adopt a biopsychosocial approach

#### *4. Implementing value-based care*

*What opportunities does a value-based care approach present for the personal injury schemes? How could these be implemented?*

What is known about the clinical effects of massage indicates a complex interplay between biomechanical, physiological, neurological, and psychological pathways. It is this interplay that makes massage an integral part of an efficacious approach to injury and recovery.

Despite science yet fully determining the physiological effect of massage, examination of pressure, movement, friction, touch and human interaction as experienced by clients in a massage or myotherapy setting delivers consistent conclusions that massage makes people feel better, by offering a sensory experience that relieves feelings of pain and mood, and other health-related quality of life issues ([2016](#)).

Chronic pain and depression are frequently comorbid ([2013](#)). The presence of depression in a client with chronic pain is associated with decreased function, poorer treatment response and increased health care costs. *An accurate diagnosis of major depression can be challenging in the setting of comorbid chronic pain. Antidepressants and psychological treatments can be effective and are best delivered as part of a coordinated, cohesive, multidisciplinary pain management plan.*

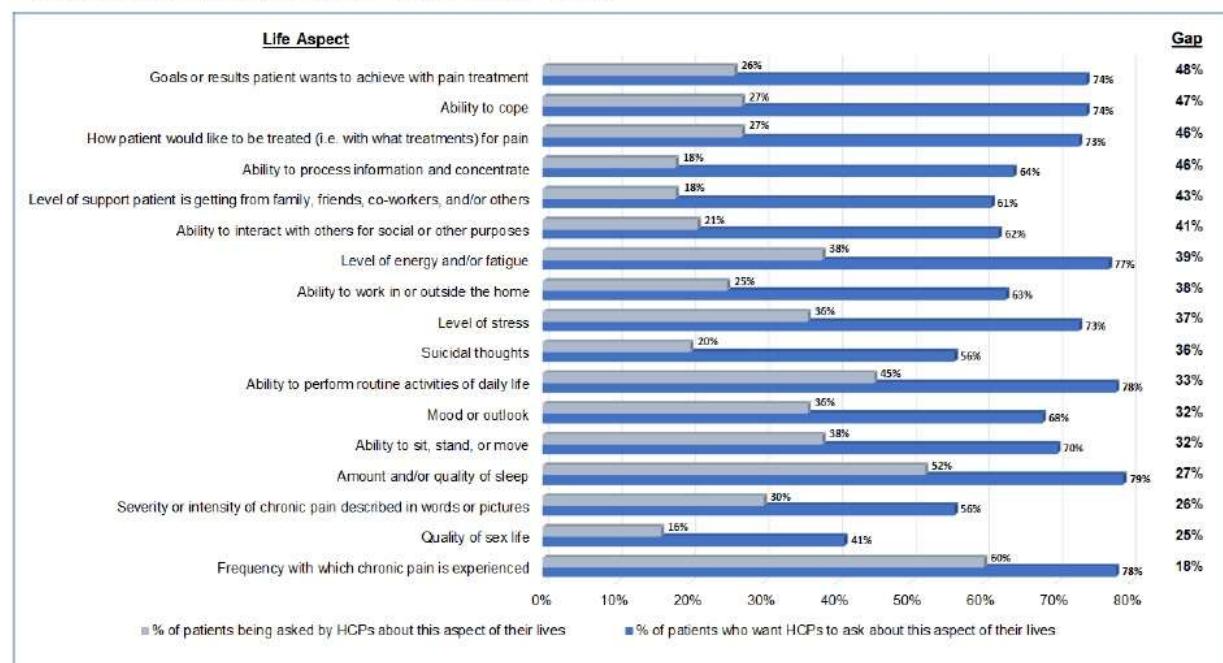
The Household, Income and Labour Dynamics in Australia HILDA survey derives a measure for quality-adjusted life-years (QALYs) by combining a person's answers to the following physical and mental health related questions.

- During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (such as visiting friends, relatives, etc.)?
- How much does your health now limit you in: vigorous activities such as running, lifting heavy objects, participating in strenuous sports; and moderate activities, such as moving a table, vacuum cleaning, bowling or playing golf?
- How much does your health now limit you in bathing or dressing yourself?
- During the past 4 weeks, were you limited in the kind of work or regular daily activities as a result of your physical health?
- During the past 4 weeks, did you accomplish less than you would like as a result of any emotional problems (such as feeling depressed or anxious)?
- How much bodily pain have you had during the past 4 weeks?
- During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?
- How much of the time during the past 4 weeks have you: felt nervous; had a lot of energy; felt down?

Additionally, the US Pain Collaborative Report ([2019](#)), driven by survey data on client awareness and satisfaction with current chronic pain assessment instruments, provides client-informed recommendations that should be taken by physicians, clients, and advocacy organisations immediately to improve the lives of people living with chronic pain.

Figure 5 of the Collaboration Report (below) underscores that comprehensive chronic pain assessment methods should reflect the multiple aspects of the client's pain experience and capture chronic pain's impact on daily life, which in turn can impact their mental health.

**Figure 5:** Life aspects health care providers routinely ask chronic pain patients, compared to the frequency with which patients would like to be asked (highest to lowest differential, n = 1,527).



Implementing such measures in relation to massage and myotherapy would be possible if massage therapists and myotherapists were integrated as approved Providers, with well-defined data collection and reporting responsibilities.

#### Clinical Framework 4. Implement goals focused on optimising function, participation and return to work

*What options are there to better understand and influence the health outcomes and client experiences within the personal injury schemes?*

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.

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, satisfaction and the ability to choose therapists, and self-manage their injury and stress.

The [Australian Burden of Disease Study 2015](#) reports that females experience a higher proportion of osteoarthritis compared with males (66% females/34% males), rheumatoid arthritis (64% females/36% males) and 'other musculoskeletal conditions' (52% females/48% males). Not surprisingly according to the [Australian Association of Massage Therapists: Practitioner Survey, Preliminary Report II, January 15, 2013](#) women access massage services at a ratio of 2:1 to men.<sup>i</sup>

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.

Commonly, those enduring acute and chronic pain, who experience trouble with daily living skills like walking, sleeping, or leaving the house, seek alternatives to pharmaceutical pain killers.

[Pain Australia](#) reports that there are many conditions such as migraine, osteoporosis, arthritis and other musculoskeletal ailments that are well recognised chronic diseases. Other chronic pain conditions that may not be as common or well-known include conditions related to nerve pain, pelvic pain, abdominal pain, facial pain and persistent post-surgical pain.

The [Australian Pain Management Association](#) reports that people living with pain are more prone to psychological distress such as anxiety and depression than those in the general community. *Long term pain puts a lot of stress on the brain and cognitive issues such as low mood, difficulty with memory or concentration are familiar, no matter what the underlying pain condition is.*

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

The Australian Institute of Health and Welfare ([2018](#)) cites the Australian [Physical Activity and Sedentary Behaviour Guidelines](#) which recommend 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, as illustrated 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.

Massage and myotherapy play an important role in helping patients 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.

*Are there any other issues you want to raise or comments you would like to make?*

Supporting massage and myotherapy, with incentives for employers to provide healthcare packages, that include these therapies offers a 'coal face' opportunity to improve the management of stress, anxiety and injury in the work place. It provides clients greater choice and access to professional therapists if they choose, and brings a greater level of control over the path taken to recovery, returning to work and self-management.

The findings of a paper that looked at work place massage ([2013](#)) revealed that massage programs deliver more than the expected physical and psychological outcomes. Overwhelmingly, all the participants in this study believed that workplace massage provided positive outcomes for both the organisation and those taking advantage of the program. Such findings imply that the effects of the program can resonate far beyond the expected physiological and psychological benefits for the participants and for the productivity of the organisation.

The inclusion of massage therapists and myotherapists also promises considerable savings to the cost of human health services, and an improvement in the quality of massage services delivered. This can occur without placing undue or additional costs on the mental healthcare system.

Importantly, the preventative and management role of massage alongside the high number of self-funded clients who use professional massage therapists and myotherapists as a means of maintaining their health outside the SIRA system, indicates that no significant additional SIRA funding is necessary to improve opportunities for prevention and management in the workplace.

Supporting a workplace prevention and management approach is a readily available skilled remedial massage workforce.

A [2013](#) workforce study found that massage therapy consistently comprised the largest portion of the CAM workforce. A 2017 Australian study looked into the practice characteristics of Australia's complementary medicine workforce in Australia and found that [the skills and training of many qualified therapists are underutilised](#) with a sizeable proportion of this workforce also engaged in other nonclinical roles. For example, the average number of hours per week in which therapists are engaged in massage was 18.6, and myotherapy and musculoskeletal therapy was 21.3 hours per week.

#### Clinical Framework 5. Base treatment on the best available research evidence

Massage is one of the six areas of complementary health that have remained in the Private Health Insurance Rebate scheme because current clinical research demonstrates levels of efficacy to warrant the inclusion.

Additionally, the following provides a considerable array of emerging clinical evidence concerning the merits of broadening the assessment base with a view to involving qualified professional massage therapists and myotherapists in the delivery of these therapies to reduce chronic pain and subsequent depression, anxiety and stress.

#### *Musculoskeletal Disease*

While massage is not a cure for musculoskeletal disease it does provide symptom relief for pain sufferers allowing for a higher degree of mobility and exercise.

- The [Final Evidence Report, Effectiveness of Massage and Myotherapy for any Clinical Condition](#): Evaluation of the Evidence Prepared for the National Health and Medical Research Council (NHMRC) 2012, found that Massage may be more effective than control (no treatment, sham) in reducing pain in people with acute/subacute low back pain in the short term.
- A randomly controlled 2018 trial involving 200 clients in an 8 and 52-week assessment found that the efficacy of symptom relief and safety of a weekly massage make it [an attractive short-term pain treatment option for knee osteoarthritis](#). As expected, while the additional benefit beyond the usual care 8-week treatment provided no additional improvement, the longer-term bi-weekly dose over 52 weeks maintained the improvements achieved in the first 8 weeks.
- A Massage & Myotherapy Australia commissioned RMIT University 2011 study that looked into the Effectiveness of Massage Therapy found that [massage therapy is effective in managing subacute/chronic low back pain](#), delayed onset muscle soreness (DOMS), anxiety, stress and relaxation, and helps support the wellbeing of clients with chronic diseases, life-threatening diseases such as cancer, and and/or terminal illnesses.
- A Massage & Myotherapy Australia commissioned 2013 study by the International Centre for Allied Health Evidence, University of South Australia, found an emerging body of evidence, albeit small, that supports [the effectiveness of massage therapy for the treatment of non-specific low back pain](#), especially in the short term.

#### *Stress and cardiovascular disease related symptoms*

The body of research that investigated the effects of massage on symptoms of cardiovascular disease and surgery, such as hypertension and blood pressure during the past 10 years suggest that massage could be a useful intervention.

- A massage research review ([2014](#)) found that when moderate and light pressure massage have been compared, moderate pressure massage reduced depression, anxiety and heart rate, altered EEG patterns and increased vagal activity, as in a relaxation response.
- Findings of the study in 2013 that investigated durability of the effect of massage therapy on blood pressure indicated that massage therapy was a safe, effective, applicable, and cost-effective

intervention in [controlling blood pressure of pre-hypertension women](#) and can be used in health care centres and even at home.

- A 2013 study into the effects of Swedish Massage Therapy on blood pressure, heart rate and inflammatory markers in hypertensive women, found that Swedish Massage Therapy or resting for an hour weekly [significantly reduced blood pressure, heart rate and](#) vascular endothelial adhesion molecules. However, the effect of rest on blood pressure does not extend to four weeks as compared to Swedish Massage Therapy. In addition, massage also reduces the resting heart rate in hypertensive women.
- Researchers investigated the effect of [massage therapy on pain, anxiety, relaxation, and tension](#) after colorectal surgery. The randomised study concluded that massage may be beneficial during post-operative recovery for clients undergoing abdominal colorectal surgery. Further studies are warranted to optimise timing and duration and to determine other benefits in this clinical setting.
- A 2016 meta-analysis titled '*Massage therapy reduces pain and anxiety after cardiac surgery: A systematic review and meta-analysis of randomised clinical trials*' concluded that [massage therapy might be a useful method to reduce pain and anxiety in clients](#) undergoing cardiac surgery.
- Based on the findings of a 2016 study to learn more about the effect of massage therapy on physiological responses in clients with congestive heart failure, researchers concluded that [massage therapy was effective in blood pressure, heart rate, respiration rate and oxygen saturation](#) in clients with Congestive Heart Failure, and suggested that massage therapy be used as a complementary method to stabilise their vital signs.
- Research during 2016 that investigated the effectiveness of massage therapy on the mood of clients after open-heart surgery found that the use of [massage therapy as an effective nursing intervention can improve the client's mood](#) after open-heart surgery. Due to the low cost and simplicity of this method, it can perhaps be used as a complement to drug therapy and post-operative interventions used in these clients.
- Researchers of a study titled 'The [long-term effect of massage therapy on blood pressure](#) in prehypertensive women' concluded that although massage therapy seems to be a safe, effective, applicable, and cost-effective intervention to control blood pressure of prehypertensive women, its effects do not persist for a long time.
- A 2016 systematic review of the effects of massage on blood pressure in clients with hypertension and prehypertension: A meta-analysis of randomised controlled trials found [a medium effect of massage on systolic blood pressure and a small effect on diastolic blood pressure](#) in clients with hypertension or prehypertension. High-quality randomised controlled trials are urgently required to confirm these results, although the findings of this study can be used to guide future research.
- A 2012 randomised controlled trial that investigated massage therapy for cardiac surgery clients concluded that [massage therapy significantly reduced the pain, anxiety and muscular tension and improved relaxation](#) and satisfaction after cardiac surgery.
- The short-term effects of myofascial trigger point massage therapy on cardiac autonomic tone in healthy subjects were reported in a study that found that in normal healthy subjects, myofascial trigger-point massage therapy to the head, neck and shoulder areas is [effective in increasing cardiac parasympathetic activity and improving measures of relaxation](#).
- The authors of a 2018 study titled 'Effects of Manual Lymphatic Drainage Massage associated with physical exercise program in morphological-functional blood pressure parameters', reported that manual lymphatic drainage massage [may be a valuable nonpharmacological auxiliary therapy in the control of arterial hypertension](#), also indicating that when performed in association with a regular

program of aerobic physical exercises, it significantly increases the reduction of values blood pressure of hypertensive subjects. In view of these findings, it is suggested that new studies be carried out with a larger sample and with new experimental designs to ratify the results of this research and extend this line of research.

#### *Cancer and cancer treatments*

- A systematic review of studies on aromatherapy and massage for relieving symptoms in people with cancer looked at 10 studies including 8 randomised controlled trials. It found that [massage consistently reduced anxiety and depression](#). Massage also helped lower nausea and pain, but not as consistently.
- A large study published in 2004 looked at the effects of massage therapy on almost 1,300 people with cancer over three years. People in hospital had a 20-minute massage, and people treated as out-clients had a 60-minute session. The study found that overall, [massage therapy reduced pain, nausea, fatigue, anxiety and depression](#). The benefits lasted longer in the clients who had the 60-minute session.
- The results of a study aimed at describing [the experience of massage for breast cancer clients](#) during chemotherapy treatment, revealed five themes: The clients experienced distraction from the frightening experience, a turn from negative to positive, a sense of relaxation, a confirmation of caring, and finally they just felt good. The findings of this study showed that massage offered a retreat from uneasy, unwanted, negative feelings connected with chemotherapy treatment. It is an intervention that can be added to the arsenal of treatment choices available to the oncological staff.

#### *Surgery pain mobility and anxiety*

- A 2018 Study that sought to determine the value of myofascial massage to address surgery pain and mobility limitations, found that myofascial [massage is a promising treatment to address chronic pain and mobility limitations](#) following breast cancer surgery. Further work in several areas is needed to confirm and expand on the study findings.
- During 2017 researchers assessed the [effects of massage therapy on pain management](#) among post-operative clients by conducting a systematic review and meta-analysis and reported that the effect of single dosage massage therapy on post-operative pain showed significant improvement and the anxiety subgroups showed substantial heterogeneity. They conclude that the findings of this study revealed that massage therapy may alleviate post-operative pain, although there are limits on generalisation of these findings due to low methodological quality in the reviewed studies.

#### *Fatigue and depression*

- A 2017 study evaluated the efficacy of [weekly Swedish massage therapy versus an active control condition](#) (light touch) and waitlist control on persistent cancer-related fatigue in breast cancer survivors. The authors concluded that Swedish massage therapy produced clinically significant relief of cancer-related fatigue. The findings suggested that six weeks of a safe, widely accepted manual intervention causes a significant reduction in fatigue, a debilitating sequela for cancer survivors.

#### *General symptoms relief*

- During 2017 researchers published the results of their study which sought to learn about [the effects of the use of therapeutic massage in children with cancer](#), and concluded that therapeutic massage improves the symptoms of children with cancer, but there is a need for more research that may support the effects attributed to it. Techniques used included Swedish massage, effleurage,

petrissage, frictions, pressures which reportedly obtained benefits in the symptoms present during the illness, such as decrease of pain, nausea, stress, anxiety and increase of white blood cells and neutrophils.

- The 2004 study referenced previously to the Cancer Council involved the Memorial Sloan-Kettering Cancer Centres' examination of [changes in symptom scores and the modifying effects of client status](#) (in- or outclient) and type of massage. Over a three-year period, 1,290 clients were treated. Symptom scores were reduced by approximately 50%, even for clients reporting high baseline scores. Outclients improved about 10% more than inclients. Benefits persisted, with outclients experiencing no return toward baseline scores throughout the duration of a 48-hour follow-up. They concluded that these data indicate that massage therapy is associated with substantive improvement in cancer clients' symptom scores.

#### *Pain and stress*

- A 2017 study that explored the experiences towards aromatherapy massage use, and [examined the perceived benefits and adverse effects of aromatherapy massage](#) among adult female cancer clients, reported that the perceived benefits included physical and psychological dimensions: overall comfort, relaxation, reduced pain, muscular tension, lymphoedema and numbness, improved sleep, energy level, appetite and mood.
- A 2015 meta-analysis, which aimed to investigate [the effects of massage therapy for cancer clients experiencing pain](#), indicated a beneficial effect of massage for relief of cancer pain. Further well-designed, large studies with longer follow-up periods are needed to be able to draw firmer conclusions regarding the effectiveness.
- The purpose of a 2009 study was to describe the feasibility of massage therapy and to examine [the effects of massage therapy on present pain intensity, anxiety and physiological relaxation](#) over a 16- to 18-hour period in 30 Taiwanese cancer clients with bone metastases. Researchers reported that clinically, the time effects of massage therapy can assist health care providers in implementing MT along with pharmacological treatment, thereby enhancing cancer pain management. Randomised clinical trials are needed to validate the effectiveness of massage therapy in this cancer population.

#### *Palliative care*

Among the palliative care community, massage is well known for improving the quality of life of clients, however many professional therapists are often asked to provide their services for free.

- A 2011 Study exploring the extent that massage therapies are able to reduce the amount of pain, anxiety and depression that cancer clients feel while in palliative care, found that [massage therapy reduces the subjectively perceived symptom of pain in oncological clients](#) receiving palliative care. Reduction of the symptoms of anxiety and depression was also achieved.
- A 2014 study that looked at integrating massage therapy within the palliative care of veterans with advanced illness found that [all short-term changes in symptoms showed improvement and all were statistically significant](#). Pain intensity decreased, anxiety decreased, clients' sense of relaxation increased, and inner peace improved. The authors concluded that massage is a useful tool for improving symptom management and reducing suffering in palliative care clients.
- A 2009 study which sought to demonstrate how people with incurable cancer experienced soft massage in a palliative care setting in which [massage was used as an established and integrated part of the nursing care](#), found that during the massage the clients felt dignified, while memories from past massage sessions were about becoming free. These experiences of dignity and freedom brought hopes for the future. The authors concluded that soft massage ought to be offered in the

ordinary palliative care. More research is needed to understand what is required to integrate and establish methods such as soft massage in palliative care.

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<sup>i</sup> AAMT Practitioners Survey 2012 [Massage & Myotherapy Australia](#)