BY DON DILLON, RMT

Research Made Relevant

Making the most of the patient intake process

I attended the seventh annual IN-CAM Research Symposium held in Toronto early in November. This event brought together researchers, practitioners and policy-makers from disciplines such as community health sciences, medicine, homeopathy, herbal medicine, pharmacy, TCM/acupuncture and massage therapy. Twenty-seven poster presentations were available for review and discussion on topics of Complementary and Alternative Medicine (CAM).

I'll admit that as a practitioner, research has been a means to an end. I know research would help the credibility, and hence funding and public health positioning, of massage therapy, but I was never interested in poring over research abstracts, writing case studies or assessing my treatment plans against whatever practice guidelines may exist. I graduated long before the discussion of research literacy and evidence-based practice, and incorporating these into an already busy day was just not one of my habits.

I suspect many of my colleagues feel the same. In a fee-for-service workplace, who has time – that is, time that takes away from earning income – to critically review or consider research? As Antony Porcino pointed out in his presentation at the IN-CAM Symposium on the nature of therapeutic massage/bodywork practice and research-applied-to-practice gap, massage therapists are suspicious of research and rely on traditional knowledge. Many practitioners believe "personal evidence is more valuable."

RESEARCHING THE MATTER

Research is not just quantitative measure or testing cortisol and norepinephrine levels in lab rats – it affects the viability of daily RMT practice. Research challenges the profession to examine its beliefs, values and applications, shaking down to the individual practitioner level. Studies exist that can illuminate trends, gaps and needs within and outside the profession, and can be used to inform practice and direct professional development.

For instance, at the IN-CAM symposium, Ania Kania presented findings of 330 urban hospitals in Canada where 59 employ, or contract, massage therapists to provide services to staff, medical students or patients. In-patient requests topped the list of drivers to request RMT services, followed by direct referral from a physician and profit-incentive by the facility. Most RMT services are provided in the hospitals' rehab departments, but some RMTs are employed in other departments, such as cancer wards. Over half of the RMTs surveyed and working in these hospitals confirmed they were involved in team treatment planning, and that services were paid by the patient, by third-party/insurers or by organized charities. RMTs were employed at a top range of $35/hour or some form of commission. I was surprised massage therapy care was incorporated into so many hospitals!

Cathy Fournier's presentation illuminated the professional status imbalances between RMTs and other disciplines. Fournier's research showed physicians and nurses are often unaware of the regulatory and educational qualifications of massage therapists. She noted how private versus public funding of health care, a medical hierarchy and an absence of massage therapy in the research literature create tension and barriers to RMTs becoming accepted in health-care planning, delivery and funding.

Sunita Vohra, from the University of Alberta, reported changes in medical students' attitudes toward CAM after attending a CAM fair and a credit course in the understanding and use of CAM.

Donelda Gowan-Moody explored RMT reliance on texts, educators and their personal experiences in client/patient care for information. Practitioners often view these resources (often erroneously) as sources of evidence-based practice.

Daniel Hollenberg reported on a CAM provider shortage in rural areas, and described how rural citizens rely on CAM providers to provide care, monitor health and bridge necessary conventional health services between medical screenings or in the absence of comprehensive biomedical care.

Merrijoy Kelner's research showed that health consumers seek CAM in the treatment of chronic pain, fatigue, depression, headaches, as preventive care and because of dissatisfaction with standard medical care. These consumers seek warm,

empathetic care, a comforting environment and a sense of partnership and responsibility in their own care. Kelner found that friends, family, neighbours and media were prime sources of referral for CAM, but surprisingly, not CAM practitioners themselves. In fact, many health consumers who thought they were getting "integrated health care" were not receiving conjoined medical care and CAM, nor even integrated CAM care. What health-care consumers expected as "integrated" in fact was often care delivered by a sole practitioner.

Nadine Ijaz examined the social determinants of health, and how access-geared facilities can reduce the socioeconomic barriers to health-care access. Ijaz argued that in the absence of sufficient regulation of CAM or supplementary health insurance for a majority of the population, practitioners are seeking innovative ways to lower the barriers to CAM access. Her presentation touched on taxpayer-funded (Medicare), private-free or private low-fee and private-sliding scale, services supplemented by product sales and private-barter models. Of the private-free or low-fee facilities, common traits included: community based; private and non-profit, volunteer-driven; services free or small token payment; emphasis on compassionate care and patient dignity; and a focus on targeting at-risk local populations.

Research not only informs evidence-based practice, but also contributes to a patient-centred sustainability of the profession.

Ijaz cited that there are 1,200 free clinics offering $3-billion in free biomedical services to $3.5 million under- and uninsured Americans, with a handful offering CAM services integrated in. Proponents of the private-free or low-fee model see traditional medical care as high-cost, and insurance coverage as class-discriminatory and access-prohibitive.

In an act of civil disobedience – yet strongly supported by local politicians and citizens – the Compassion Club (Vancouver, British Columbia) and the Harbourside Health Centre (San Francisco, California) generate operating funds through the sale of cannabis.

Keynote presentations by Dr. Claudia Witt, Barbara Findley-Reece, Dr. Herbert Emery, Dr. Heather Boon and Dr. Marja Verhoef added broad context and perspective to the field of CAM research.

FINDINGS REGARDING MEDICARE AND CAM

Dr. Herbert Emery in his keynote address asked the $200 billion-dollar question, "Should CAM be covered by medicare?" Canadian medicare "is, by its very terms, a partial health plan and its purpose is not to meet all medical needs." Public perception seems to be that publicly funded services are "medically necessary" and that CAM services are for personal – as opposed to public – reasons. Emery said government health-care spending is not necessarily directed to evidence-based practices. For example, 80 per cent of current publicly funded services have not been sufficiently assessed as evidence-based, and an estimated one-third of services does nothing to improve patient health. Emery suggests government lobbying/advocacy and media pressure may be effective in redirecting more funding to CAM.

Emery proposed that, in order to include CAM in medicare, government would need to: a) change the Canada Health Act (CHA) to fund/supplement 70 per cent of service costs instead of supplementing 100 per cent of physician and hospital-only services and "broaden the basket" of services covered by public health care; or b) keep the CHA as is, but encourage government to spend more on CAM interventions that are needed (versus wanted), are evidence-based, offer good value for money spent and require public funding to ensure access (as opposed to individuals managing the expense themselves).

Emery identified the biggest barrier to public funding for CAM as the ever-rising costs of medicare. She suggested a health savings account – a pre-set amount of dollars for defined services causing the patient to use services efficiently, improving access for a broader population to CAM services and limiting government expenditure to the defined cap – may be the best funding option for CAM services.

FOCUS ON MASSAGE THERAPY

Trish Dryden and Ania Kania led a workshop regarding the development of a national-level special interest group (IN-CAM MT SIG) to support research-informed massage practice. Dryden and Kania encouraged the group to build on the strengths of interest and existing networks; to put into operation research initiatives in the profession; and to collaborate rather than remain in an isolated, province-based silo mentality.

The IN-CAM MT SIG would need to operate at a national level, be action-oriented, be research-focused, be collaborative, and effectively use financial and human resources. The group identified two goals to accomplish in the next year: i) to identify human and financial capital to invest in the initiative, and ii) to build research competencies and performance indicators to inform the MT profession across Canada. For more on IN-CAM MT SIG, visit the IN-CAM website at www.incamresearch.ca.

Laura Weeks in her discussion on the Ottawa Integrative Cancer Centre had a message for all of us regarding CAM integrative care, "It's nobody's job, but really everybody's job, to make it work."

So now I get it. Research not only informs evidence-based practice, but also contributes to the viability of practice, the sustainability of the RMT profession and the ever-evolving focus of providing the best in massage therapy care to patients. I'm looking forward to the eighth IN-CAM Research Symposium in Calgary in autumn 2014.

Don Dillon, RMT, is the author of *Massage Therapist Practice: Start. Sustain. Succeed.* and the self-study workbook *Charting Skills for Massage Therapists*. Don has lectured in nine Canadian provinces and over 60 of his articles have appeared in massage industry publications in Canada, the United States and Australia. Don is the recipient of several awards from the Ontario Massage Therapist Association, and is one of the founding members of Massage Therapy Radio www.massagetherapyradio.com. His website, www.MassageTherapistPractice.com, provides a variety of resources for massage therapists.