Hospital-Based Massage Therapy at Boston Medical Center

with Paula Gardiner, MD, MPH

Part 1 of the webinar series, “Hospital-Based Massage Therapy: Successes, Challenges, and Sound Advice” with Tracy Walton

Hospital-Based Massage Therapy: Successes, Challenges, and Sound Advice

Tracy Walton
MS, LMT

Researcher
Writer
Educator
Oncology massage specialist
Hospital-Based Massage Therapy: Successes, Challenges, and Sound Advice

Speakers will:
• Answer questions and provide guidance in hospital-based massage therapy
• Share hard data that have helped move massage therapy toward the standard of care
• Tell inspiring patient stories from in-hospital massage services
• Describe strategies for communicating and collaborating with medical staff

Featured Hospitals
- California Pacific Medical Center
  San Francisco, CA
- Dartmouth-Hitchcock Medical Center
  Lebanon, NH
- Beaumont Health Systems
  Royal Oak, MI
- MD Anderson Cancer Center
  Houston, TX
- Boston Medical Center
  Boston, MA
Roadmap for Webinar

• Featured Presenter/Program: Dr. Paula Gardiner, Boston Medical Center
  – Dr. Gardiner’s background
  – BMC and Integrative Medicine
  – Massage Therapy Program
  – Vision of the Future

• Questions from Participants
• (If time) General Hospital-Based Massage Therapy Resources
In this Webinar

Paula Gardiner, MD, MPH

- Physician in family medicine, BMC, since 2008
- Trained at Tufts University School of Medicine
- Tufts University Residency Program
- Research Fellowship at Harvard Medical School (Children’s Hospital, Osher Institute)
Boston Medical Center
Boston, Massachusetts

496 bed academic medical center
Teaching hospital for BU School of Medicine
Community-based care
Largest provider of trauma/ER services
in New England
Largest “safety-net” hospital in New England

Boston Medical Center

Serves 1/3 of Boston residents

More than half of patients at annual income below 200% of Federal Poverty Level
($44,200/family of 4)
BMC Patients

Less than 1/4 have employer-based health insurance
70% of patients from social and ethnic minority populations
30% do not speak English as primary language
110 languages spoken

Health care for people who are homeless
From www.bmc.org

Integrative Medicine at BMC

Safe, effective integrative therapies should be available to everyone without regard to ability to pay
Integrative Medicine Services

Community Garden
Food Pantry
Nutrition Education
Integrative Medicine at BMC
Vision

Build a center of excellence, a national model for how integrative medicine can positively impact the health of the urban underserved

Clinical Services
Research
Education

Diagram showing various integrative medicine therapies and their usage rates.
What Does it Take to do Massage in a Hospital?

• Space
• Money
• Job descriptions
• Legal
• Language
• Champions (more later on that)

History of Massage at BMC
Physical Space
How are MTs Credentialed?

• State License
• Certificate of Malpractice Insurance
• Immunizations
• Annual TB test
• HIPAA Training
• Hospital Orientation

Internship Training for Professional MTs
Oncology Massage

Working in a medical setting
HIPAA, hospital practices
Appropriate application of massage
Cross-cultural considerations
Charting skills
Internship Training for Professional MTs

Infant Massage at BMC
Where is Massage Offered Now?

- Radiation Oncology
- Hematology/Oncology (Chemotherapy Infusion bays)
- Postpartum (Infant Massage)
- Palliative care
- Ambulatory care
- Staff table massage
- Staff on-site massage

Why Massage Evolved at BMC
(How do we keep these wonderful MTs?)

- Grads of internship program or equivalent
- Wanted to keep them around
- Wanted them to be paid
- Think outside the box how to pay
- Hired
  - Palliative care (grant funded)
  - ACC (fee for service, sliding scale)
  - Staff table massage (fee for service, $50/session)
  - Staff chair massage (free, paid by philanthropic funds)
- Included in research projects
Research/Data Collection on Massage

Randomized, Controlled Trial (RCT)

Pre-intervention (baseline) measurements

Post-intervention measurements

Sample Randomization

Active Treatment Group

Active Treatment Group Receives massage

Control Group

Control Group Receives no massage

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Oncology Massage Training Program in an Inner City Cancer Center

P. Gardiner, L. Mullen, T. Walton, R. Saper, J. Rosen
Dept. of Family Medicine, Dept. of Surgery, Boston University Medical School, Boston, MA

Background

- The oncology massage training program provided hospital-based massage to underserved patients
- The oncology massage program was built on an existing hospital-based massage program
- The program aimed to improve the quality of life for patients with cancer

Materials and Methods

- The program included a pre-post analysis
- The program collected data on demographic information and pre-post test scores
- The program used descriptive statistics and T-tests to analyze the data

Results

- The program had a positive impact on patient quality of life
- The program helped reduce pain and anxiety in patients
- The program was well-received by both patients and staff

Limitations

- Small sample size
- Lack of validation of survey questions

Conclusions

- The program was successful in improving patient quality of life
- The program can be expanded to other hospitals
- Further research is needed to evaluate the long-term effects of the program

Future Directions

- To collect additional surveys from both patients and staff
- To provide continuing education credits
- To implement mechanisms and benefits of massage for cancer patients

Contact information: Paula.Gardiner@BMC.org

Table 2. Difference Summary Scores for Behavior, Knowledge, and Confidence (N=19)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mean Behavior Score</th>
<th>Standard Deviation</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge score</td>
<td>-1.5</td>
<td>4.15</td>
<td>0.12</td>
</tr>
<tr>
<td>Confidence score</td>
<td>-5.4</td>
<td>3.12</td>
<td>0.001</td>
</tr>
</tbody>
</table>

Table 1. Demographics and Experience of Massage Therapist Participants (N=19)

<table>
<thead>
<tr>
<th>Experience</th>
<th>Frequency (percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year</td>
<td>4 (21)</td>
</tr>
<tr>
<td>1-2 years</td>
<td>11 (58)</td>
</tr>
<tr>
<td>5-6 years</td>
<td>3 (16)</td>
</tr>
<tr>
<td>18 years</td>
<td>1 (5)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency (percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-30</td>
<td>1 (5)</td>
</tr>
<tr>
<td>30-40</td>
<td>6 (32)</td>
</tr>
<tr>
<td>40-50</td>
<td>7 (37)</td>
</tr>
<tr>
<td>50-60</td>
<td>3 (16)</td>
</tr>
<tr>
<td>&gt;60</td>
<td>2 (11)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>Frequency (percent)</th>
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</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>16 (85)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1 (5)</td>
</tr>
<tr>
<td>Asian</td>
<td>1 (5)</td>
</tr>
<tr>
<td>Other</td>
<td>1 (5)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Frequency (percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Massage therapist (MT)</td>
<td>18 (95)</td>
</tr>
<tr>
<td>MT and grants manager</td>
<td>1 (5)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pre-requisite training oncology massage</th>
<th>Frequency (percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer hospice and HIV training</td>
<td>8 (42)</td>
</tr>
<tr>
<td>CME course at a massage school</td>
<td>1 (5)</td>
</tr>
<tr>
<td>Walton Oncology Massage training</td>
<td>2 (11)</td>
</tr>
<tr>
<td>Walton Oncology Massage training only</td>
<td>3 (16)</td>
</tr>
<tr>
<td>No formal training</td>
<td>4 (21)</td>
</tr>
<tr>
<td>Not specified</td>
<td>2 (11)</td>
</tr>
</tbody>
</table>
Research on Massage in the Hospital Setting

• Effects of Massage Therapy on Preoperative Anxiety and Postoperative Pain in Cancer Patients Undergoing Port Implantation
• Principal Investigator Dr. Jennifer Rosen

Port for IV chemo administration

Source: http://commons.wikimedia.org/wiki/File%3APort-catheter.jpg
Where does Support Come From?

- Nurses
- Physicians
- Administrative Staff
- Massage Therapists
- Patients

Nursing Support

Earliest adopters of massage program
Nurses feel less burnt out
LMTs bring holistic, patient-centered perspective
Building Physician Support

• In-house data about patients’ experience of massage
• Published research about benefits
• Prior positive experiences of integrative medicine

Administrative Support

• Human Resources
• Hospital orientation
• Room scheduling
• Appointment scheduling
• Program coordination
Building Capacity through Interdisciplinary Education

Program Sustainability

How do we make CAM necessary, not just nice?

Needs Assessment
  Administration, Providers, Researchers, Patients
  Align Program to Needs (Example Staff Massage Program)

Role of Champions
  Advocate for Synergy

Research

Funding is Key (creative options)
Benefits of CAM Internship Partnerships with Schools

- Patients get services at low or no cost
- Hospital can provide CAM services for free
- Partner schools get training opportunities
- Training CAM professionals in certain aspects of medical field
- Familiarizing medical staff with CAM

BMC Massage Therapy Internship Program

Contact information:
BMC Family Medicine  617 414 6267
familymedicine@bmc.org

Saskia Cote, Director
Saskiacote@gmail.com

Cindy Gillan
Instructor
What worked?

• Sliding scale for fee for service
• Educational partnerships!
• Cultivating champions in all departments
• Collecting data—in-house research
• Grant-writing skills

Do Differently?

• Would have partnered earlier with a massage school to implement massage therapy training program.
• Would have charged tuition for the program earlier, not offered for free
• Would have provided low cost massage to staff earlier
The Future?
Massage Therapy, CAM, Health Care, Health Care Reform

• Two things in health care reform
  – Accountable care organization
  – Patient-centered medical “home”

• Role of massage therapy?

Resources in Hospital-Based Massage Therapy

• Associations/Organizations
• Publications
• Research
Resources in Hospital-Based Massage Therapy

• ACCAHC—Academic Consortium for Complementary and Alternative Health Care

  — Clinical Care Working Group (CWG)
  — Hospital-Based Massage Therapy (HBMT) Subgroup
  — Contact MK Brennan, MS, RN, LMBT, with info on your program to share brennanmk@aol.com
  — ACCAHC Info, Conferences at www.accahc.org

Resources in Hospital-Based Massage Therapy

• Society for Oncology Massage
  — Sets standards for oncology massage education
  — Lists hospitals providing oncology massage

  www.s4om.org
Resources in Hospital-Based Massage Therapy

- **Massage Therapy Foundation**
  - Funds research
  - Funds community service
  - Education
  - Research literacy (online and face to face courses)
  
  www.massagetherapyfoundation.org
  www.educationtrainingsolutions.com

AMTA Career Success Series

- “**Working in a Health Care Environment**”
  
  A guide from the AMTA
  
  Free download
  
  Available at:
  
  www.amtamassage.org
Hospital-Based Massage Network

Association of hospitals/individuals sharing information about programs
Directed by Laura Koch
Extensive resources
Data collected
Sample HBMT proposals in Exploring Hospital-Based Massage
Available at Natural Touch Marketing:

www.hbmn.com

Resources in Hospital-Based Massage Therapy
Books

MacDonald, G.

Massage for the Hospital Patient and Medically Frail Client
Resources in Hospital-Based Massage Therapy

Books

MacDonald, G. *Medicine Hands: Massage Therapy for People with Cancer*

Wible, J. *Drug Handbook for Massage Therapists*

Walton, T. *Medical Conditions and Massage Therapy*

Tips for Using Research to Promote HBMT

www.pubmed.gov (published research)

www.clinicaltrials.gov (research in progress)

When searching at these sites:
Avoid “massage therapy” “hospital-based”
Instead, search by condition or treatment
  Massage therapy cancer
  Massage therapy stroke
  Massage therapy migraine
  Massage therapy back pain
Research (some favorites)


Mitchinson et al. (2007)

Sample size: 605 veterans undergoing major surgery
Procedure: up to five 20-min back massages
Controls: Individual attention, routine care

Findings. Compared to controls, massage associated with:
- ↓ Pain
- ↓ Short-term anxiety
Grealish L et al. (2000)

Sample size: 87 inpatients
Procedure: 10-min foot massage
Control: Quiet time

Findings. Compared to control, massage associated with:
- ↓ Pain
- ↓ Nausea
- ↑ Relaxation

Post-White et al., 2003

Sample size: 164 outpatients in chemotherapy
Control/Comparisons: Standard care, Healing Touch, Caring presence

Findings. Compared to control, massage associated with:
- ↓ Anxiety
- ↓ Pain
- ↓ Analgesic use
- ↑ Mood
- ↑ Relaxation
- No change in nausea (!)
Cassileth and Vickers, 2004

Sample size: 1290 in- and outpatients
Control: None
Procedure: 20-60 min. massage

Findings. Compared to pre-massage values, post-massage values suggested:
- Pain ↓ 40%
- Nausea ↓ 21.2%
- Fatigue ↓ 40.7%
- Anxiety ↓ 52.2%
- Depression ↓ 30.6%

Jane et al, 2011

Sample size: 84 inpatients
Control: attention
Procedure: 45 min. massage (3 sessions)

Findings. Compared to control, massage associated with:
- Pain ↓
- Mood status improved
- Muscle relaxation ↑
Research References


Research References, continued

THANK YOU!
Questions?
Contest

How to enter:
• Write a review of a “Hospital-Based Massage” webinar on Dr. Benjamin’s Facebook Wall at Facebook.com/BenjaminInstitute.
• You’re eligible for one entry per webinar

What you can win:
• A free copy of Massage for the Hospital Patient and Medically Frail Client by Gayle MacDonald
• A complete set of the “Hospital-Based Massage Therapy” webinar series to give to a friend or colleague

Webinars Available On Demand

Other Webinars with Tracy Walton
• Massage in Cancer Care
• More About Cancer & Massage
• Cardiovascular Conditions & Massage

All Webinars Available at www.BenBenjamin.com
Webinars Available On Demand

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Unraveling the Mystery Series:
• Low Back Pain
• Cervical Pain
• Shoulder Pain
• Knee Pain
• Ankle Pain
• Hip & Thigh Pain

Whitney Lowe
• Orthopedic Approaches to Upper Body Disorders
• Orthopedic Approaches to Lumbo-Pelvic Pain

Carole Osborne
• Pregnancy Massage 101

Tom Myers
• Anatomy Trains: Clinical Applications of Myofascial Meridians
• Beyond Good Posture

Tracy Walton
• Massage in Cancer Care
• More About Cancer & Massage
• Cardiovascular Conditions & Massage

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