Touch Therapies in Palliative Care: Enhancing the Patient Experience

“It makes you feel that you are not just a thing - you are a Person…”

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OBJECTIVES

1. Relevance and benefits of touch therapies
2. Touch therapies versus Massage Therapy
3. Credentialing and training
4. Delivery models and costs
5. Touch Therapies and Massage Therapy at VA facilities
6. Steps to bring or expand TT & MT services at your facility
7. Conclusions and questions
Relevance and benefits: TT and MT

- Evidence-based non-pharmacological interventions
  - Great safety record
  - Comfort, relaxation, wellness, self-healing
  - Enhance symptom management, QOL and psycho-social support
- Welcome and desired by most patients and families
  - Enhance patient and family experience
- Promote healing relationships and healing environments
Massage Therapy decreases pain /anxiety, improves sleep /fatigue symptoms, increases quality of life in patients with cancer and patients receiving palliative, geriatric or end of life care [Kutner et al, 2008; Mitchinson et al, 2014]

Massage therapy decreases post-operative pain and hospitalization time in Veterans [Mitchinson et al, 2007; Wang et al, 2010]
Evidence- Examples (Cont.)

* Caring touch decreases pain and anxiety, improves sleep and quality of life in hospice patients [Kutner et al, 2008; Collinge et al, 2012]

* Namaste Care (complex intervention incl. loving touch) increases quality of life, and decreases agitation and anti-psychotic medications in patients with advanced dementia [Simard & Volicer, 2010; Fullerton & Volicer, 2013]
Video: TT & MT promote healing relationships & healing environments

* Video Segment # 2:
Touch Therapies and Massage Therapies at the VA, Employee Education System Production, 2015
2. Touch therapies vs Massage Therapy
Touch Therapies
caring touch

Massage Therapy
caring touch + expert tissue manipulation
Touch Therapies

Touch, Caring & Cancer

Benevolent Touch

Namaste Care

Third Annual Palliative Care Institute Conference
Who might benefit from Touch Therapies in PC?

- Inpatients and outpatients
- Patients waiting for appointments or radiation treatment
- Cancer patients during chemotherapy infusion
- Pre/post-surgery & ICU patients
- LTC residents: including those with dementia /other cognitive impairments
- Family caregivers and health care providers!
Namaste Care: The power of loving touch, music, aromatherapy and continuing meaningful activities

https://www.youtube.com/watch?v=5NWYQB2aFdM

- Increases residents’ QOL
- Decreases behavioral symptoms & anti-psychotic use
Residents involved in NC for at least 30 day showed decrease in withdrawal, delirium indicators, trend for decreased agitation pre/post NC implementation (Simard & Volicer, 2007; Volicer, 2007).

Severity of behavioral symptoms, pain & disruptiveness significantly lower after NC implementation (Nicholls et al, 2013; Simard & Volicer, 2007; Stacpoole et al, 2015).

Decreased antipsychotics and hypnotics use over a 4-month period, discontinued utilization for some patients. (Nicholls et al, 2013; Simard & Volicer, 2007; Stacpoole et al, 2014).
Massage Therapy

Various techniques
- Swedish
- Deep tissue
- Lomi-Lomi
- Reflexology
- Others

Reflexology may be offered by LMT or Certified Reflexologist
Who might benefit from Massage Therapy in PC?

* Inpatients and outpatients [adapted to conditions]
  * Chronic pain (incl. arthritis, Spine Cord Injury, etc.)
  * ALS and other neuro-degenerative diseases
  * Oncology (“Oncology Massage”)
  * Heart Failure, COPD, etc.
  * Post-operative pain and pre-op preparation
* Family caregivers, health care providers & hospital administrators
VA Ann Arbor Medical Center - Prospective outcome study (Mitchinson et al., 2013)

- 153 palliative care pts, diverse conditions incl. advanced cancer, COPD, end-stage KD, congestive heart failure, dementia, etc.
- 20-minute sessions MT tailored to patient’s condition
- Significant decreases in pain and other symptoms
Population-based Palliative Care Research Network (Kutner et al., 2008)
- RCT with 380 hospice pts, caring touch compared to MT
- Both groups decreased pain, and improved mood & QOL
- Massage showed greater magnitude
“Touch, Caring and Cancer” program (Collinge et al., 2013)
- RCT with 97 patient/family caregiver, multi-ethnic/multi-lingual dyads
- Instruction via 78-minute video (DVD) and manual
- 29%-44% decrease for pain, fatigue, stress/anxiety, nausea; significant gains in caregiver efficacy & comfort using touch

- Results replicated by *pilot with Veterans and spouses at Seattle VA Medical Center* (Kozak et al, 2014)
3. Credentialing and training
Touch Therapies

- Anyone receiving appropriate training can provide TT
- Training: short and affordable
  - Staff, family caregivers and volunteers
  - Facilitates wide access to caring touch

- Provides comfort, relaxation, psycho-social support
  - Enhances care environment and patient experience
Massage Therapy

- Expert tissue manipulation
- Focuses on specific therapeutic goals
- Requires licensed providers: 500-1000 hours of professional training + exam
  - Licensed Massage Providers - LMP
  - Licensed Massage Therapist - LMT
- State licensing available in most US states
- May be within scope of practice for nurses in some states
4. Delivery models and costs
**Touch Therapies**
**Delivery and Costs Comparison**

* **Benevolent Touch:** ~ $60 per person
* **Namaste Care:** Two 2-day training sessions on site, including phone support and hands-on supervision time $7,000 (including up to 20 staff)
* **Staff Training for basic massage:** Free if staff available who can provide training
* **Soft-Touch:** Free training manual available (Planetree)
* **Touch, Caring & Cancer Program:** $18-$30 per DVD/manual copy; also streaming option
**Massage Therapy Delivery and Costs Comparison**

- **Massage Therapist FT employee @ 40 hours/week:**
  
  $60-75K+ 30\% \text{ benefits} = (\text{depending on market})$

- 20 massages per week = 1040/year

- Plus 20 hours/week spent in training and supervising other TT and MT program

- **Massage Therapist contractor:**
  
  $80/\text{hour} @ 20/\text{week} = 1040/\text{year} = $83,200

- Only 20 massages/week

- Issues with cancellations, scheduling, etc.
<table>
<thead>
<tr>
<th>Example: Delivery &amp; Costs program offering MT/TT, mix model</th>
<th># of MT /TT encounters/ week</th>
<th># of Providers</th>
<th>length session [min]</th>
<th>Cost per session</th>
<th>Total # touch encounters/ year</th>
<th>Total Cost / year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LMP contracted</strong></td>
<td>20</td>
<td>1</td>
<td>60</td>
<td>$80</td>
<td>1,040</td>
<td>$83,200</td>
</tr>
<tr>
<td><strong>LMP Full-Time Employee</strong></td>
<td>20 hours /week MT</td>
<td>20 hours/week training &amp; supervision TT programs</td>
<td>20</td>
<td>Incl. in salary</td>
<td>1,040</td>
<td>$83,000</td>
</tr>
<tr>
<td><strong>CNA</strong> provides hand &amp; foot massage while applying lotion; or scalp massage while washing hair, etc.</td>
<td>10</td>
<td>4</td>
<td>20</td>
<td>Incl. in salary</td>
<td>[40*52] = 2,080</td>
<td>Training costs [if any] $1,000</td>
</tr>
<tr>
<td><strong>Volunteer</strong> offers hand massage</td>
<td>4</td>
<td>4</td>
<td>15</td>
<td>0</td>
<td>832</td>
<td>0</td>
</tr>
<tr>
<td><strong>LMP encourages use of TCC Program for 2 caregivers of cancer patient /week</strong></td>
<td>3</td>
<td>2</td>
<td>30</td>
<td>0</td>
<td>[3<em>2</em>52 but potentially 3<em>100</em>52] = 312-15K</td>
<td>$20 per copy bulk price</td>
</tr>
</tbody>
</table>
Video – Delivery Models

Video Segment # 3:
Touch Therapies and Massage Therapies at the VA, Employee Education System Production, 2015
5. Touch Therapies and Massage Therapy at VA facilities
MT and TT at the VA

- First program implemented in 2001
- Main barrier: lack of occupational code to hire LMT/LMPs
  - Hired RNs/LPNs/PT assistants with massage license
- Programs started at many different facilities, historically issues sustaining programs (specially MT)
- Programs including TT easier to maintain
- Community Living Centers (nursing home/LTC) ahead in implementation
Touch Therapies Used at the VA

- Benevolent Touch
- Soft-Touch (Planetree)
- Touch, Caring & Cancer Program
- Reflexology (OT)
- Namaste Care (undergoing implementation)
- Staff Training for basic massage (just produced)
MT and TT at the VA in the present

- Developing occupational code (VACO), expected 2017
- “Whole Health:” integrative therapies part of ‘VA’s own’ PCC model
- Touch Therapies and Massage Therapy implementation toolkit and educational videos
  - Providing ‘one stop’ information, forms, policies, procedures to replicate implementation
Video – TT and MT at the VA

Video Segment # 4:

Touch Therapies and Massage Therapies at the VA, Employee Education System Production, 2015
6. Steps by step: how can you bring or expand TT services at your facility?
How can you bring TT & MT or extend services you already have at your facility?

- Leadership and staff “buy-in”: Images, Stories, Experience, Evidence (I SEE)
- Identify staff already trained – champion?
- Design appropriate delivery model
- Choose modalities according to service goals
  - consider staff, family caregivers, volunteers or combination
  - Sponsor low cost in-house trainings
  - Partner with Volunteer Services
- Develop/adapt policies and procedures
How can you bring TT & MT or extend services you already have at your facility?

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Small group discussion: How can you bring TT & MT or expand services at your facility?

1. Imagine your strategy: using Images, Stories, Experience, Evidence (I SEE) at your facility
2. Have you identified staff already trained in TT/MT?
3. What would be an appropriate delivery model for your facility?
4. What would be your service goals?
   • staff, family caregivers, volunteers, combination?
   • Possible in-house training?
   • Partner with Volunteer Services?
5. Do you have policies and procedures in place? Where would you find models to use/adapt? Anything else you may need?
7. Conclusions and questions
Conclusions

Touch Therapies and Massage Therapy

* Bring patient-centered care to a new level
* Can enhance patient, family and provider experience
* Should be offered widely in PC, with ongoing access for all who want them
* Implementing TT & MT is...
  * Easy, if you know how to maximize resources
  * More affordable than people think
  * A much needed addition to every palliative care environment
Video – Low Tech and High Touch

Video Segment # 5

Touch Therapies and Massage Therapies at the VA, Employee Education System Production, 2015
Links To Touch Therapies

* Touch, Caring & Cancer Program: [www.partnersinhealing.net](http://www.partnersinhealing.net)


* Namaste Care: [http://www.namastecare.com/](http://www.namastecare.com/)

* Soft-Touch: [http://www.griffinhealth.org/News/Post/11270/](http://www.griffinhealth.org/News/Post/11270/)
Thank you to our video mavericks:

EES Salt Lake, VHA

Satori Seven Productions

http://www.satoriseven.com/
Sher Emerick-Safran and Rob Safran
Thank you!
I hope you feel inspired
to bring TOUCH THERAPIES & MASSAGE THERAPY
to your facility or extend services you already have!

You can watch integrative palliative care videos in my channel
https://www.youtube.com/playlist?list=PLp2unjw6823XmpGdgIlIlUPwQF-OFKXNb

For questions, stories, more resources or just want to connect:
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leila.kozak@gmail.com (non-VA consultations, exchanges, etc.)