

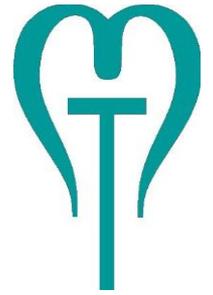
Invitation to Ohio: Healthcare Innovation

Discussion Framework

M. T. Wellness



M. T. Wellness: BACKGROUND INFORMATION



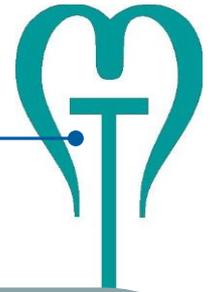
- M.T. Wellness founded in 1997 by Thuy Bowyer. She has:
- Worked with chronic pain patients and their healthcare providers.
 - By performing over 40,000 treatments for almost 5,000 patients with chronic pain conditions ranging from normal pain to centralized or psychogenic abnormal pain.
- Participated in Pilot program at Honda for Early Intervention from ~1998-2004.
- Worked with LMTs from 1997-2016.
- Participated in several companies' annual health fairs and regular well care assessments from 2001-2016 (e.g., Chemical Abstracts, OCLC, OSU, etc.).
- Participated in and conducted Research, Training and Development ~ 2011- Present.
- Published research article in Journal of Family Medicine and Disease Prevention (JFMDP) in 2018.

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MRMT[®]: Low Back Pain manuscript



Medical Restorative Massage Therapy as a Novel Treatment for Chronic Low Back

Pain: A Retrospective Study.

Thuy Bowyer*, Jennifer R. Larson, Deborah M. Grzybowski, and Kedar Hiremath

Abstract

Background: Low back pain (LBP) is the most common form of chronic pain yet there is still a need for an effective treatment for patients with chronic low back pain. LBP is often treated with various forms of complementary and alternative medicine (CAM) techniques including massage therapy. However, there are conflicting and contradictory findings on the effectiveness of these techniques for the treatment of LBP.

Objectives: To determine the efficacy of Medical Restorative Massage Therapy (MRMT[®]), a multidisciplinary therapeutic intervention that incorporates a structured assessment and personalized hands-on interactive manual approach for the treatment of patients with chronic pain, with emphasis in this study on chronic low back pain.

Study Design: Retrospective study of data collected from patients diagnosed with chronic LBP and treated with MRMT.

Setting: Clinical treatment center.

Methods: From 2008-2012 MRMT was used to treat 143 adult patients (104F; 39M) with 7 ICD-9 codes (724.1-724.7) for chronic LBP. MRMT includes a structured assessment at the beginning of each session and focuses on pain reduction, restoration of physical function, and patient education/self-care. Chronic pain improvement was measured on a modified Wong-Baker 10-point scale and increases in function and quality-of-life were assessed using a self-reported 5-point survey of 17 different physical activities and medication use. Data on levels of pain were collected prior to each treatment. Quality-of-life data were collected using surveys completed by each patient before their first treatment and by returning patients again in 2010.

Results:

For patients with chronic LBP, the mean initial pain rating was 5.8 +/-2.3. Following MRMT treatment, patients reported an average pain level of 3.4 +/-2.1, which is a 40% decrease in pain ($p<0.001$) using the same 10-point pain scale. Patients treated for LBP in 2011 were surveyed for quality-of-life and medication use and those who had undergone MRMT for more than 1 year self-reported an average increase of quality-of-life indicators of 23%, an 85% reduction in the use of other therapies, and of the patients who reported using prescription medication to treat their chronic LBP prior to MRMT, 50% discontinued using prescription medication after MRMT.

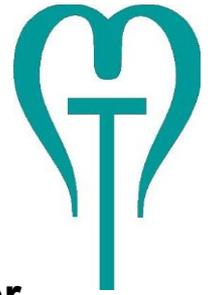
Limitations: Absence of a control, untreated group due to the retrospective nature of the study.

Conclusion: Manual therapy, when performed using a structured assessment and personalized treatment approach, such as MRMT, is an effective treatment for chronic low back pain.

Results 1 year post MRMT[®] treatment:

- 40% pain reduction
- 50% discontinuation in use of prescription medication
- 23% increase in quality of life
- 85% reduction in the use of other therapies

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M. T. Wellness - MRMT®



CDC article published in September, 2018 stated: 50 million Americans reported hurting every day (or almost everyday) in the previous 6 months.

Our records show- MTW chronic pain patients experienced daily pain (or almost everyday) for more than 12 months.

MTW patients share lack of knowledge of musculoskeletal awareness!

MTW patients wished they had learned about musculoskeletal health sooner!

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MRMT[®] Research data report piqued the interest of AG DeWine in 2016



MRMT[®]: an effective alternative to prescription drugs for people living with chronic pain (based on 2016 data)



Patient Data		
Male	88	22%
Female	249	78%
Average Age	62	
New patients this year	67	
Average number of visits per patient	6	
Average patient pain rating	3	
Average patient function rating	81	
Treatment for:		
Pain	183	67%
Loss of Function	13	6%
Both	102	38%
Other	7	2%
Acute	146	48%
Chronic	164	62%

Medications Taken at Initial Visit		
Pain reliever	83	22%
Muscle Relaxer	146	38%
Anti-inflammatory	8	2%
Anti-depressant	1	0%
Anti-anxiety	1	0%
Anti-convulsant	0	0%
Sleep aid	1	0%
Multiple	146	38%
Discontinued medication since initial treatment?		
Y	76	40%
N	113	80%

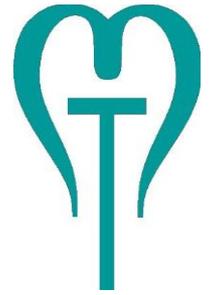
40% of patients discontinued pain medications with MRMT[®]

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Problem: Musculoskeletal Pain

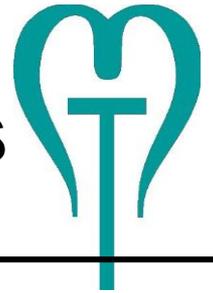


- Musculoskeletal impairments are a major contributor to chronic pain and functional disorders.
- Unfortunately, our current primary healthcare system does not appreciate this nor address it until disability, absenteeism, or chronic conditions develop among workers.
- The Ohio Governor's Cabinet Opioid Action Team encouraged insurance companies to provide support for non-pharmaceutical interventions for pain management.

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Shared: Common values and beliefs



Ohio BWC

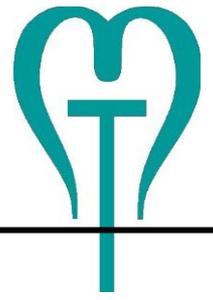
Workplace Wellness Grant Program to partner with employers to develop a healthier workforce.

- Financially assisted employers in creation and implementation of a wellness program up to \$15,000 to eligible employers until the grant funds are no longer available.
- Goal is to limit and control the escalating cost of workers' compensation claims by addressing health risk factors.

MTW

MTW-MRMT to partner with Dave Fox (DF) Company to develop a healthier workforce.

- Examined the cost savings and how to shift from “vital signs only” wellness to adding on musculoskeletal assessment in the work environment.
- Shared costs between MTW and DF from January 2017-June 2018 for a pilot study initiative aimed at improving employee health and safety and to improve productivity and reduce costs to our state of Ohio.



Shared: Common values and beliefs

Ohio BWC-Better You, Better Ohio!

Was designed to provide health and wellness resources and services to help employers with 50 or less employees to develop a healthier workforce by helping their workers identify a life changing disease before it strikes.

Intervention-

- Used cardiovascular-related biometric screening either through physician's office, a specific lab or self-administered.
- Used self-reported information via computer questionnaires for health risk assessment.
- If results from these 2 areas show comorbidity, then life management coaching calls are encouraged.

MTW-MRMT

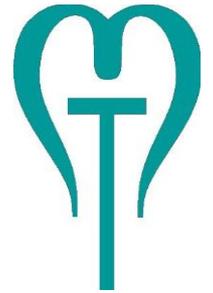
Planned to partner with Dave Fox (DF) Company with ~50 employees to develop a healthier workforce by helping the workers identify their ***musculoskeletal health*** condition before it strikes.

Innovation-

- Used accepted method of analyzing musculoskeletal assessment in the work environment to identify potential problems before they arose and promoting solutions such as (1) using SI belt to counteract carpenter tool belt to reduce pelvic obliquity that could lead to low back and hip pain; (2) using dynamic foot rest to help support employees at their desk.
- Used personalized face-to-face interview for individualized health risk assessment for awareness, education, and training.



Our request for Innovation Recognition for: **Dave Fox Company (DF)**



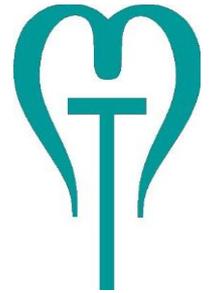
- DF demonstrated exemplary efforts in caring for its employees.
- Shared belief with BWC's philosophy of keeping workers healthy and that "safety should never be an afterthought or a simple line item on a balance sheet".
- Created an Employee Wellness Program that includes one-on-one time spent with each of the employees at their work site for:
 - Musculoskeletal screening as part of the well-care focus for their health and safety. **This is Innovation.**
 - Personalized health risk assessment, awareness, education and training, lifestyle and disease management programs encouraged and embraced by the President of the company. **This is Intervention.**

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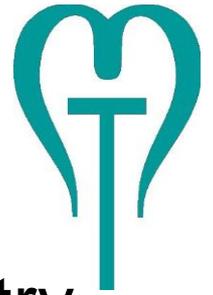
Our Solution: Healthcare Innovation



1. This gap in our healthcare delivery - lack of attention paid to musculoskeletal health issues - needs to be addressed with education, increased awareness, and appropriately trained staff in musculoskeletal health assessment and management.
2. We believe this training must begin at the grassroots level.



Our Vision: Healthcare Innovation



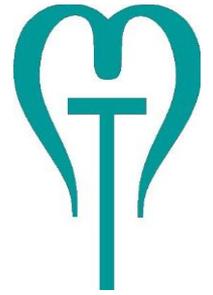
- Empower our students with new skills for entry into the healthcare field by introducing a new course series at the undergraduate level.
- Establish comprehensive healthcare “wellness” evaluations by increasing awareness of the importance of good musculoskeletal health in the workplace and elsewhere.
- Collaborate with local businesses to expose students to a work environment so they can hone their new communication skills in a real world setting and also avail of any job opportunities.

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Our Vision: Healthcare Innovation



Implementation of our Vision

Initially through Capital University, students would learn:

1. how to communicate and interact with individuals in the work place;
2. how to conduct individual musculoskeletal general assessment in the work place;
3. how to gather quality data using research methods, write reports and make recommendations based on a structured Musculoskeletal health assessment and scoring system that has been published in the Journal of Family Medicine and Disease Prevention (JFMDP) while using BWC wellness program vendor guidelines to assist the company.

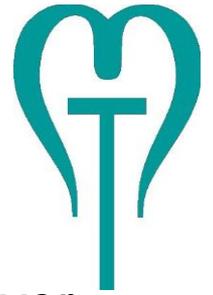
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Our Vision:

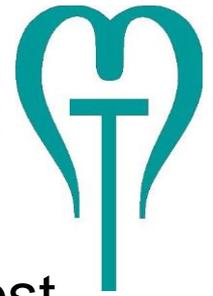
Collaboration and Implementation



1. **Short term:** to offer scholarships to qualified students to cover partial tuition to encourage them to register for this course during the first two years it is offered. Students will also receive credits towards their graduation requirements.
2. **Long term:** expand to other local universities, so that success of this initiative will result in Capital and other Universities making these electives a part of their regular course offering so that musculoskeletal health assessment by trained professionals could eventually become part of our primary medical care to achieve the following goals:
 - Chronic pain is reduced or eliminated
 - Physical function is restored
 - Pharmaceuticals use is eliminated or reduced
 - Invasive procedures are avoided
 - Health care cost savings is achieved through intervention and prevention



Accelerating Adoption: Ohio first!



- **Results for Ohio:** decrease in drug use, healthcare cost reduction, healthier, more effective workforce for Ohio businesses, job creation
- **Critical success elements:**
 - Pipeline of healthcare students to conduct annual musculoskeletal health assessment while learning how to communicate one on one and apply their skills through externship
 - Ohio encourages this **Workplace Wellness Program** as collaboration between higher education institution and companies
 - All healthcare insurance encourages **Workplace Wellness Program**
 - Consumers well informed on **Workplace Wellness Program** options

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How can we collaborate? Ohio first!

- Key discussion topics:
 - Are there questions about our BWC proposal?
 - Can BWC fund off-cycle?
 - We want to grow our ideas in Ohio and seek your support and guidance.