

Department of Veterans Affairs Multiple Sclerosis Centers of Excellence

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In 2001, Congress directed the VHA to establish the Multiple Sclerosis Centers of Excellence (MSCoE) for clinical care, education, informatics, and research. Since the MSCoEs were established 2 years later in 2003, they have increased their reach through a network of more than 70 regional multiple sclerosis specialty clinics that provide direct patient care to the more than 28,000 veterans within the VHA who seek management of their illness.



Federal Practitioner's 30th anniversary celebration continues with the spotlight this month on the accomplishments of the Department of Veterans Affairs Multiple Sclerosis Centers of Excellence.

The Department of Veterans Affairs Multiple Sclerosis Centers of Excellence (MSCoEs) were established in 2003 to improve access and quality of care for veterans with multiple sclerosis (MS). Accomplishments include the establishment of a network of more than 70 regional MS specialty clinics; the approval of an MS handbook of care; the recent introduction of 3 new disease-modifying therapies; the implementation of a national MS education program for veterans, caregivers, and providers; and support of a diverse MS research program, covering issues

such as the development of new disease-modifying therapies, evaluation of symptomatic therapies, assessment of new models of care, and epidemiologic studies of MS.

BACKGROUND

More than 28,000 veterans with MS, over 8,000 with a service connection, obtain their care in the VHA. With the advent of new disease-modifying therapies over the past 20 years, the care of veterans with MS has become increasingly complex and costly. In 2001, Congress directed the VHA to establish 2 MSCoEs for clinical care, education, informatics, and research. In 2002, based on competitive applications, 2 centers were selected. One is at the VA Medical Center in Baltimore, Maryland, in VISN 5, serving VISNs 1 through 11. The other jointly-based center is at the VA Puget

Sound Health Care System in Seattle, Washington, and the Portland VAMC in Oregon, both in VISN 20, serving VISNs 12 through 23. The centers were directed to establish national standards for the care of veterans with MS and to develop a hub-and-spoke network of affiliated regional MS programs to provide patient access to subspecialty care across the country.

ADVANCES IN THE CARE OF VETERANS WITH MULTIPLE SCLEROSIS

The existence of the MSCoEs provides an established structure through which new information can be disseminated to providers in the field and where the issues in the field can be quickly relayed to key stakeholders.

The MSCoEs have established a network of regional MS programs, developed and gained approval for a VA handbook of MS care, evaluated and implemented new informatics-based approaches to health care management, and introduced 5 new pharmacologic therapies for MS. In order to provide convenient

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access to health services, the MSCoEs established standards for regional centers and recruited more than 70 centers based in VAMCs that provide direct care to more than 70% of veterans with MS who obtain their care through the VHA. A national MS surveillance registry has been established and maintained with a new input portal within the computerized patient record system. The MSCoEs have supported the regional centers by advocating at a national level for resources and direct provider support, and through the MSCoE national education program, advances in informatics, and collaborative research and clinical demonstration programs. The MSCoEs developed a handbook of MS care covering all aspects of MS health services, from pharmacologic therapies to counseling to staffing requirements, using input from a wide range of stakeholders. The handbook gained approval by the VA Undersecretary for Health in 2009. (Visit <http://www.va.gov/MS/Handbook/> for more information.)

The MSCoEs have evaluated the use of videoconferencing in providing evaluation and management of veterans in sites without MS specialty care and have begun demonstration projects of a novel Internet-based telemanagement system in the mid-Atlantic and Northwest regions (VISNs 5 and 20). The MSCoEs have evaluated the use of 2 different home-based monitoring systems and have earned support for the integration of one of the systems into the VA's patient portal, My HealtheVet.

The MSCoEs have worked with the VA's Pharmacy Benefits Management Program on the introduction of 5 new pharmacologic therapies

for MS. Each therapy has led to new clinical, educational, and informatics opportunities to implement consistent appropriate and safe national access.

DEVELOPMENT OF A NATIONAL SYSTEM OF MULTIPLE SCLEROSIS EDUCATION

The educational program has played a key role because of rapid advances in treatment with the introduction of new pharmacologic therapies. The MSCoEs have used a range of educational approaches to keep veterans with MS, caregivers, and MS providers across the country up-to-date. Initial approaches, based on traditional print, face-to-face, and web-based instruction, are increasingly being supplemented by conference calls, live Internet programs, customizable adaptive content accessible on the Internet, and store-and-forward content. Advances in education have made up-to-date information on treatments available across the country.

ADVANCES IN MULTIPLE SCLEROSIS RESEARCH

Research supported by the MSCoEs has led to significant advances in a wide range of research areas, from basic research to clinical studies to epidemiology. Laboratory studies have provided important new information about the pathophysiology of inflammation in MS lesions, including the effects of cigarette smoke exposure and vitamin D, and new approaches to neuroprotection. Clinical research studies have shown the value of new approaches to the symptomatic treatment of MS. Systems-level studies have evaluated the use of telemedicine and web-based

approaches in disease management.

Health services studies determined the costs of MS care and allowed the realignment of resource allocation to adequately cover the costs of care. Epidemiologic studies have demonstrated the role of vitamin D and smoking in MS risk and severity, as well as the impact of comorbid conditions, such as depression, obesity, and sleep disturbances. Recent epidemiologic studies have examined the impact of deployment on the risk of developing MS among veterans.

CONCLUSION

The establishment of the MSCoEs has supported a national system of care that has improved access to care, created uniform standards of care across the system, expanded individualized education related to MS, and contributed to research that is focused on improving the lives of veterans with MS. ●

Author disclosures

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