Addressing Gaps in MS Care

November 6, 2015
11:00 AM - Noon
Learning Objectives

• Understand and confidently communicate the barriers to MS care caused by the shortage of healthcare providers with MS experience, particularly in some geographic areas

• Learn about the ways the Society is expanding MS care throughout the country
Agenda

• Background
• Access to Care Principles
• Defining gap areas
• Our approach to addressing gaps in care
• Three examples:
  – Careers in MS web-pages
  – MS Project ECHO
  – ArcGIS map
• What’s next
Background

• Estimated physician shortage
  – Aging physician workforce
  – 15 million people eligible for Medicare
  – 32 million newly insured through the Affordable Care Act

• Predicted neurologist shortage
  – 19% shortfall predicted by 2025
  – People with diagnoses such as Alzheimer’s disease, Parkinson’s disease and multiple sclerosis face longer wait times, and this is particularly alarming since one in six Americans are currently affected by a neurological disorder
Background

• “Living with MS in Rural America”
  – 46% less likely to have a neurologist
  – Less likely to have seen several types of health care providers
  – Travel an average of 103 miles to MS physician (versus 26 miles for urban)

• Early Recommendations
  – Facilitate greater access to telemedicine
  – Train healthcare providers regarding MS care
  – Use innovative partnerships with already established rural healthcare providers
Access to High Quality MS Healthcare Principles

• Guide the work – reflects the voices of people with MS

• Established platform for systemic change
  – Insurance and treatment affordability
  – Pharmaceutical pricing transparency
  – Wellness treatment reimbursement
  – **Meaningful provider relationships**
Gap Area

... the absence of or barriers to comprehensive MS care. Gap areas can be a result of geography – including rural/urban as well as proximity to MS specialty care – and/or related to disparities in:

- The scope of services and providers available
- Provider levels of MS-knowledge and connection to the Society
- Accessibility of community and provider office
- Treatment services for underserved populations – including those with progressed disability, culturally diverse, etc.
- Insurance coverage – including no coverage, under-insurance
Our Approach

**Collaborative partnerships**
- Partners in MS Care
- Healthcare professional engagement
- Healthcare volunteer leaders

**Grow the MS workforce**
- Careers in MS webpages
- Outreach / training opportunities students
- Post-doctoral MS training and fellowships

**Educate & connect healthcare professionals**
- Professional Resource Center
- Connect to MS education and networking opportunities
- Information and Resource Center

**Advocacy**
- Federal and state policy work
- Advisory Committee on Access to MS Medications
- Insurance barriers
Example #1: Careers in MS Webpage

- Purpose: Interest individuals to explore careers in MS clinical care and/or research

[Careers in MS web pages](#)
Launched in 2015; refreshed quarterly
Example #2: MS Project ECHO

- Purpose: build capacity & confidence of rural & community providers to treat people with MS
Example #3: Mapping Tool

• Purpose: Identify geographic gaps in care for strategic discussions about potential solutions and prioritizing

http://arcg.is/1JUCmt5
What’s next?

• Advisory Committee on Access to MS Medications
  – Addressing coverage barriers
  – Cost of MS medications

• Telehealth
  – Innovative approaches to improve access to medical care as well as wellness and symptom management strategies

• Expanding training opportunities
  – Fellowships: Nurse practitioners, physician assistants, medical students
  – Resident training

• Mental health providers
  – Building capacity and expertise
So many priorities:

Where should we start?

Where might we have the most impact?