



**MS Learn Online  
Feature Presentation  
Managing MS: A Team Approach  
Jodie Haselkorn, MD**

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**Tracey>>** Welcome to MS Learn Online. I'm Tracey Kimball

**Tom>>** And I'm Tom Kimball. MS is a complex disease and requires a variety of professionals to help manage it.

**Tracey>>** I look at it as a team project. A critical part of my team is my husband, Tom.

**Tom>>** As Tracey's husband, I can add a day to day perspective that's important for the professionals.

**Tracey>>** Dr. Jody Haselkorn with the Puget Sound VA Hospital in Seattle spoke with correspondent Rick Somers about the importance of taking a team approach in managing your MS. She believes the process starts at home.

**>>Jody Haselkorn:** The person with MS and their significant others are really central to the team and really the driver of where the team goes. It's through that person's viewpoint that we really can identify the issues that are important, how they're limiting activities and social participation, and develop a plan that really enhances their function as well as their quality of life.

So, without that person and their family or others' significant impact, the car doesn't know where to go.

>>**Rick Somers:** Do you have situations where the family is very much wanting to get the team up and running but the patient may be resistant? Do you ever encounter that?

>>**Jody Haselkorn:** Sure. Sure. Or vice-versa. I mean, not everybody is coming at it from the same place. And I think that's also true for team members, and that's really the role of a team leader and of being part of a team is we get together and we identify where we're going and get everybody on the same page and develop a map or a plan to get there.

>>**Rick Somers:** Now, how do you assemble a team? Do you have a formula, so-to-speak, and decide we need one from column A, two from column B, and this person will run the team?

>>**Jody Haselkorn:** It's kind of like baking -- I suppose it's a little like baking a cake, in the sense that you really need the right ingredients, and then putting it together in the right proportions, I suppose.

>>**Rick Somers:** Well, let me interrupt you and ask you what are those ingredients?

>>**Jody Haselkorn:** Well, I think a solid primary care provider, a neurologist. If there's someone who has some limitations, then a good rehabilitation provider. And good communication between the three of those, I think is a great place to start. Other healthcare professionals are as, if not more important as well. And these might include rehabilitation or neurological MS nursing, physical therapy, occupational therapy, social work. You're a social worker, I believe.

>>**Rick Somers:** Right.

>>**Jody Haselkorn:** Speech pathology, and sometimes recreational therapy, or leisure management, as well as a vocational counselor all could be key players.

>>**Rick Somers:** If I'm newly diagnosed or my loved one is newly diagnosed, that seems like a daunting task to try and assemble this team.

>>**Jody Haselkorn:** Sure.

>>**Rick Somers:** How is it facilitated?

>>**Jody Haselkorn:** Well, you may not do it for somebody who is newly diagnosed.

>>**Rick Somers:** Okay.

>>**Jody Haselkorn:** So, for someone who is newly diagnosed, as we look through their viewpoint and what their perspective is, they may want to know do I in fact have MS? Is there anything else? What can I do to treat this? And for those individuals, it would be unnecessary perhaps to involve a physical therapist or a social worker.

>>**Rick Somers:** Early on.

>>**Jody Haselkorn:** Early on. And so you may be really working with a neurologist and the clinical nurse specialist for MS primarily. And as and if that person starts to develop other impairments, then we're sort of bringing in other members or other ingredients (inaudible).

>>**Rick Somers:** It's kind of like flipping pages of the book and seeing how the story unfolds, and deciding. And you as a clinician seeing what family or loved ones participate in the healthcare process

and will help facilitate this person or that person, maybe seizing the moment, taking the ball and running with it.

>>**Jody Haselkorn:** Right, exactly. We've been using a lot of sort of cheesy analogies, but that's a good one in a sense that everyone is their own book. So, there is not a volume that's the same, and you just pull together people as necessary for an individual.

>>**Rick Somers:** I've never had my analogies referred to as cheesy before.

>>**Jody Haselkorn:** I referred to mine as cheesy.

>>**Rick Somers:** Well, listen, we're on the same page. Now, the VA hospital that you are at in Seattle has a unique system that helps build self-management. Can you tell us a little bit about that? What exactly is self-management?

>>**Jody Haselkorn:** Well, self-management is really part of the chronic care model that was described by Ed Wagner at the MacColl Institute.

>>**Rick Somers:** Okay.

>>**Jody Haselkorn:** And it refers to the person with MS really being the key individual who is systematically monitoring his or her own health status, and accessing professionals and community resources as they need to. So, they're really directing the team, driving the bus. It's really person-driven care. And that management really depends on an informed person, so they really need to know what's available to them, and they need to be able to advocate for themselves.

They also need informed providers. So, they need providers who understand what it is like for a person with MS at different stages of

the disease. And they need to be able to access the community. Where I think the VA has an advantage over some healthcare systems is in other components. And the other components that are important in self-management are delivery system design, decision support, and clinical information systems.

>>**Rick Somers:** What do you mean by delivery system design?

>>**Jody Haselkorn:** Well, an example of delivery system design that's happening in the VA, but also elsewhere throughout the country, might be same-day appointments. So, if you're directing your care and you identify a need that's happening to you today, you really don't want to wait a month to come in and see your provider or to talk to your provider; you'd really like to take care of that need today. And so the VA is moving toward same-day appointments and actually perhaps eventually over time phasing away scheduled appointments. So, it's care at the right time and in the right place.

The VA is also moving toward care outside of the medical centers. You no longer in many instances need to come in to see me in a clinic. For many of my patients, I've only recently discovered how burdensome that is. Intellectually, I knew it was hard for them to get dressed and to drive in and to wait in the waiting room to see me for a short period of time, for me to tell them that things are okay or that we were going to make some minor adjustments. But for my patients now who are on home telehealth monitoring, their communicating with me on a regular basis asynchronously.

So, they send me data, and the data that looks fine just gets boxed into this person's doing fine. The data that looks like they're in trouble gets a red alert, and I see it and I am able to call them and say, "I see you're having a little bit of trouble with your bladder today."

>>**Rick Somers:** I was going to ask you what some of that data would be?

**>>Jody Haselkorn:** Yes. So, we've looked at domains of handling your disease modifying therapy, your fatigue, your depression, your bladder, your bowel, and other sort of health factors like that.

**>>Rick Somers:** Wow! We're at a time where everything is on demand. We don't want to wait for anything, and as a MS patient I don't know of anything more frustrating than, "I'm sorry, the doctor is full and can't see you for five weeks." So, what you're talking about sounds like an incredible medical model that may be you'll assume the lead on for the rest of the country.

**>>Jody Haselkorn:** Well, I think we all will see more telehealth care and more home telehealth care over time. And so that's one example. And that doesn't mean sometimes as people are starting this program they think that maybe I don't want to see them or that I won't see them again. We do see each other, but actually frequently they are the people who say to me, "You know what, I don't think I need to see you. I really just need you to help me with X, Y or Z," and it saves them getting dressed, it often saves their significant other from taking time off of work and helping them get into the medical center. It saves transportation costs, waiting times, and they're able to go about the rest of their life, which is a lot more interesting than coming to the medical center.

**Tom>>** So it takes a village to treat a person with MS!

**Tracey>>** I think we've had enough of the cheesy analogies! But the point is, a team approach is the best way to manage MS.

**Tracey>>** It was interesting to me how Dr. Haselkorn spoke about self-management and to hear what the Puget Sound VA Hospital in Seattle is doing to allow people to self-manage their MS.

**Tom>>** We'd like to thank Dr. Jody Haselkorn for her great insight, and as always, thank you for joining MS Learn Online.