Multiple Sclerosis and Spinal Cord Care: Expanding Access and Coordination of Care in the VA

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CMSC Abstract

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ABSTRACT BODY:
Background: The Veterans Health Administration has a well developed system of care for Spinal Cord Injury/Disorders. VHA Directive 1176 provides integrated and coordinated multidisciplinary care to SCI/D veterans. Veterans with MS have been managed variably by primary care, neurology, or SCI/D depending on symptoms, point of entry, or presumed expertise and facility organization. At Hines VAMC, a MS clinic was created in January 2011 within the SCI/D service utilizing the VHA SCI/D Support Clinic model with an MSW Coordinator, nurse, and clerks.
Objectives: Within the SCI/D center, the MS clinic is unique by allowing providers to utilize a more holistic approach to treating MS. Thorough comprehensive assessments that emphasize physical function, pain, spasticity, bowel/bladder care, equipment needs, cognition and psychosocial functioning were conducted. It is believed that the Veteran’s quality of life (QoL) can be optimized via multidisciplinary care.
Methods: MS Veterans not seen within the previous 3 years were contacted to determine potential volume. Clinic development involved networking with the VA MS Centers of Excellence, MS community organizations, the Hines VA Neurology Department and direct outreach to MS Veterans.
Results: 482 Veterans were identified. 83 Veterans were scheduled with 68 of those, 31% received consultations, linking them to other providers. Of the 31%, 74% received new equipment to better improve their functioning. It was discovered that 2% of Veterans seen were misdiagnosed in the past with MS. Veterans seen in the clinic were given educational handouts that included handouts of MS Veterans Benefits, VA and Non-VA Resources, nutritional education and information regarding other resources that are accessible through the SCI/D center. Instances of significant QoL improvements are presented and discussed.
Conclusions: The MS clinic in the SCI/D center has made a significant contribution to MS care for Veterans. Qualitative feedback suggests Veterans have been very pleased with the specialized attention in the clinic. Organization and management of the clinic was easily integrated into the existing structure of the SCI/D service. SCI/D expertise can be a valuable adjunct to MS care.

The MS Team


The VHA Directive 1176 describes the delivery of care available to SCI/D patients within the VA system. It is an integrated model emphasizing coordinated care that is provided on a continuum: inpatient care, rehabilitative care, home based care, outpatient care and long term care. Within the SCI/D center, a multi-disciplinary approach is utilized for the care of SCI/D Veterans. Veterans are treated by or have access to physiatrists, nurses, physical and kinesio therapists (PT & KT), social workers, psychologists, dietitians and recreational therapists. The SCI/D system of care is organized on a “Hub and Spoke” model. The Hines VA “Hub” supports “spoke” facilities throughout Illinois, Indiana and Michigan areas. Spoke sites send their patients to the Hines VA for annual evaluations, respite care, and other services that the spoke sites are not able to provide.

MS patients may have lesions in the spinal cord thus including such patients in the SCI/D system of care through the SCI/D outpatient clinic will provide MS patients a more holistic approach to treatment. The MS clinic in SCI/D does not replace traditional MS neurological care but is a supplement in the unique care of MS patients. Through the outpatient clinic, a Veteran with MS meets with a social worker, a nurse and a physiatrist on an annual basis. Depending on his or her needs, additional services are consulted as appropriate and the Veteran can discuss his or her VA benefits.

Setting up the MS Clinic

Networking with the MSCoE (MS Centers of Excellence) in the west coast: Seattle and Portland VA’s.
Collaborating with the Hines VA Neurology Department.
Communicating with community MS organizations
- The Northern Illinois MS Society
- MS Foundation
- Consortium of MS Centers
Coordinating with Information Resource Management to develop a patient list of veterans diagnosed with the MS ICD-9 code.
Locating physical space for clinic evaluations (see Assessments below). Two patients are seen each Friday by the MS team in the SCI/D outpatient clinic.
Calling Veterans to inform them of the new clinic and to set up appointments.
Setting up an informational booth during MS Awareness month to provide resources and recruit referrals.
MS team attended the 2011 annual meeting of CMSC in Montreal, Quebec to gain more knowledge and network.

Nursing Assessment

I. Vision, smell, taste/swallowing
II. Bed and wheelchair type
III. Skin condition
IV. Bladder/Bowel Care and Symptoms
V. ADL’s functioning
VI. Chronic Pain
VII. Depression or mood swings
VIII. MS Education

Physician Assessment

I. Patient Demographic
II. History & Physical examination
  I. Symptoms, type of MS, date of diagnosis, medication, family history
III. Mini Mental Status Exam
IV. FIM
V. EDSS
VI. Assessment

Psychosocial Assessment

I. Living arrangement
II. Social Supports & Care giving system
III. Smoking history
IV. Involvement in MS organizations
V. MS services outside the VA
VI. MS benefits currently receiving

Ways the MS Clinic has benefitted our Veterans

1. A Non Service Connected patient and his wife attended the clinic. The patient was diagnosed within 7 years of his onset from his military, making him eligible for 100% Service Connection since 1965. As neither were aware of this eligibility the Veteran was not receiving VA benefits as he was entitled. The MS clinic staff were able to connect him with a national service organization. Currently, the Veteran is 100% Service Connected and receiving the full benefits.
2. A female patient was treated in the MS clinic. During her physiatrist evaluation she complained of longstanding and increasing difficulty swallowing. A speech pathology consult was successfully instituted within 1 week with follow up. If the consult was not made, the patient could have potentially hurt herself during her meals.
3. A patient and his wife reported that they were concerned that they were embarrassed to leave their homes due to the patient’s bladder accidents. After GU dynamics, a catheter was provided. The patient reported feeling more comfortable leaving home and not feeling imprisoned due to his bladder issues. His quality of life improved.

Future of the MS Clinic

• A yoga program for MS patients
• Expanded clinic hours
  • Expanding the MS team

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