(P10) QUALITY INDICATORS FOR MULTIPLE SCLEROSIS
E.M. Cheng,1,2 C.J. Crandall,3 C.T. Bever,4,5 B. Giesser,1 J.K. Haselkorn,6,7 R.D. Hays,3 P. Shekelle,3 B.G. Vickrey1,2

1Neurology, David Geffen School of Medicine, University of California, Los Angeles, CA; 2Neurology, VA Greater Los Angeles, Los Angeles, CA; 3Medicine, David Geffen School of Medicine, University of California, Los Angeles, CA; 4Multiple Sclerosis Center of Excellence-East, Research and Neurology Services, VA Maryland Health Care System, Baltimore, MD; 5Neurology, University of Maryland School of Medicine, Baltimore, MD; 6Multiple Sclerosis Center of Excellence–West, VA Puget Sound Health Care System, Seattle, WA; 7Rehabilitation Medicine & Epidemiology, University of Washington School of Medicine, Seattle, WA

Background: Determining whether individuals with multiple sclerosis (MS) receive appropriate, comprehensive health care requires tools for measuring quality. Indicators of quality of health care have been published for many medical conditions, but not for MS. Objectives: To develop quality indicators for the care of people with MS. Methods: We used a modified version of the RAND/UCLA Appropriateness Method in a two-stage process to identify relevant MS care domains and to assess the validity of indicators within high-ranking care domains. Based on a literature review, interviews with 10 individuals with MS, and discussions with MS providers, 25 MS symptom domains and 14 general health domains of MS care were identified. A multidisciplinary panel of 15 stakeholders in MS care, including 4 people with MS, rated these 39 domains in a two-round modified Delphi process. The research team performed an expanded literature review for the 28 most highly ranked domains to draft 86 MS care indicators. Through another two-round modified Delphi process, a second panel of 18 stakeholders rated the validity of these preliminary indicators using a 9-point response scale. Indicators with a median rating in the highest tertile were considered valid. Results: Among the most highly rated MS care domains were appropriateness and timeliness of the diagnostic work-up, bladder dysfunction, cognition dysfunction, depression, disease-modifying agent use, fatigue, and spasticity. Of the 86 preliminary indicators, 76 were rated highly enough to meet predetermined thresholds for validity. Because measurement programs have limited resources and need to select a subset for implementation, we further categorized the final set of 76 valid indicators according to four criteria that may be pertinent to a measurement program: the strength of the panel rating for an indicator, the expected frequency with which an indicator would be triggered, level of evidence supporting the indicator, and ability to implement an indicator using administrative databases. Conclusions: Following a widely accepted methodology, we developed a comprehensive set of quality indicators for MS care that can be used to assess quality of care and guide the design of interventions to improve care among people with MS.

Supported by: National Multiple Sclerosis Society


Keywords: comprehensive care and MS, service delivery in MS