

Case Management Services Provided at MS Care Centers: Survey Results from the 2012 CMSC Meeting



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Background

Persons with multiple sclerosis (pwMS) require a multidisciplinary approach for disease management [1]. The American healthcare system currently lacks the ability to provide comprehensive and coordinated care for patients with chronic conditions such as MS. In order to better serve the MS population, comprehensive centers may consider employing a case manager to facilitate and support the implementation of patient specific healthcare programs.

Objectives

The objectives of this survey were to:

- To determine the prevalence of on-site case management services in comprehensive MS care centers through a sample of MS professionals attending the 2012 Consortium of Multiple Sclerosis Centers (CMSC) annual conference in San Diego, California;
 - Collect data on the size of centers offering case management services
 - Collected data on the most common responsibilities of a case manager.
- To capture reasons why an MS center would not offer case management services, and how many patients would benefit from case management services at sites where it is not provided.

Methods

A total of 1788 professionals attended the 2012 Consortium of Multiple Sclerosis Centers Annual Meeting in San Diego, California.

All attendees that visited the Mandell MS Center booth were invited to participate in a voluntary survey designed to collect information on the number of patients served and use of case management services at different MS care centers.

Specifically if an attendee was employed at a MS care center that offered case management services we surveyed: the number of case managers per site, hours worked, the average wait time, number of MS patients referred weekly, and the most common responsibility of a case manager.

If an attendee was employed at an MS center that did not offer case management services we surveyed: the number of MS patients seen per week that could benefit from case management services, where patients were referred to in lieu of an on-site case manager, and why each site did not offer such services.

Results

Data was collected from a total of 79 (4.4%) meeting attendees. Of the 79 attendees surveyed, 40 (51%) said they offered case management at their site, with 37 different MS care sites represented. Data collected from these 40 attendees indicated that the top three “most common” responsibilities of a case manager were insurance/authorization issues (38%), disease management (19%), and referrals for community service (19%) (Figure 1). Data collected from the other 39 (49%) attendees, representing 32 separate MS care sites where case management was not offered, indicated that the top reason for lack of case management services was financial (70%) (e.g. budget issues or difficulty with reimbursement) (Figure 2). Further, 28 of these 39 attendees also indicated that at least 4 or more patients per week would benefit from case management services. Finally, statistical analysis of the data demonstrated that the number of patients served at each MS care site was not directly associated with the different parameters surveyed (e.g. MS sites serving a large number of patients were equally as likely to provide case management services as sites serving a smaller number of patients) (Table 1).

Figures & Tables

Figure 1: #1 Responsibility of a Case Manager

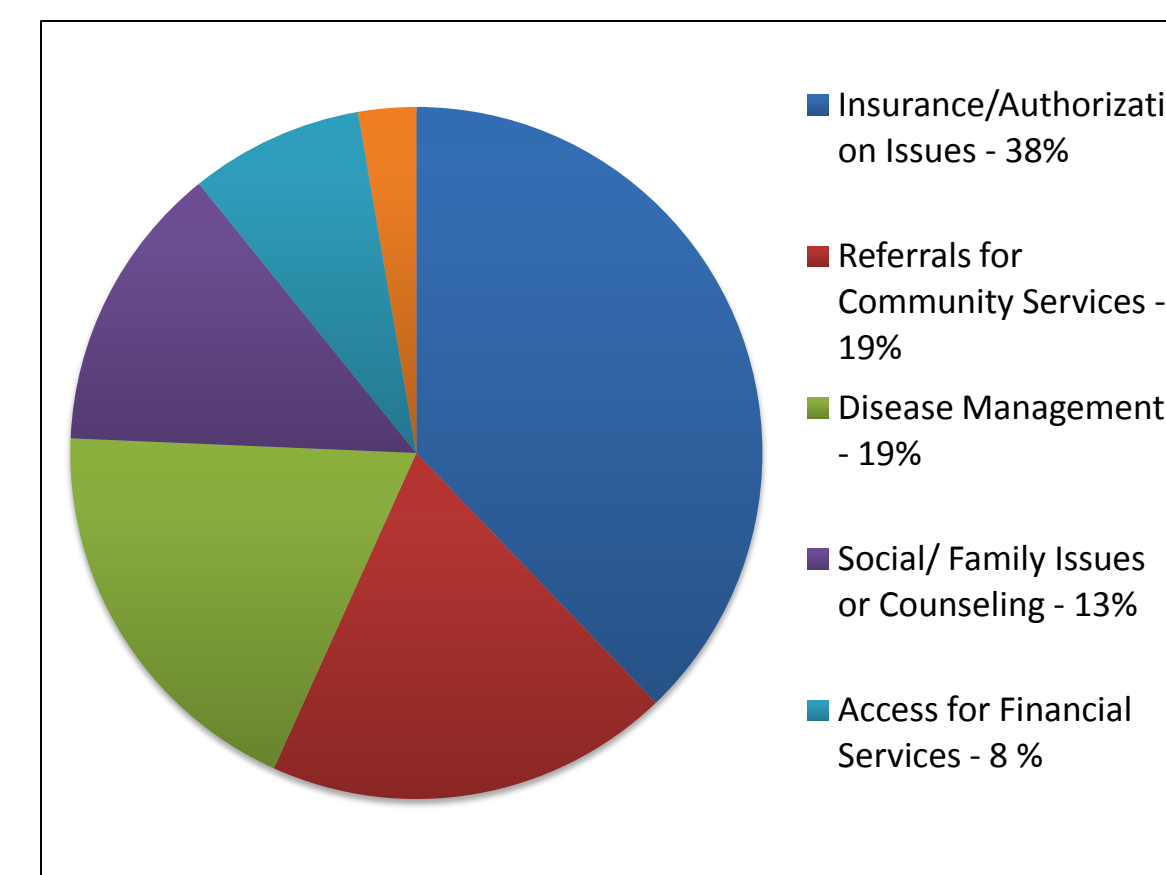


Figure 2: #1 Reason an Organization Does Not Offer Case Management

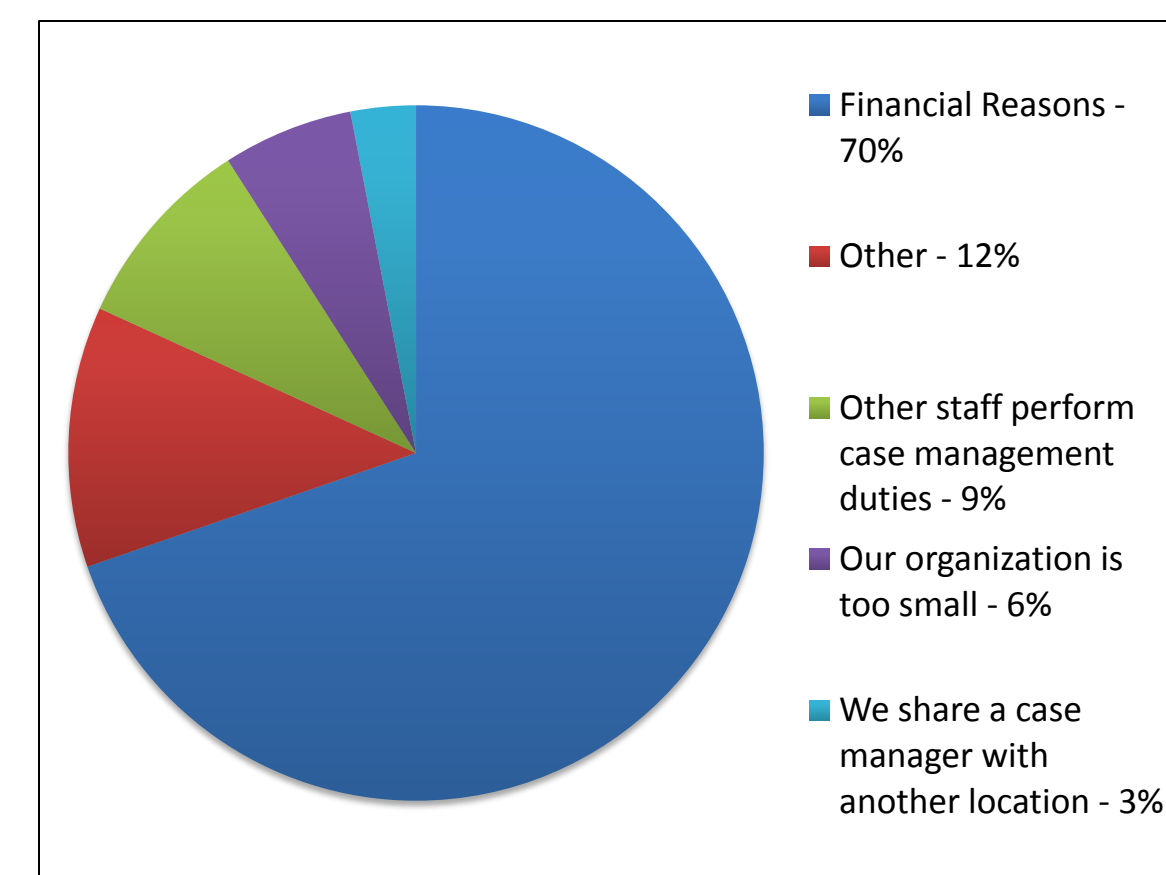
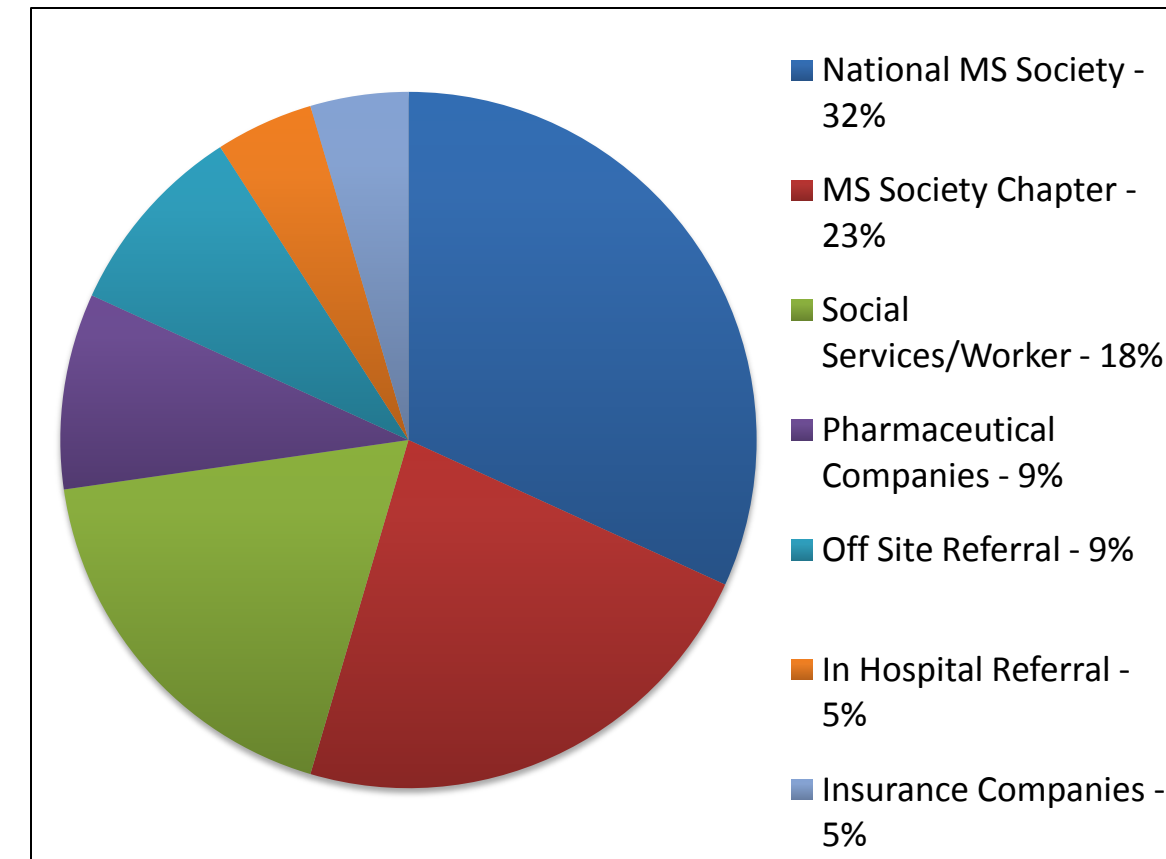


Table 1: Size of Patient Population and On-Site Case Management

Size of Patient Population	On-site case management ?	
	Yes	No
Under 500 patients	15	11
500 - 1000 patients	16	12
1000 - 2000 patients	2	7
>2000 patients	7	7

Figure 3: Where Patients are Referred if There is No On-Site Case Management Service Available



Discussion

At the 2011 CMSC meeting we conducted a survey to evaluate which services MS care providers most commonly refer patients for and which services MS care providers wished were available to their patient population. We discovered from this survey that case management was one of the services most desired by MS care providers. In an attempt to advocate for the need of a case manager at the Mandell MS Center, we therefore focused our 2012 CMSC survey on the availability and utilization of case management services at comprehensive MS care centers.

From the 79 CMSC meeting attendees sampled we found that only half of them are employed at sites that offer case management services, demonstrating that use of case managers is not a regular practice in comprehensive MS patient care. Further almost all the CMSC meeting attendees from sites where case management services are not provided indicate that they have MS patients that would benefit from case management services. Therefore in order to provide more comprehensive and coordinated health care, MS care centers should consider and set aside funds for the employment of case managers.

It is important to note that the small number of attendees surveyed at the 2012 CMSC annual meeting may not be a representative sample of all comprehensive MS care centers and therefore the results of this survey cannot be generalized to the entire population of MS care centers. However the authors believe the attendees represent a focus group of educated and dedicated MS care providers whose opinions on the need of case management services should be considered when developing a comprehensive care center for PwMS.

The Mandell Center for Comprehensive Multiple Sclerosis Care and Neuroscience Research was developed in 2008 to offer comprehensive services to PwMS. By comparing the availability and utilization of case management services at different comprehensive MS care centers we were better able to understand the need for such services. Based on the information collected from our 2012 CMSC Survey, the Mandell Center has decided to hire a case manager to provide better comprehensive care to our patient population.

Acknowledgements

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References

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