# UT SOUTHWESTERN MEDICAL CENTER

# Quality of Life Risk Stratification in MS: an Approach to Meeting the Need
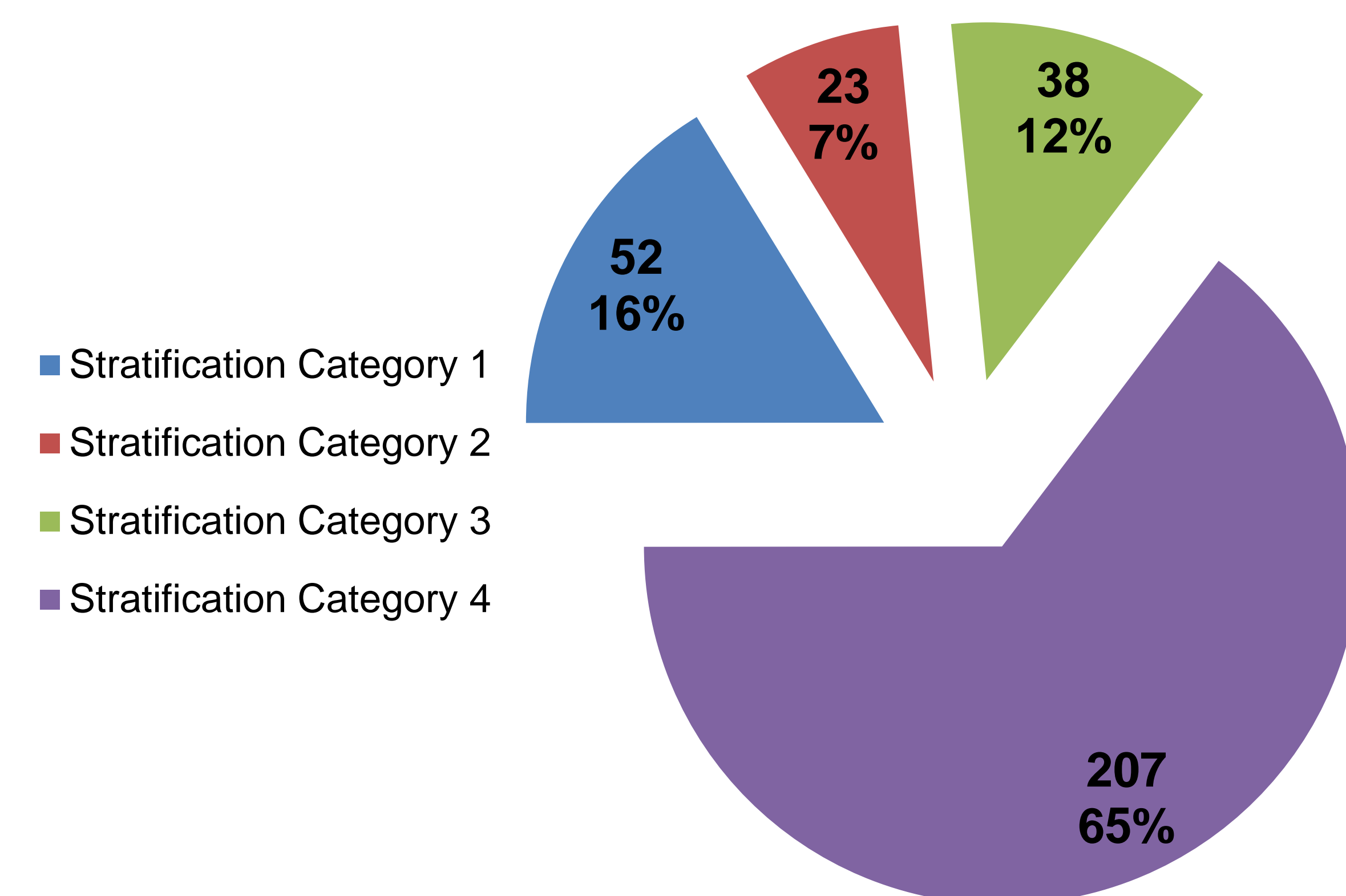
Diana Logan, RN, FNP-C, BC, MSCN[1], Katherine Treadaway, LCSW, MSCIR[1], Caroline Mooi, LMSW[1], Victoria Stokes, RN, BSN[1], Jaspreet Abraham, RN, BSN, MSCS[1], Gina Remington, RN, BSN, MSCN[1], Melanie Farrar, PT, DPT[2], Staci Stearin, MPT[2], Tad Campbell, MCN, RD, LD[3], Teresa Frohman, PA-C[1], Elliot Frohman, MD, PhD[1]

University of Texas Southwestern Medical Center at Dallas, [1]Department of Neurology and Neurotherapeutics, [2]Department of Physical Therapy, [3]Department of Clinical Nutrition

## Objective

The goal is to present our Quality of Life (QOL) risk factor stratification through the use of individual case studies. Our desire is to show that by expanding the MS assessment to stratify QOL risk factors, a more focused delivery of care can be achieved. It is our hope that sharing our approach and experience in our Total Life Care (TLC) Clinic at UT Southwestern in Dallas, Texas, will benefit and encourage others who provide care for high-risk patients with MS. We believe that risk stratification has potential for impacting clinical practice as providers attempt to maximize resources needed for complicated coordination of care.

## Objective

Quality of Life (QOL) risk factors in MS varies among individuals coping with the disease. Just as it became necessary at one time to stratify patients into the category of RRMS, SPMS, or PPMS, perhaps the time has come when stratification from a QOL perspective has potential for delivering more focused, comprehensive care. The Total Life Care Clinic (TLC) was established in 2011 at UT Southwestern Medical Center Clinical Center for Multiple Sclerosis in Dallas, Texas. The mission is to comprehensively assess and provide resources for on-going care to prevent life-threatening events (e.g. infection, falls, impaired mobility, psychosocial decompensation) which can lead to hospitalization, increased economic burden, and ultimately decreased QOL for the person with MS. Effective case management promotes individual responsibility, increases patient empowerment, and improves quality of life.

## Design/Methods

The TLC team (consisting of NP, Nurses, Social Worker, Physical Therapist, and Dietitian) carefully evaluated the needs of each individual participating in the program and categorized each patient. This stratification was based on 4 distinct risk categories:

**1) Severely compromised by disease progression who need service beyond the scope of TLC**

**2) Needs ongoing support of the entire TLC team for a period of time beyond 4 visits**

**3) Exit the program after 4 visits but need follow up with the Nurse Practitioner (NP) and Social Worker (SW)**

**4) May exit the program after 4 visits to manage with resources provided**

The primary determining factors for placement in a particular category included individual progress toward goals, whether there would be benefit from ongoing support of entire TLC team, or would be better served by other resources. This categorization is determined at a TLC team meeting held at regular intervals for the purpose of patient review.

## Case Study Category 1

- 34 year old African American male with progressive MS
- Arrived in TLC by stretcher
- Dysarthric
- Full thickness, draining sacral wound
- Difficulty swallowing
- Height: 5 ft 10 in, Weight: 111 lbs, BMI: 15.9

**Plan:** Needs beyond scope of TLC. Referred to long term acute care facility (LTAC).

### TLC Patient Stratification
n=320



- Stratification Category 1: 52 16%
- Stratification Category 2: 23 7%
- Stratification Category 3: 38 12%
- Stratification Category 4: 207 65%

## Case Study Category 2

- 56 year-old Caucasian male with SPMS
- Wheelchair-bound except for transfers
- Frequent falls, recurrent UTIs, history of pressure sores
- Lack of caregiving
- Height: 5 ft 10 in, Weight: 198 lbs, BMI 28.4

**Plan:** Follow in TLC beyond the 4 visits. Provide ongoing support and education to prevent falls, UTIs, skin breakdown and to promote weight loss and address caregiving.

## Case Study Category 3

- 51 year old African American female with RRMS
- Ambulates with cane, denies falls
- Depressed
- Lives in unsafe neighborhood
- Cannot afford medications, difficulty with adherence
- Smokes a pack of cigarettes per day
- Height: 5 ft 5 in, Weight: 151 lbs, BMI: 24.7

**Plan:** Address mood, environmental stressors, medication management and smoking cessation at 4 TLC visits. Follow up regularly with NP/SW for maintenance.
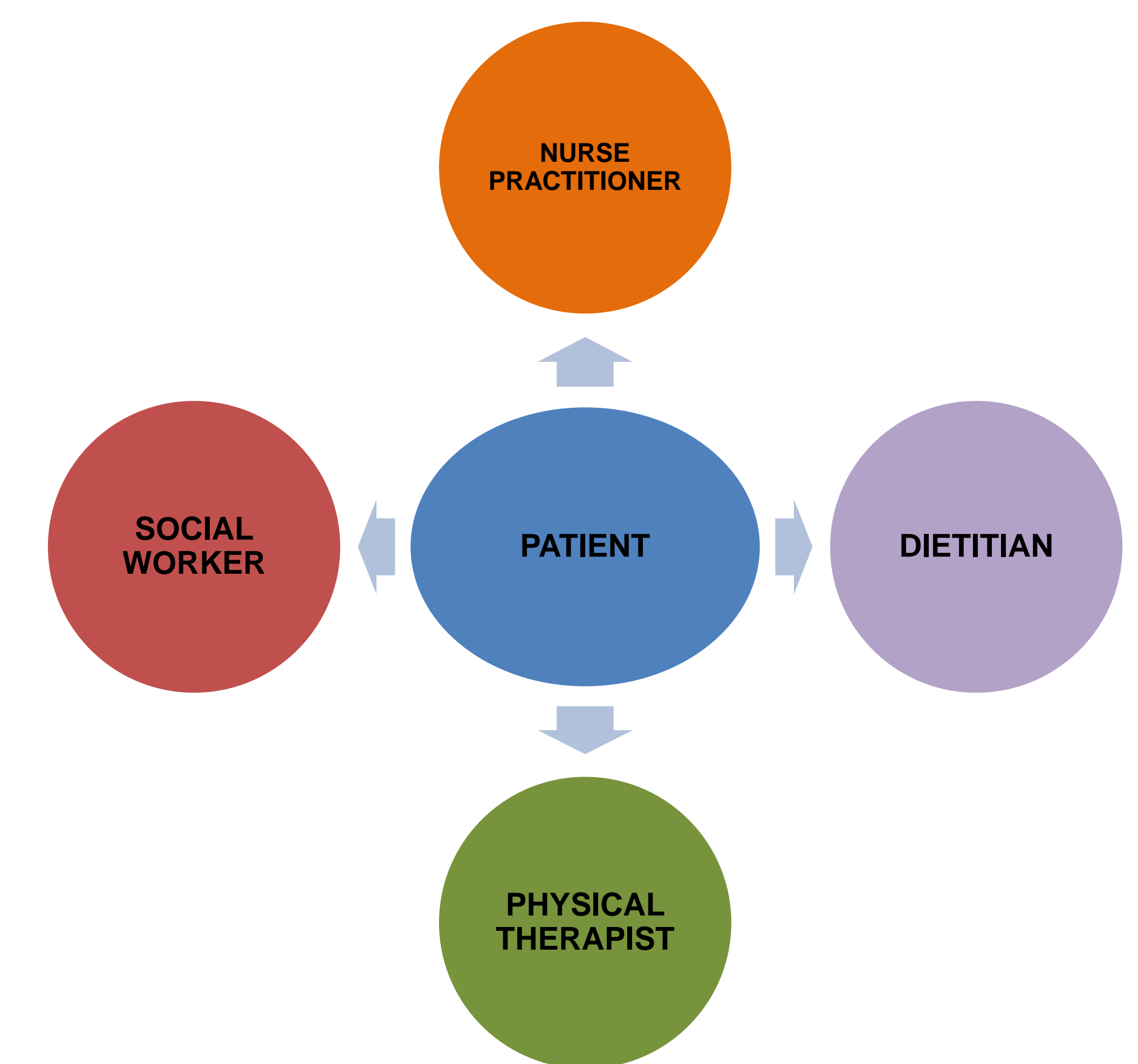


## Case Study Category 4

- 24 year old Caucasian female RRMS (newly diagnosed)
- Ambulates independently, denies falls
- Depressed
- Non-adherent to DMA
- Left foot drag
- Height: 5 ft 4 in, Weight: 214 lbs, BMI: 35.6

**Plan:** Address depression, left foot drag, obesity, diet, exercise, MS drug adherence. Provide patient with tolls and resources to exit TLC after 4 visits.