Quality of Life Risk Stratification in MS: an Approach to Meeting the Need

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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**

<table>
<thead>
<tr>
<th>Stratification Category 1</th>
<th>52 16%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stratification Category 2</td>
<td>38 12%</td>
</tr>
<tr>
<td>Stratification Category 3</td>
<td>23 7%</td>
</tr>
<tr>
<td>Stratification Category 4</td>
<td>207 65%</td>
</tr>
</tbody>
</table>

**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.

**Case Study Category 2**

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

**TLC Patient Stratification n=320**

<table>
<thead>
<tr>
<th>Stratification Category 1</th>
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<tbody>
<tr>
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**Objective**

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.