



Reducing Disparities in MS Care:

An International Videoconference-Based Provider Education and Case Consultation Program

Kevin N. Alschuler, Ph.D.^{1,2}, Annette Wundes, MD^{1,2}, Dennis W. Dietrich, MD³, Bojan Boskovski, MD⁴, Igor Kuzmanovski, MD⁴, Gloria von Geldern, MD², Katharine Alexander¹, Gary A. Stobbe, MD^{2,5}

Depts of Rehabilitation Medicine,¹ Neurology,² and Psychiatry and Behavioral Sciences,⁵ Univ of Washington, Seattle, WA, USA; ³ Advanced Neurology Specialists, Great Falls, MT, USA; ⁴ University Clinic for Neurology, Skopje, Macedonia

Background

Disparities exist in the international management of MS

The full spectrum of disease-modifying therapies (DMTs) are available in only a select number of countries

Newer DMTs associated with greater risk of toxicity are becoming more available, requiring providers in those countries to play catch-up to the international community

Efforts are needed to accelerate the transfer of knowledge to ensure these DMTs are being incorporated appropriately and safely

Design/Method

Project ECHO (Extension for Community Health Outcomes) provides a method for transfer of knowledge:

- Videoconference-based education and case consultation program to reduce disparities in care for specialty conditions
- Emphasizes continued delivery of services locally with collaboration from a specialist team increasing knowledge, confidence, and competence
- In non-MS populations (e.g., Hepatitis C, HIV), Project ECHOs have demonstrated positive effects on patient outcomes

In collaboration with the National MS Society, we developed an MS-specific adaptation of Project ECHO, called *MS Project ECHO*, for rural /remote communities in the US.

We recently piloted international delivery of MS Project ECHO with the University Clinic of Neurology in Skopje, Macedonia, where providers recently gained access to glatiramer acetate, fingolimod, and natalizumab.

MS Project ECHO

In collaboration with the National MS Society, we developed an MS-specific adaptation of Project ECHO, called *MS Project ECHO*:

- Hosted by a team of MS specialists from the University of Washington
- Incorporated participation by a representative of the National MS Society to alert participants to relevant patient and provider resources
- Delivered via videoconference to community providers who provide MS in rural and underserved communities in the Pacific Northwest (Washington, Wyoming, Alaska, Montana, Idaho)
- Weekly sessions (with CME credit) included 15-20 minutes of targeted didactic modules and 40-45 minutes of case consultation
- Educational models determined based on the needs of the participating community providers
- Community provider continues to care for patient in local setting, now with support of specialist team
- Specialist team remains available outside of weekly sessions for additional consultation



Results

Our Macedonian colleagues reported:

- Increased confidence in their ability to manage patients with new DMTs
- Specific changes in practice, including modifying their clinical decision-making to utilize potentially more potent agents sooner in treatment
- Improved clinical monitoring for safety on the newer DMTs
- Increased focus on addressing vitamin D insufficiency



Discussion

We are enthusiastic about the potential for MS Project ECHO, both within the United States and internationally:

- It is a very cost- and time-efficient model relative to traditional educational and mentoring opportunities
- Per provider self-report, the program has had both direct and indirect positive impact on their patient care
- Participant providers have indicated an enthusiasm for ongoing participation

Although efficient, there are still challenges to sustainability:

- While cost-efficient, sustainability is ultimately dependent on the ability to obtain ongoing support for the costs that do exist.
- Success of the model is dependent on participation. In the U.S.-based model, great effort is placed on motivating participation by creating a collaborative environment and providing incentive via CME credit; these same motivators are challenging to identify for an international model.