

University of Kansas Multiple Sclerosis Achievement Center

A Personal Experience of Creating a Successful Sustainable Achievement Center

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Introduction

- Multiple Sclerosis Achievement Centers (MSACs) were first developed by Dr. Shapiro in the 1980s.
- MSACs focus on physical, cognitive, and emotional well-being in those with progressive or advanced MS.
- Exercise is well known to help slow progression of MS as well as improve cognition and emotional state.
- Typically members require, at a minimum, a cane for mobility (60% of our members use a wheelchair).
- Day programs typically last 4-6 hours with multiple therapies including physical, occupational, speech, and recreation.
- MSACs are typically located in hospitals or rehabilitation centers.
- Currently there are only 6 MSACs in the US.
- The University of Kansas MSAC (KUMSAC) was founded in 1997.

Methods

- KUMSAC offers a more medical model than most MSACs, focused on physical and occupational therapy and emotional support to improve quality of life of members.
- Members attend one 5-hour day each week, participating in morning movement, brain balance, connection group, and electives.
- Staff includes DTP, OTD, SW, PTA, COTA, medical director, and executive director. RN and PharmD are available onsite.
- Health profession students complete clinical rotations in the center allowing for more individualized care of members.
- Our center operates as a non-profit relying on grants, special events, membership fees, and volunteer services for sustainability (figure 1).



Figure 3



Figure 5



Figure 2 Space includes 5 clinic exam rooms, shared reception, accessible kitchen, treatment room, small and large group rooms, 4 staff offices, and therapy gym.



Figure 4



Figure 6

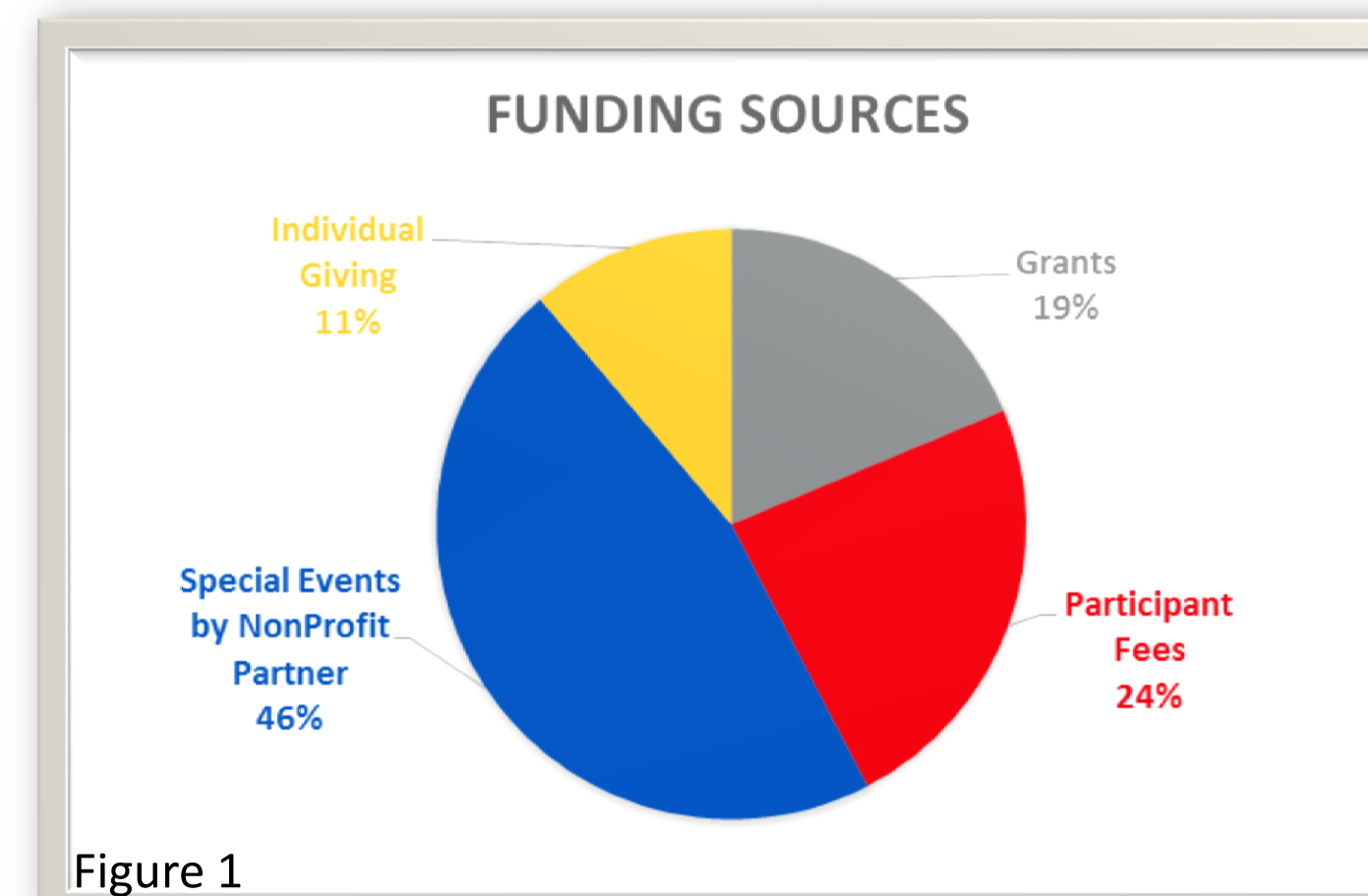


Figure 1

KU MULTIPLE SCLEROSIS ACHIEVEMENT CENTER
The University of Kansas Medical Center

Results

- Currently we have 60 participants with a goal of 85 this year.
- We have a 5500-square-foot space on KUMC campus (figure 2).
- Various exercise equipment is available, such as arm bikes, NuStep recumbent trainers (figure 3), treadmill with harness (figure 4), standing frames (figure 5), MotoMed motor driven leg/upper arm exerciser (figure 6), and PT mats.
- Members and their families report improvement in emotional state, community engagement, and overall well-being.
- Staff routinely triage acute medical conditions including urinary tract infection, hypertension and concussion due to falls. This results in earlier intervention and treatment. Further study will be conducted in this area.

Conclusion

- MSACs offer many services to our progressive MS patients.
- This physical and emotional support model demonstrates improved outcomes and needs to be more widely available to our patients in a guided fashion.
- Through creative partnerships and committed advocates this MSAC model can be self-sustaining while providing appropriate therapies in a way members will look forward to and enjoy.
- The MSAC model is underutilized and should be considered as a part of a comprehensive MS center.

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