

MS CENTERS: A VOYAGE TO THE NEW WORLD OF HEALTH CARE

**Consortium of Multiple Sclerosis Centers Meeting
Nashville, Tennessee 2018**

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JILL CONOMY PhD**

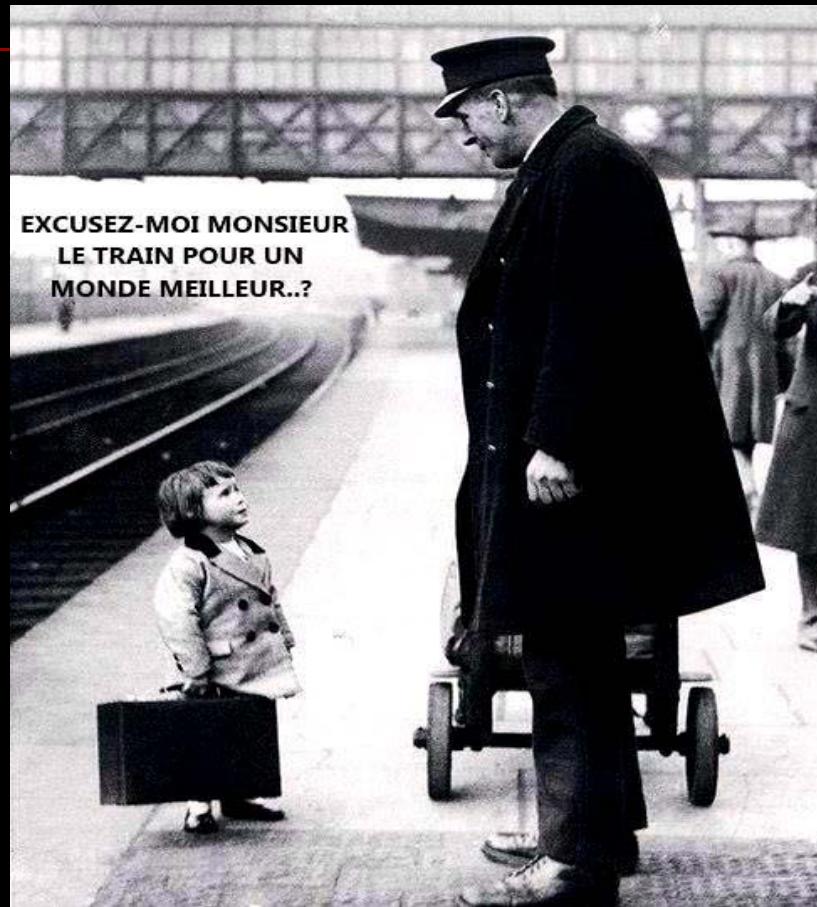
**Heath Systems Design Inc.
and
Cleveland Clinic Foundation**

Cleveland, Ohio



Multiple Sclerosis Centers: Building a Better World

- Concept
- Design
- Staff Building
- Operations
- Management
- Promise
- Performance
- Outcomes



“What’s in a Name?”

Romeo and Juliet, (II, ii, 1-2)

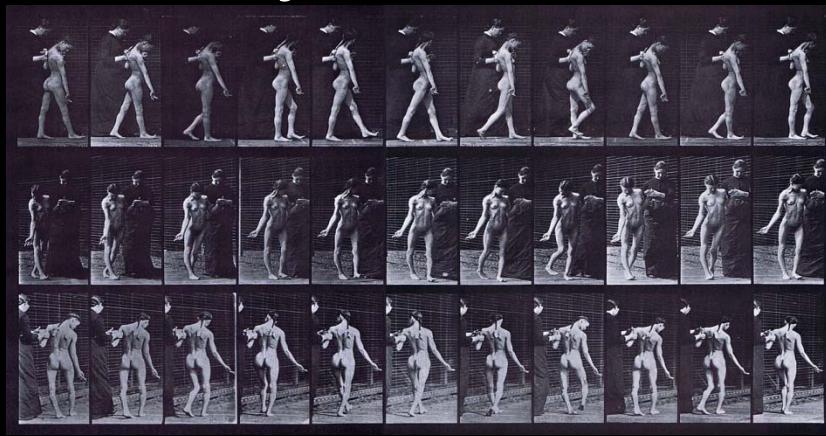


- MS Centers Deliver **Comprehensive Care**
 - **Comprehensive Care Centers**
Address These Needs
 - Diagnosis and Treatment
 - Education and Research
 - Rehabilitation and Safety
 - Social Needs
 - Family and Work
 - Psychology
 - Advocacy

What Makes the Care of the MS Patient So Challenging?

- The disease afflicts persons (ordinarily young women) in the Prime of Life
- It's Cause(s) is Presently Unknown
- It is not Presently Curable or Preventable

Muybridge, 1887



Not All MS Centers are Comprehensive. Comprehensive Centers Place Each MS Patient at the Center of Operations and Additionally Demonstrate:

- Disease Dedication
- Dedicated Staff
- Resource Capability
- Defined Programs
- Mission Adherence
- Reliance on External Funding and Support
- And Most Have
 - Institutional Homes
 - Connection to other Centers
 - Staff Support

Comprehensive Centers of All Types Require the Following

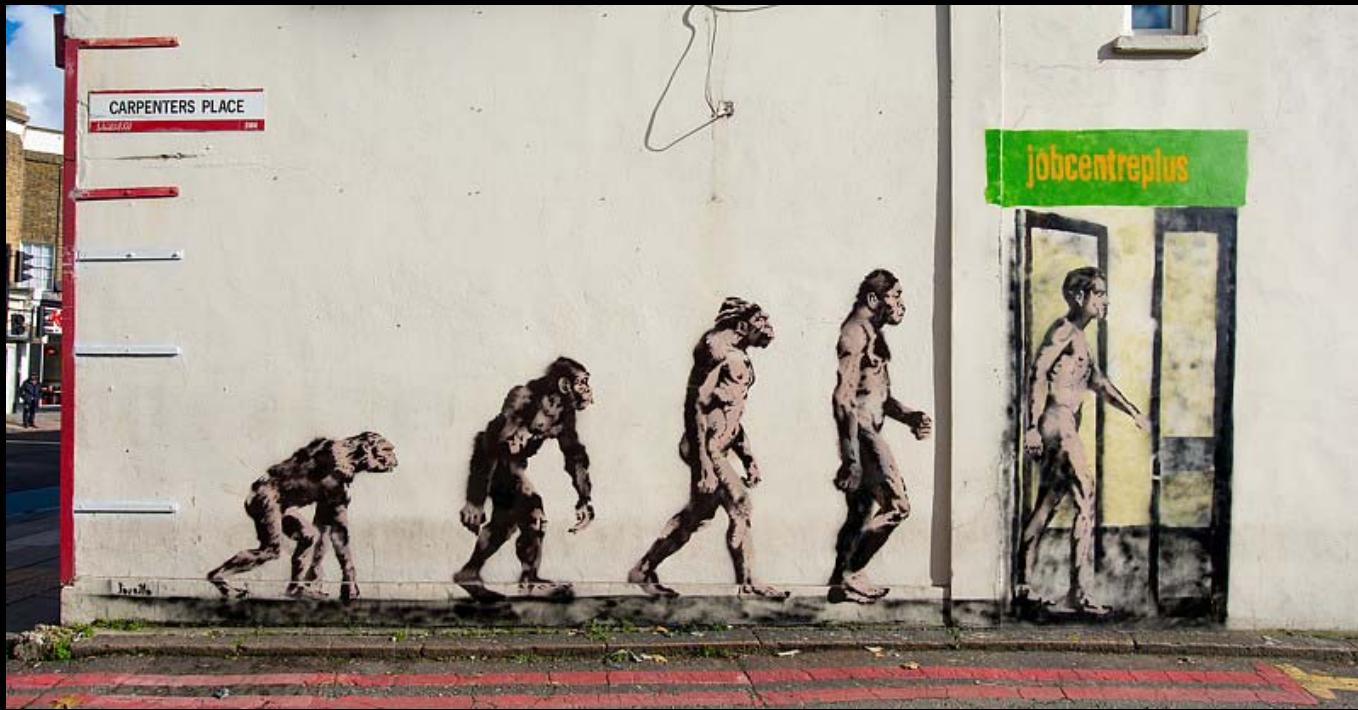
- Leadership
- Inspiration
- Shared Vision
- Tenacity
- Patience
- And \$



The Ideal Leader

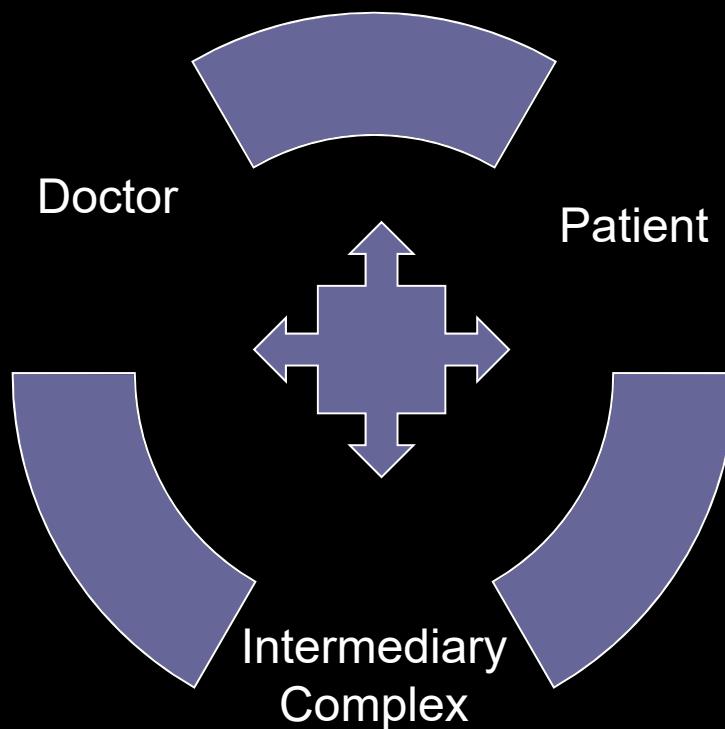
The Progressive Evolution of Healthcare Practice

“From One to Many to Democracy”





Medical Communication and Organization: Diadic and Meta- Models



How to Build an MS Center

- “Comprehensive Care Centers” are Ideal Loci to Address Chronic Diseases, ie. MS, Others
- They are Functionally Structured and Staffed Around Patient Needs, including Spiritual Support
- Most Prominently, They require Physicians, Nurses, Rehabilitation Experts, Social Workers, Psychologists and Administrators “ab initio”
- Others Professionals Join as Center Needs Grow
- Patients are the Focus of All. In Collaborative Care Centers, Patients (and others) Function in Decision Making

All Centers Do Not Have to Be Alike:

Innovation in the Structure and Function of MS Centers

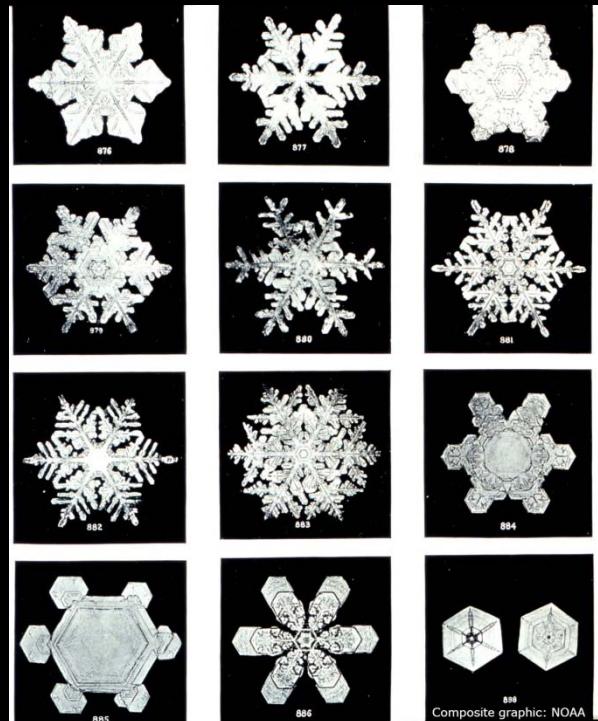
- Centers Without Walls
- Centers with Singular, Restricted Purpose
- Centers with Unique Service Combinations
- Seasonal Centers

- **But there are no Viable MS Centers without a Clear Mission and Programs**

Each MS Center is Unique

- Form Follows Function
- Local Needs, Local Talent
- Consortial Connexions
 - Professional Satisfaction
 - Marketing Advantage
 - Educational Role
- Growth=Differentiation
 - Radiology, Pharmacy, Urology,
 - Infusion Centers
 - Chronic Pain Therapy

“No Two Snowflakes...”



Why are MS Centers Advantageous?

- For the MS Patient
 - “One Stop Care Plus”
 - Multidisciplinary
 - Integrated
 - Comprehensive
 - New Treatment Studies
 - Patient Community
 - Efficiency
- For Staff and Institution
 - Staff Satisfaction
 - Management Control
 - Health Services Research*
 - Mandated Outcomes
 - Economies of Scale
 - Rational Resource Use
 - Fund Raising

But all Centers Require TEAMWORK



- Professional Distinction
- Mission and Goal Integration
- Cooperation, Communication, Respect
- and **Practice, Practice, Practice!**

MS Care in the Age of Obama Care: Patient, MS Center and the ACA

- **Is the Care of MS Patients in MS Centers
“worth it? Does it really matter?**

Patient Oriented Basic and Clinical Research
Advances in Cause, Care, Cure
Health Services Research
Outcomes, Cost-Effectiveness, Satisfaction
A Major and Timely Need in MS Centers

Administrative Challenges in MS Care Affecting All Practice Sites

- Compliance
 - EHR
 - Link to Outcomes
 - HIPPA, ACA, More
- Social Media
 - FaceBook, Twitter, etc.
- Telemedicine
- Apps
 - Education
 - Personal Communication

■ Caveat: Patient Care Comes First!



INERTIA RULES...

A Look into the Future of MS Centers

see "The Future of Hospitals" WSJ Feb 26, 2018

- Collaborative Care Models
- Telemedicine
- The Center, the Internet and the Patient
- Changing Need for Core Professionals
- Data Collection, Data Sharing
- Business Practices, Business Relations
- Inter-Organizational Relations, Growth
- Governmental, Industry and Payer Contacts

Integration of MS Centers Within Complex Institutions

- Is a Complex, Diplomatic Task, Demanding
 - Recognition of Similar and Conflicting Goals
 - Democratic Autonomy of Participants
 - Justifiable Governance of Staff and Participants
 - A Negotiated MS Operational Plan
 - A Business Plan, Initial and Ongoing
 - A Public Governing Body
 - Great Patience on the Part of All, incl. Patients

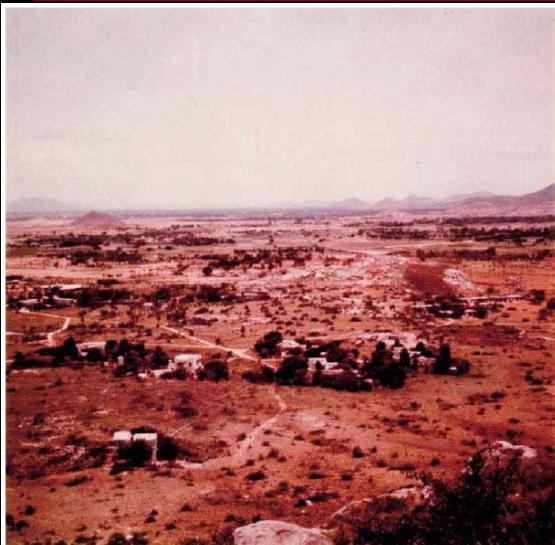
Case Studies, Personal Stories MS Centers & Centers' Organizations

- The Mellen Center for Multiple Sclerosis Treatment, Research and Education
- The Consortium of Multiple Sclerosis Centers
- MS Care, London, UK
- And Others of Interest:
 - Tamil Nadu, Karigiri India (Leprosy)
 - National Neurological Care & Research (Singapore)
 - Catastrophic Injury (St. Louis)
 - Brain Injury (Cleveland)

Karigiri Leprosy Hospital, Tamil Nadu

“I will care for Lepers in the Punjab.”

Lady Hyacinth D'Ysquith



“Elephant Hill”



Christian Medical
College
Vellore, TN, India



Some assistive devices (artificial hands, fingers, nose) for people affected by leprosy.

An MS Center Fails: What Went Wrong?

Dr. Sweet, having recently completed an MS Fellowship, was recruited by a regional hospital. She accepted the opportunity to start an MS Center. She was assisted by an energetic nurse in a space shared with other “centers.” Dr. Sweet was soon overwhelmed by patients. Ancillary Services were available but soon overwhelmed as well. Institutional Management exerted increasing pressure to see more patients to meet escalating performance goals. After two exhausting years, and depressed, Dr. Sweet went elsewhere.

Some Reasons MS Centers Fail

(This is an Incomplete List of “Avoidables”)

- * One Person “Center”
- * No Central Management
- * Borrowed Core Services
- * Insufficient Center Staff
- * Staff Rewards Displaced
- * No Stability of Mission
- * Insufficient Overall Planning
- * No Business Plan
- * No Coordinated Training
- * No Staff Building Program
- * No Affiliated Organizations
- * No Common Core Training
- * Reliance on Fee-for-Service
- * No Credible Research
- * No Educational Programs
- * What Will Neighbors Think ?
- * Competition Aversion
- * No Fund Raising Plan
- * Untrained Leadership, Staff
- * Staff Burn Out
- * Patient Dissatisfaction
- * Burn Out, Demoralization

MS, Donald Trump and the ACA Which of These Does Not Fit?



A Successful MS Center Has These Features

They are Center-Specific

They are Balanced

- Patient Care
 - Longitudinal
 - Comprehensive
 - Multidisciplinary
- Education
- Research
- Fund Raising
- Global Relations

- Mission Stability
- Dedicated Management
- Dedicated Staff
- Integrated Governance
- Financial Control
- Cross Training
- “The Common Core”
- Practice Time

The Contours of MS Practice of Twenty Years Ago Will Be Unrecognizable Ten Years From Now."

JPIC, Ann Arbor, MI, 2017

- Multidisciplined Team
- Decentralization
- Mobility
- Local Management
- Integration, Disruptor
- Corporate Duty
- Continuous Planning
- Work Identity

- Payment for Service
- Payment for Ops
- Business Dealing
- Health Insurance, ACA
- Payment Bundling
- Economic Bargaining

“ The CMSC Foundation
Insurance Program”