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Telehealth in MS Care: Addressing the Potential for Improvement and Concerns

Announcer:

You're listening to *NeuroFrontiers* on ReachMD. On this episode, we'll hear from Dr. Marisa McGinley, who's an assistant professor of neurology at the Cleveland Clinic Lerner College of Medicine. Today, she'll be discussing ways to improve multiple sclerosis care through technology, which was the topic of her session at the ACTRIMS Forum 2024.

Let's hear from her now.

Dr. McGinley:

The session that I'm going to be presenting out at the 2024 ACTRIMS Forum is the MS Across Populations and Access to Care. And I'm going to be specifically talking about improving access to clinical care through the use of technology and the use of teleneurology visits. Obviously, there's a lot of technological advancements that have occurred with connecting clinicians with patients and also technology to assess, disease function, and status, but really what we're going to be focusing on is that clinical aspect of how can we use technology to improve patient access to care?

So I think one of the biggest issues when patients are trying to access care is there's an increasing number of individuals in the US with neurologic conditions and also MS needing care from a neurologist and an MS specialist. We know that there's approximately one million Americans living with MS in the US, and so obviously, that's a large number. It's growing every year, and so there's just more people needing a neurologist. Obviously, so then there's a shortage. There's a disconnect there.

And then I think the other thing is really a geographic barrier. And so as we see when you look at where neurologists are in the United States—many of them are centralized into urban centers and academic institutions, which are providing excellent care but really geographically may not be close to patients. And then when we think about a compounding problem is not only does a person living with MS need to see a neurologist, they often get further referred to an MS specialty center to get comprehensive care needs with a specialty neurologist and also physical therapy, occupational, health psychology. And so there's even further limited numbers of specialty centers, again typically, in urban academic centers, and so that is really not close to many patients in the US.

And so when we think about the potential of technology, really one of the biggest advantages would be breaking down that geographic barrier because obviously, patients have barriers to getting to care, but one of those is the amount of time they have to take off work, their ability to get to that location, potentially childcare or other kind of responsibilities that really limit their ability to get to those in-clinic appointments, and so telehealth really has the advantage of breaking down those barriers for patients.

Another important thing that happened with the pandemic is the expanded utilization of telehealth from an insurer perspective. And so prior to the pandemic, one of the reasons it was limited was that it often wasn't covered; there wasn't parity in coverage of an in-person for a telehealth visit, so maybe one of the only good things that came out of it is that it allowed better access.

And after the early part of the pandemic, the study we did with UCSF and Dr. Bove, showed that there was really expanded access to our rural patients, our patients of middle or lower socioeconomic status and underserved populations, such as our Black and Hispanic populations. We have single visits showing that it's potentially cost-effective. Patients have high satisfaction. Providers have high satisfaction. What is lacking in longitudinal data, so how we integrate telehealth long-term for patients, and that is one gap in the research right now, and there's also limited data

right now in its ability to truly expand access.

And so that really perfectly sets up the study that I'm the PI of and the co-PI is Dr. Bove at UCSF called Virtual MS, and the point of this study is we're enrolling newly diagnosed MS patients and randomizing them to two years of in-person care or two years of virtual care. And our primary outcome is looking at their neurologic function as measured by the MSFC at two-year timepoint. One is we really want to show that if someone doesn't come into the office, they physically and neurologically do just as well as if they were coming in every day. And then the other outcomes that we're looking at is economics.

And so I think hopefully, the results from this study will really bring some clarity on is it okay if we don't bring someone in because I think that the integration of telehealth into care really shifts back into listening to the patient and really getting that history about what they're doing in their daily life that, again in an office visit, you may gloss over that because you're focused on the exam, the intake process, and so you miss that opportunity. So I think telehealth has the potential to even be more sensitive to some changes because we have the time, but there are concerns in the field, and so I think we do need data long term to show that it is safe to not bring a patient in every six months, every 12 months, like we historically have been used to doing.

Announcer:

That was Dr. Marisa McGinley discussing how we can leverage telehealth to improve multiple sclerosis care. To access this episode and others in our series, visit *NeuroFrontiers* on ReachMD dot com, where you can Be Part of the Knowledge. Thanks for listening!