

# Video Telehealth Expands Care for Veterans with Multiple Sclerosis

*This model of care shows promise to increase rural Veterans' access to care and services, and is recommended for replication at other facilities.*

## Medical Issue

There are more than 30,000 Veterans with multiple sclerosis (MS) who rely on the U.S. Department of Veterans Affairs (VA) for health care<sup>i</sup>. The mean age of MS diagnosis is 30 for both Veterans within VA and the general population<sup>ii</sup>. Treatment often requires regular visits with various specialists. Veterans with MS consult specialists to treat anything from flare-ups to long-term physical and speech rehabilitation. Both physical activity and staying connected to an MS clinic are beneficial to counter the effects of the disease; however, fatigue and difficulty walking often make it hard to travel or exercise.

## Access Challenge

Up to 80 percent of MS patients develop progressive disability, which is an indication of how life-altering the disease can be. Disability resulting from MS can include deterioration of motor skills or vision loss. In addition to physical limitations, VA data shows that 45 percent of Veterans with MS live in rural communities<sup>i</sup> which means almost half of Veterans with MS may face long distances to MS specialty care centers. The combination of physical and geographical access limitations for rural Veteran patients suffering from complex chronic illness like MS can make treatment a challenge.

## Solution

The clinical video telehealth (CVT) program connects Veterans with MS to specialty care and services. Rather than sole reliance on in-person visits, CVT allows Veterans who experience MS symptoms to connect with specialists remotely from a nearby Community Based Outpatient Clinic or their own homes. This arrangement minimizes the travel burden on Veterans and caregivers, and the negative health impacts of travel, such as fatigue and loss of muscular strength. CVT also allows for additional virtual collaboration between primary and specialty care providers to assist in care coordination for complex, disease-related issues. While not a full substitute for in-person patient visits, CVT can fill an important gap in access to care with a specialty provider, including an MS neurologist or physical therapist. Initial sites that used this approach reported a:

- High degree of patient satisfaction
- Reduction in patient travel
- Decrease in missed appointments

To demonstrate and share new knowledge within their patient aligned care teams, each scholar initiates a quality improvement project at his or her local clinic.

<sup>i</sup> Culpepper WJ, Wallin MT, Magder LS, Perencevich E, Royal W, Bradham DD, Cutter G, Bever CT. "Veterans Health Administration (VHA) Multiple Sclerosis Surveillance Registry and its similarities with other contemporary multiple sclerosis cohorts," J Rehabil Res Dev. 2015;52(3):263-72. <http://dx.doi.org/10.1682/JRRD.2014.07.0172>

<sup>ii</sup> This includes northern Americans and Europeans and is true for the "VHA Multiple Sclerosis Surveillance Registry" and other more broad military cohorts, according to the VHA MS Center of Excellence group

The Office of Rural Health (ORH) works to see that America's Veterans thrive in rural communities. To support the health and well-being of rural Veterans, ORH and its Veterans Rural Health Resource Centers establish and disseminate initiatives that increase access to care for the 2.7 million rural Veterans enrolled in the U.S. Department of Veterans Affairs' health care system. Key focus areas include programs that address workforce shortages, transportation, primary care, mental health, telehealth and specialty care. To learn more, visit [www.ruralhealth.va.gov](http://www.ruralhealth.va.gov).