

Feasibility of online risk-based monitoring by patients: the natalizumab case

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Introduction

In the Netherlands 11 Disease Modifying Drugs (DMDs) are registered for Relapsing Remitting Multiple Sclerosis (RRMS) and there are more to come. Some DMDs need risk-based monitoring (RM), however uniformity is lacking. We aim to design one channel for all regimens, including alerts and an active role for the patient.

Myhealthmonitor.eu is an online platform, which offers a Personal Health Record (PHR). People can manage themselves via PROMs, apps and devices. They can share their data with their Health Care Professionals (HCPs).

Over 50 different modules are available on the platform.

In the Netherlands 1125 multiple sclerosis (MS) patients are monitored by 28 hospitals via myhealthmonitor.eu/MSmonitor (MHM/MSM).

MSmonitor module contains 4 elements:



PROMs



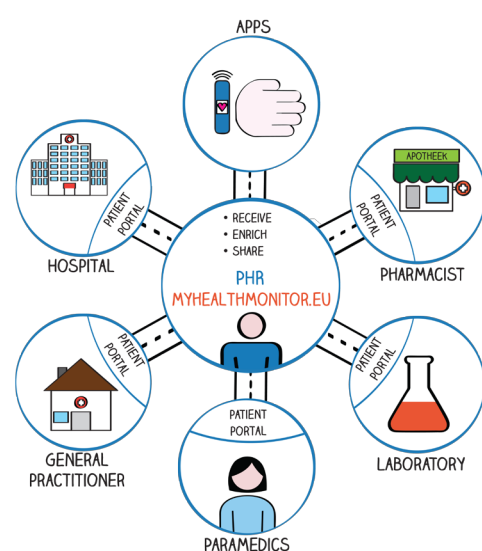
Dashboard



Knowledge



eConsult



Results

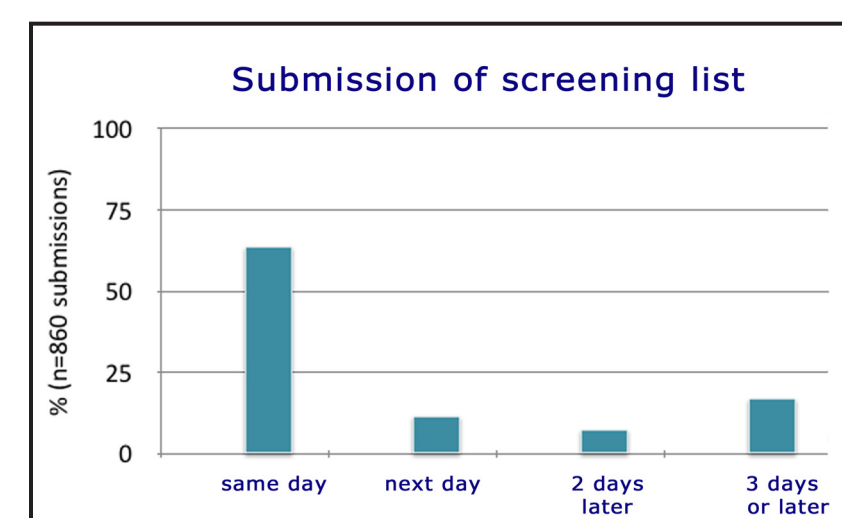
For 60 patients with RRMS to whom natalizumab was prescribed the app was activated. Patients were between 22-59 years old, 52 females, 8 males and gave consent. 6 patients never submitted a list, for 1 patient the app was just activated.

	N=60		%
Age	21-40	27	45
	41-60	32	53,3
	unknown	1	1,7
Gender	F	52	86,7
	M	8	13,3

Clinical window & submission of lists

53 patients (92%) submitted 860 screening lists (range 1 – 53 per individual) and participated between 1 - 1561 days (mean 565 days).

75.4% of all submitted lists were in range with the clinical purpose: submitted the same day or the next day.



Objective

This study analyses the feasibility of online risk-based monitoring in a real-life setting.

Methods

Five hospitals⁶ use the natalizumab app as a special feature within MSmonitor since 2013. MSnurses sign up patients to whom natalizumab is prescribed and activate the app.

In 2013 the Natalizumab screening app was added to MHM/MSmonitor. The app consists of 16 questions every 28 days, and must be submitted 2 days prior to the infusion of natalizumab.

The patients receives reminders via email. After receiving the reminder, the patient submits the list, the MSnurse screens the answers and can timely postpone the infusion if needed.

Data-extraction at 16th of May 2017.

Conclusion



This real-life setting shows that patients are capable of providing information online for Risk Monitoring "in time" as needed for clinical purposes.

An app to serve all different schedules for the different DMDs seems a valuable tool to develop in risk-based monitoring in RRMS.

This app is being developed in co-creation with all participating hospitals and will be released in January 2018.