

Integrated Multiple Sclerosis (MS) care and support in the Netherlands: The Multiple Sclerosis Impact Profile (MSIP) as part of an interactive web-based self-management support and integrated care program

Jongen, P.J. MD PhD (1); Haenen, R. MD PhD (2); Meilof, J.F. MD PhD (3); Noort, E.M.J. van MA (4); Wynia, K. PhD (3)

Introduction

Due to changing patterns in health care demand, health care systems have to transform into integrated, patient-centred care systems.

These systems are better suited to provide modern self-management support and coherent, proactive and preventive care and support for people with long-term or multiple health problems.

For designing such care systems, the Chronic Care Model provides a solid and evidence-based, internationally accepted framework. CCM key-elements are self management support, prepared and proactive teams, decision support and clinical information systems.

In the past years the MS care and support in the Netherlands is moving towards such an integrated, patient-centred care system.

Intervention

Self management is supported by online self-assessments using the Multiple Sclerosis Impact Profile (MSIP), a validated measurement instrument based on the International Classification of Functioning, Disability and Health.

The MSIP comprises 36 questions assessing disabilities and disabilities perceptions in seven domains reflecting body functions, activities, participation and environmental factors: muscle and movement functions, excretion and reproductive functions, basic movement activities, activities of daily living, participation in life situations, environmental factors, mental functions, and the symptoms fatigue, pain, speech, and vision impairment.

The MSIP generates domain and symptom scores and gives a complete overview of MS-related health problems and their subjective valuation. Prepared multidisciplinary teams in hospitals or rehabilitation centres discuss the MSIPs item and domain scores with patients with MS.

The perception scores guide the suggested possible interventions proposed by the professionals. Agreements about interventions and their realisation are registered in the individual care plan. During follow-up meetings progress and effects of the care plan are evaluated and recorded.

Results

Data from 55 Patients with MS and 13 professionals were obtained. Patients and professionals were enthusiastic about the MSIP as part of the integrated care as described. Thirty (55%) of the patients with MS used the MSIP, 83% of them considered the tool useful. Of the professionals 87% used the MSIP, and all considered it useful.

The MSIP helped patients and professionals to prepare for a consultation and to gain insight into the patient's health problems. The online health records supported these processes.



Method

A feasibility study was performed among patients and professionals in fifteen Dutch hospitals.

These hospitals used the MSIP since 2009 as part of an interactive web-based program with a decision support system for multidisciplinary care and self-management support for patients with MS.

Usage and satisfaction was evaluated among participating patients and professionals who participate in this program.

Conclusion and implications

Results of this feasibility study in combination with follow-up meetings may improve the self-management abilities, and preventive and proactive patient-centred care and support.

These experiences need to be evidenced with research, but positive patient outcomes, improved quality of care and decreased service used and costs may be expected, based on results of similar interventions in chronic diseases.

Authors are from the Netherlands:

(1) MS4 Research Institute, Nijmegen; (2) Department of Rehabilitation, Orbis Medical Center, Sittard;
(3) Department of Neurology, University Medical Center Groningen, University of Groningen; (4) Curavista, Geertruidenberg.