

Veterans Affairs Multiple Sclerosis Centers of Excellence

Fiscal Year 2025 Annual Report

VA



U.S. Department of Veterans Affairs

Veterans Health Administration
Multiple Sclerosis Centers of Excellence

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Message From the National Director



Mitch Wallin, MD, MPH
National Director

Fiscal Year 2025 (FY25) has been another transformational year for the MS Centers of Excellence (MSCoE)! Our increased funding allowed us to fund the addition of 35 MS Regional Specialty Programs (RSP) throughout the U.S. which increased access to specialized, multi-disciplinary MS care. See the FY25 Executive Summary below highlighting accomplishments that bring MSCoE one step closer to our values of the highest quality Veteran-centric care at the right time and the right place.

I extend gratitude to Drs. Sharyl Martini and Glenn Graham, Executive and Deputy Executive Director for Neurology, for their unwavering support of MSCoE. It is a privilege to serve as the National Interim Director for MSCoE, and I look forward to our continued progress in enhancing the lives of Veterans with MS.

A handwritten signature in black ink, reading "Mitch Wallin". The signature is fluid and cursive, with a period at the end.

FY25 MSCoE Selected Accomplishments

Administration

- Certified 35 RSPs with agreements, site salary, and travel
- Conducted 7 face-to-face and 4 virtual RSP site visits
- Initiated monthly RSP meetings to harmonize best clinical and administrative standards

Clinical Care

- Published [Disease Modifying Therapies in MS National Clinical Recommendations](#)
- Published a computerized patient record system (CPRS) clinical note template
- Created VA-wide MSCoE SharePoint for general and RSP best MS clinical care delivery

Research

- Launched national online study to combat MS fatigue (CAFÉ-MS)
- Completed MS Veteran Satisfaction with MSCoE care QI project
- Promoted research of MSCoE and VA MS health care professionals

Education & Training

- Graduated 5 fellows, with 1 fellow continuing to a 2nd year and 3 new fellows
- Conducted VA MS healthcare professional (HCP) education needs assessment
- Expanded webinars for MS care partners

Informatics

- Developed methods to identify and track other non-MS disorders cared for by MSCoE
- Established methods to track and compare MS care in VA to Community Care
- Demonstrated 2.5X cost savings by VA MS infusion delivery over Community Care

About MSCoE

Need for MS Care for Veterans

MS is the most common progressive neurological condition of young adults. This dynamic, unpredictable, and aggressive disease makes MS diagnosis and management challenging.

MSCoE was created to meet these challenges by providing Veterans with a dedicated, interdisciplinary care team specializing in MS to provide the essential care they need and optimize their health and quality of life. MSCoE leads scientific discovery of the causes, treatments, rehabilitation, and prevention of MS and other neuroimmunological disorders in Veterans.

Introduction & Background

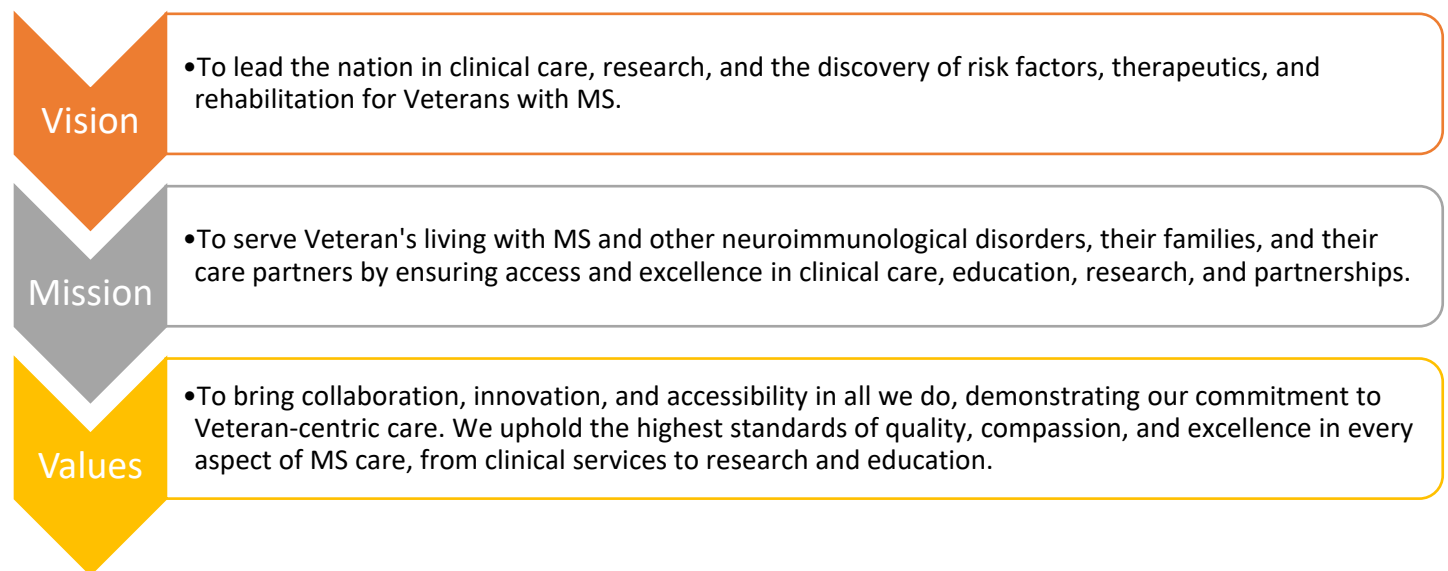
Congress Calls for MSCoE

In 2001, Congress recognized the unique challenges faced by Veterans with MS and directed the Veterans Health Administration (VHA) to create two MS Centers of Excellence and focus on three critical areas for Veterans with MS: **clinical care, education, and research**. [Conference report (H. Rept. 106-988), Senate Appropriations Committee Report (S. Rept. 106-410), House Appropriations Committee report (H. Rept. 106-674)] that accompanied the Department of Veterans Affairs' (VA) Fiscal Year 2001 Appropriation].

The VA convened a committee of MS experts who defined the requirements for the Centers and established national standards for the care of Veterans with MS, an essential step for ensuring the care provided would meet the complex and evolving needs of Veterans with MS across the nation.

In 2002, the VA established MSCoE-East and MSCoE-West to serve their respective sides of the country. MSCoE was made permanent in 2006 through the Veterans Benefits, Health Care, and Information Technology Act of 2006 (S.3421).

MSCoE Vision, Mission, & Values



Scope of MSCoE Program: Core Functions

Administration & Leadership	Strategic planning, budget, staffing, Cores and RSP oversight, national communications, external partnerships, and policy oversight.
Clinical Care	Disease modifying therapy (DMT) access, care coordination, quality standards, clinical guidelines, clinical note documentation, and clinical education.
Research	VA-funded MS research: epidemiology, health services, clinical trials, and basic science. Promotion of research among VA junior faculty. Leadership and multi-site VA MS studies.
Education	VA MS fellowships, conference sessions, patient and provider-facing MS materials: SharePoint, website, newsletters, webinars, support groups, continuing medical education, and brochures.
Informatics	Identify and track Veterans with MS, access and location of care, DMT utilization and cost, and support MS Surveillance Registry.

MSCoE Directors & Administrators



Mitch
Wallin



Jodie
Haselkorn



Anza
Memon



Becca
Spain



Angela
Young



Lani
Pitofsky



Ken
Walker



Carin
Waslo

MSCoE Core Function Leads: Clinical Care, Research, & Education



Carolyn
Bevan



Suma
Shah



Francesca
Bagnato



Lindsey
Wooliscroft



Aaron
Turner



Jaimie
Henry

VA MS Care Fast Facts

- ~70,000 Veterans with MS cared for since MSCoE inception
- ~20,000 Veterans with MS treated in VA annually
- Veterans with MS among the top 5 VA health care utilizers
- MS therapies are in the top 25 most costly drugs
- MSCoE use of high-efficacy therapies in the right populations lowers disability and adverse events
- MSCoE delivers 3-4x lower costs on infusion therapies over Community Care
- Veterans are highly satisfied with MSCoE Network care

MSCoE System of Care

Strategically located MSCoE-East and MSCoE-West serve as national coordinating Centers to lead MS care delivery via a national Network of RSPs in a System of Care (Figure 1). The MS System of Care Directive 1101.06 (published 2023) defines the criteria for RSPs. Each RSP is equipped with cutting-edge technology and is staffed by MS-trained physicians

and an inter-disciplinary team of nurses, therapists, psychologists, social workers, and other medical specialists to ensure the best possible Veteran-focused care for MS and other neuroimmunological disorders. This MSCoE System of Care provides excellence in MS comprehensive care, conducts groundbreaking Veteran-focused research, and educates Veterans with MS, their families, and HCPs to optimize health outcomes and quality of life.

Figure 1. MSCoE coordinating Centers («) deliver Veteran-focused MS care via a Network of RSPs (I) distributed in every VISN (numbered regions). MSCoE-East supports RSPs in VISNs 1-10 and MSCoE-West supports RSPs in VISNs 12-23.

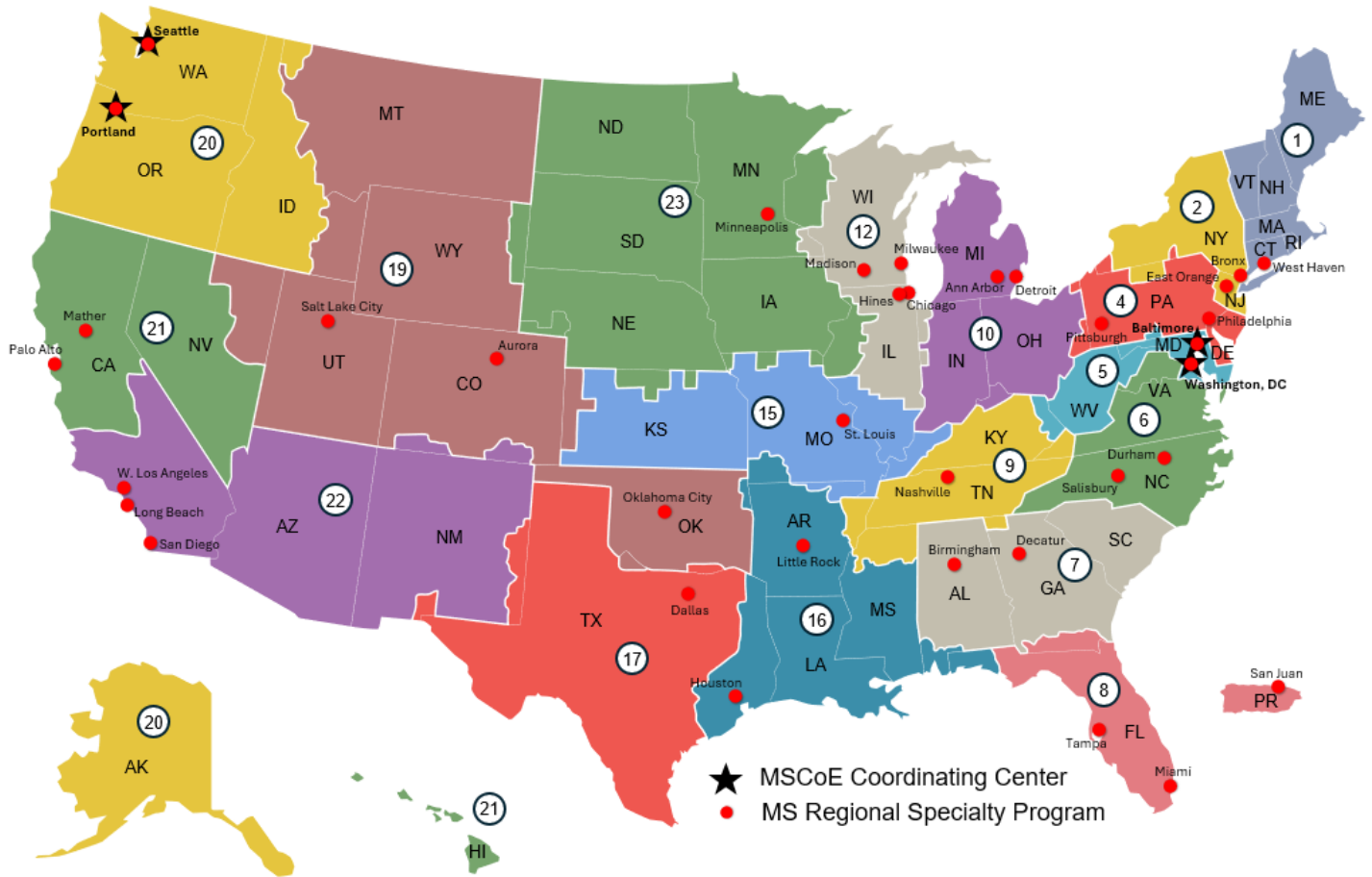


Table 1. FY25 MSCoE RSPs by East and West location

VISN	RSP MSCoE East	VISN	RSP MSCoE West
1	West Haven, CT	12	Hines, IL
2	East Orange, NJ	12	Chicago, IL
2	Bronx, NY	12	Milwaukee, WI
4	Pittsburg, PA	12	Madison, WI
4	Philadelphia, PA	15	Saint Louis, MO
5	Washington, DC	16	Houston, TX
5	Baltimore, MD	16	Little Rock, AR
6	Durham, NC	17	Dallas, TX

VISN	RSP MSCoE East	VISN	RSP MSCoE West
6	Salisbury, NC	19	Aurora (Denver), CO
7	Birmingham, AL	19	Oklahoma City, OK
7	Decatur (Atlanta), GA	19	Salt Lake City, UT
8	Miami, FL	20	Portland, OR
8	Tampa, FL	20	Seattle, WA
8	Puerto Rico (Caribbean or San Juan), PR	21	Mather (Sacramento), CA
9	Nashville, TN	21	Palo Alto, CA
10	Ann Arbor, MI	22	Long Beach, CA
10	Detroit, MI	22	Los Angeles, CA
		22	San Diego, CA
		23	Minneapolis, MN

The MSCoE Inventory of Services can be found in [Appendix A](#).

FY25-FY26 Strategic Goals & Accomplishments

Goal / Approach / Status	FY25 Accomplishments	FY26 Next Steps
GOAL: Every Veteran with MS in VHA has ACCESS to MS subspecialty care via MSCoE System of Care		
<p>Approach: Track “reach” of MSCoE using 344 stop code clinics as marker of MS subspecialty clinic care.</p> <p><i>In process</i></p>	<p>Monitored 344 stop code clinics for face-to-face, Veteran Video Connect, telephone, and consults.</p> <p>Increased number of 344 stop code clinics by over 30% from FY24.</p>	<ol style="list-style-type: none"> 1. Ensure consistent 344 clinic modalities across RSPs 2. Establish automated tracking systems to monitor 344 clinics/modalities 3. Set targets for Veterans with MS seen in 344 stop code clinics
GOAL: MSCoE delivers HIGH-QUALITY, cost effective care		
<p>Approach: Compare location and quality of MS services between MSCoE and Community Care.</p> <p><i>In process</i></p>	<p>Validated algorithm to identify Veteran care in VA, in Community Care, in both or neither, and frequency of receiving MRI and MS therapies in each setting.</p> <p>Generated maps of population densities of Veterans with MS and nearest RSP.</p>	<ol style="list-style-type: none"> 1. Disseminate findings to internal and external stakeholders 2. Use maps and Community Care utilization to target locations needing more MS clinical care services 3. Create strategy for filling clinical care needs
<p>Approach: Evaluate MS infusion therapy costs at VA compared to Community Care.</p> <p><i>In process</i></p>	<p>Created methodology to identify where Veterans receive high efficacy infusion DMTs and compare costs between VA and Community Care.</p> <p>Analyzed data from FY23 and FY24. FY24 data presented in Figure 9.</p>	<ol style="list-style-type: none"> 1. Publish results to internal and external stakeholders 2. Automate data pull for periodic re-assessment 3. Create plan to identify and recapture Veterans to VA infusion therapy services, and set targets for recapture
<p>Approach: Evaluate Veteran satisfaction with MSCoE System of Care in QI project.</p> <p><i>In process</i></p>	<p>Completed collection, analysis, and report of in-depth interviews with Veterans and Care Partners of their satisfaction with MSCoE care and opportunities for improvement.</p>	<ol style="list-style-type: none"> 1. Disseminate report to internal and external stakeholders 2. Use report as template for widespread ongoing monitoring of MSCoE service quality 3. Test and disseminate survey

Administrative & Leadership Core

FY25 Highlights

- Certified 35 RSPs with agreements, site salary, and travel.
- Conducted 7 face-to-face and 4 virtual RSP site visits.
- Initiated monthly RSP teleconference to execute Directive requirements and harmonize best clinical and administrative standards.
- Created and distributed outreach flyer to Veterans with MS to increase ACCESS.
- Rapid strategic responses to federal policy changes affecting budget, staffing, and communication in alignment with VA Central Office, National Program Office, and local leadership objectives.

Administrative & Leadership Objectives

- Establish the vision, mission, goals, and strategies of MSCoE.
- Execute MSCoE Directive, including reporting and accountability.
- Manage budgets, staffing, and employee experience.
- Monitor and support MSCoE System of Care RSP members.
- Report to VA Central Office and National Neurology Program Office.
- Partner with VISN and facility leadership to fulfil MSCoE goals.
- Collaborate with other Centers of Excellence (CoE), delivering high-quality neurological care, training, and education.
- Partner with advocacy organizations to maximize the benefits to Veterans living with MS.

MSCoE Team

Delivering Excellence in Care

MSCoE-East and MSCoE-West serve as models of ideal interdisciplinary MS care delivery, research, education, and informatics. Together they serve as coordinating Centers for the delivery of MS care nationally via a hub-and-spoke Network of RSPs that support MS care at their facility and surrounding locations.

Oversight

MSCoE activities are supervised by the National Neurology Program Executive Director (Dr. Sharyl Martini) and Neurology Clinical Programs Executive Director (formerly Dr. Glenn Graham, Dr. Donald Higgins *interim*), through annual assessments by the Government Accountability Office (GAO) and VHA Neurology Centers Advisory Subcommittee, and by an independent review every five years. For more information about MSCoE, visit the MSCoE website at www.va.gov/MS.

Figure 2. MSCoE organizational structure.

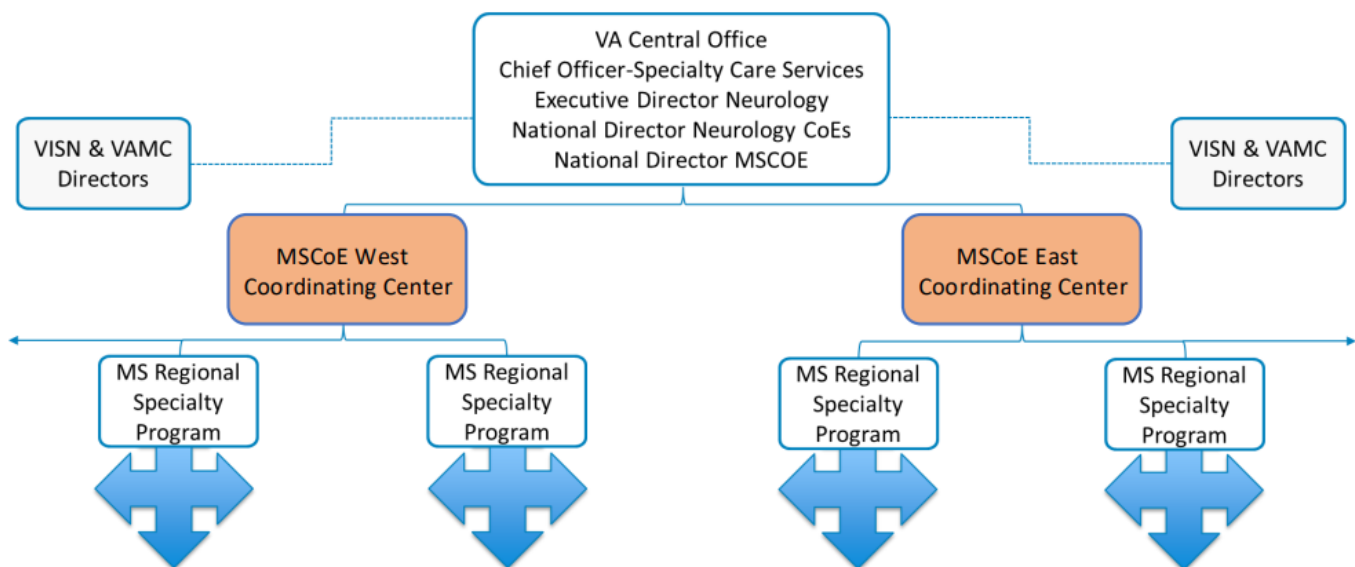


Table 2. MSCoE staff, position titles, and locations.

Name	MSCoE Position	Location
National		
Mitchell Wallin, MD, MPH	National Director	Washington, DC
Angela Young, MBA (retired in FY25)	National Administrative Officer	Baltimore, MD
MSCoE East		
Anza Memon, MD, FAAN	Director	Detroit, MI
Kenith Walker (retired in FY25)	Program Support Assistant	Baltimore, MD
Suma Shah, MD	Associate Director Clinical Care	Durham, NC
Francesca Bagnato, MD, PhD	Associate Director Research	Nashville, TN
John Rinker, II, MD	Associate Director Education	Birmingham, AL
Dan Harrison, MD	Fellowship Director	Baltimore, MD
Bethany Ferguson, LCSW-C	MS and SCI/D Social Worker	Baltimore, MD
Shan Jin, PhD (retired in FY25)	Informatics	Baltimore, MD
Arlene Zawadzki, RN	MS Surveillance Registry	Buffalo, NY
MSCoE West		
Jodie Haselkorn, MD, MPH	Director	Seattle, WA
Rebecca Spain, MD, MSPH, FAAN	Co-Director	Portland, OR
Jaimie Henry, MPA	Education and Outreach	Portland, OR
Lani Pitofsky	Administrative Officer	Seattle, WA
Carolyn Bevan, MD	Associate Director Clinical Care	Chicago, IL
Lindsey Wooliscroft, MD, MS	Associate Director Research	Portland, OR
Aaron Turner, PhD, ABPP(RP)	Co-Associate Director Research	Seattle, WA
Vijayshree Yadav, MD, MCR, FANA, FAAN	Fellowship Director	Portland, OR
Lynda Hillman, DNP, ARNP (retired in FY25)	National Clinical Nursing Director	Seattle, WA
Alicia Sloan, MPH, MSW, LICSW	Social Worker	Seattle, WA
Steven Leipertz, PhD (retired in FY25)	Associate Director Informatics	Seattle, WA

Name	MSCoE Position	Location
Carin Waslo, MPH	Program and Informatics	Portland, OR
Associated with RSP		
Ernest Aucone, PhD, ABPP-CN	Neuropsychologist	Washington, DC
Sarah Fredrich, MD	Regional Program Director	Baltimore, MD
Tesiley Ash, RN	MS Nurse Coordinator	Detroit, MI

National Meetings

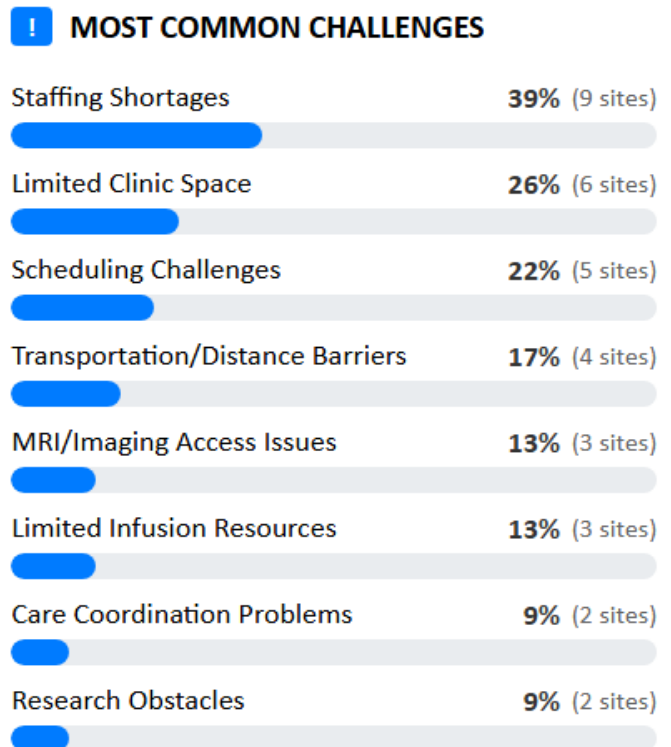
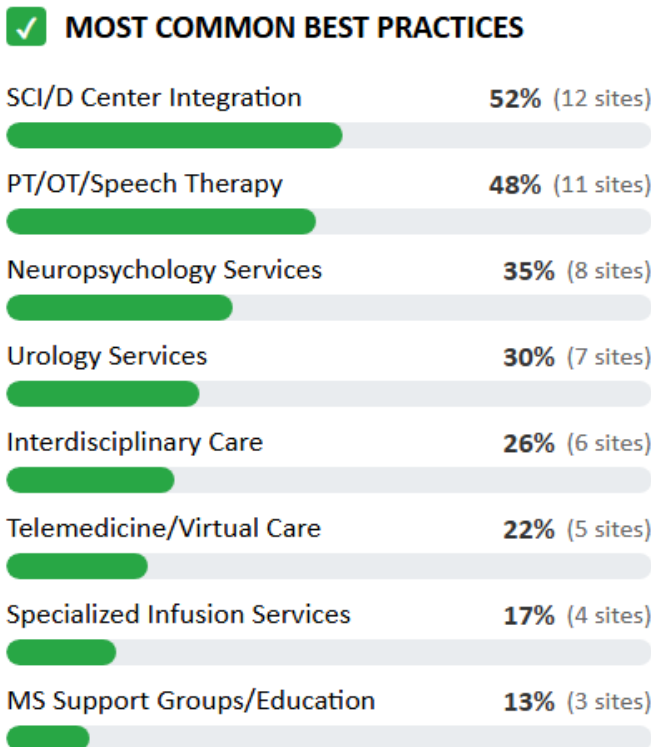
March 2025, Tampa, FL: MSCoE Strategic Planning

RSP sites presented best practices and challenges. Leadership revised strategic operational goals for FY25-26, focusing on MSCoE team engagement, RSP engagement and progress, and funding support.



From left: Jaimie Henry, Lani Pitofsky, Anza Memon, Angela Young, Becca Spain, Suma Shah, Kenith Walker (lower front), Mitch Wallin, Jodie Haselkorn, Francesca Bagnato, Danielle Lawrence

Figure 3. RSP best practices and challenges from 23 sites, in follow-up to Tampa RSP meeting in March 2025.



May 2025, Phoenix, AZ: MSCoE Business Meeting

In conjunction with the CMSC Annual Meeting, MSCoE coordinated and hosted several events for VA MS HCPs, including a business meeting, booth, and evening reception. VA MS HCPs and MS advocacy organizations learned about MSCoE updates and VA clinical care and best practices for Veterans with MS

Mitch Wallin



June 2025, Houston, TX: All Centers of Excellence National Meeting

The Neurology Program Office team hosted a OneNeurology meeting, with Dr. Rebecca Spain and Ms. Angela Young attending to represent MSCoE. Leaders in neurology clinical care and administration joined from Movement Disorders, Epilepsy, Headache, ALS, Tele-Stoke, and Tele-neurology to share best practices and strategic planning for anticipated budget and staffing changes.



August 2025, New Orleans, LA: Paralyzed Veterans of America Summit

In conjunction with the annual PVA Summit, MSCoE hosted a business meeting and staffed an exposition booth to educate and promote MS care. The business meeting was well attended, with HCPs in MS, SCI/D, and ALS in attendance, as well as advocacy organizations for military service members and MS.

From left: Anza Memon, Becca Spain, Mitch Wallin



VHA Neurology Centers Advisory Subcommittee

MSCoE convenes a VHA Neurology Centers Advisory Subcommittee (NCAS) that reports to the VA Federal Advisory Committee (FAC) on VA Advisory Committee on Prosthetics and Special Disabilities in accordance with 38 U.S.C. 7314. The committee meeting was held on November 12, 2024. The FY25 MSCoE Designated Federal Officials are Dr. Mitch Wallin, Dr. Jodie Haselkorn, Mr. Ken Walker, and Ms. Lani Pitofsky. A more detailed description of NCAS and the FY25 NCAS members can be found in [Appendix B](#).

Regional Specialty Programs Annual Evaluation

MSCoE developed an RSP Performance Scorecard for FY25 performance evaluation. Elements include:

- Success signing Memorandum of Agreement and executing site budget
- Meeting required site clinical productivity
- Members of the site interdisciplinary MS team
- Presence and modality of 344 stop code clinics
- # MS Surveillance Registry entries
- Notable site education and research projects

MSCoE Site Visits

MSCoE conducted in person and virtual site visits to existing and prospective RSPs to ensure compliance with Directive requirements, learn site successes and challenges, and meet local leadership to promote the RSP and the MSCoE System of Care. Site visits increase enthusiasm, participation, and spread best practices.

Mather, CA



From left: Jaimie Henry, Becca Spain, Vicki Chen, Staci Stark

Ann Arbor, MI



From left: Lisa Stropp, Anza Memon, Andrew Romeo, Mitch Wallin

Salt Lake City, UT



From left: Jonathan Galli, Stacy Clardy, Becca Spain, Jodie Haselkorn

Detroit, MI



From left: Anza Memon, Mitch Wallin

Houston, TX



From left: Karen Iyere, Clara Osakwe, Chidi Obinani, Steve Christmas

Virtual Site Visits

- Dallas, TX
- St. Louis, MO
- Milwaukie, WI

FY25 ACCESS Project: Mailed RSP Promotion Flyer to Veterans with MS

To promote RSP and the MSCoE System of Care, MSCoE developed a 3-page flyer ([Appendix R](#)). The flyer was mailed in late August 2025 to over 22,000 Veterans with MS who have received VA care within the last 5 years. Information included VA MSCoE care and services, the RSP System of Care, and a QR code to learn more. The flyer highlights the availability of VA subspecialty MS care and the benefits of receiving care in an integrated system designed for Veterans. Several RSP sites, as well as MSCoE, were contacted by Veterans who would like an annual neurology visit or would like to be seen in VA for their MS care.

MSCoE Administration Core Appendices

- [Appendix A](#). MSCoE Inventory of Services
- [Appendix B](#). VA Neurology Centers Advisory Subcommittee Members
- [Appendix C](#). MSCoE Internal & External Partnerships, University Affiliates
- Monthly RSP Collaborative Meeting topics are in [Appendix K](#).

Clinical Care & Informatics Cores

FY25 Clinical Care Highlights

- Published disease-modifying therapies in MS National Clinical Recommendations
- Published a CPRS MS clinical note template
- Created VA-wide MSCoE SharePoint for general and RSP best MS clinical care delivery
- Partnered with VA national rural and telehealth organizations to inform best practices for Veteran access to the MSCoE System of Care

FY25 Informatics Highlights

- Developed methods to identify and track other non-MS disorders cared for by MSCoE
- Developed methods to track and compare MS care in VA to Community Care
- Demonstrated 2.5X cost savings by VA MS infusion delivery over Community Care

Clinical Care & Informatics Objectives

- Understand demographics, utilization, locations, and clinical needs of Veterans with MS.
- Promote utilization and evaluation of the MS System of Care delivery model.
- Develop and promote VA and Veteran-specific MS care delivery practices.
- Promote a wellness-first and rehabilitative approach to care for Veterans with MS.
- Advise for appropriate, safe, and monitored use of MS DMTs.
- Partner for education, support services, outreach, and advocacy.
- Conduct quality improvement database studies, informing VA-specific MS care delivery.

Data Sources & Methodology

Data sources include the Corporate Data Warehouse (CDW), MS Surveillance Registry, PBM, and others. The MSCoE validated algorithm¹ was used to identify MS Veterans in the figures and tables in this manuscript.

Reach of MSCoE

MS Veteran Density

Density of Veterans and locations of FY25 RSPs (Figure 4) demonstrate likely need for additional RSPs and/or telehealth services in regions surrounding Las Vegas, NV; Phoenix, AZ; Tucson, AZ; Albuquerque, NM; Austin, TX; San Antonio, TX; Cincinnati, OH; central Florida, as well as large regions in the Midwest and western U.S. remote to the nearest RSP. Notably, Veterans living far from an RSP usually receive general neurology Community Care as MS specialists cluster in major urban areas.² In these situations, and as appropriate, MSCoE advocates for RSP partnership with Community Care HCPs so that MS Veterans maintain VA MS subspecialty expertise and services.

Telehealth Utilization

Over half of Veterans with MS use video telehealth as part of their VA care and use it regularly with an average of 7 video telehealth visits per year (Table 3). Video telehealth is a vital access tool benefiting Veterans with MS.

Figure 4. FY25 map of Veteran with MS population density in relation to MSCoE care delivery hubs, highlighting opportunities for targeted MS support.

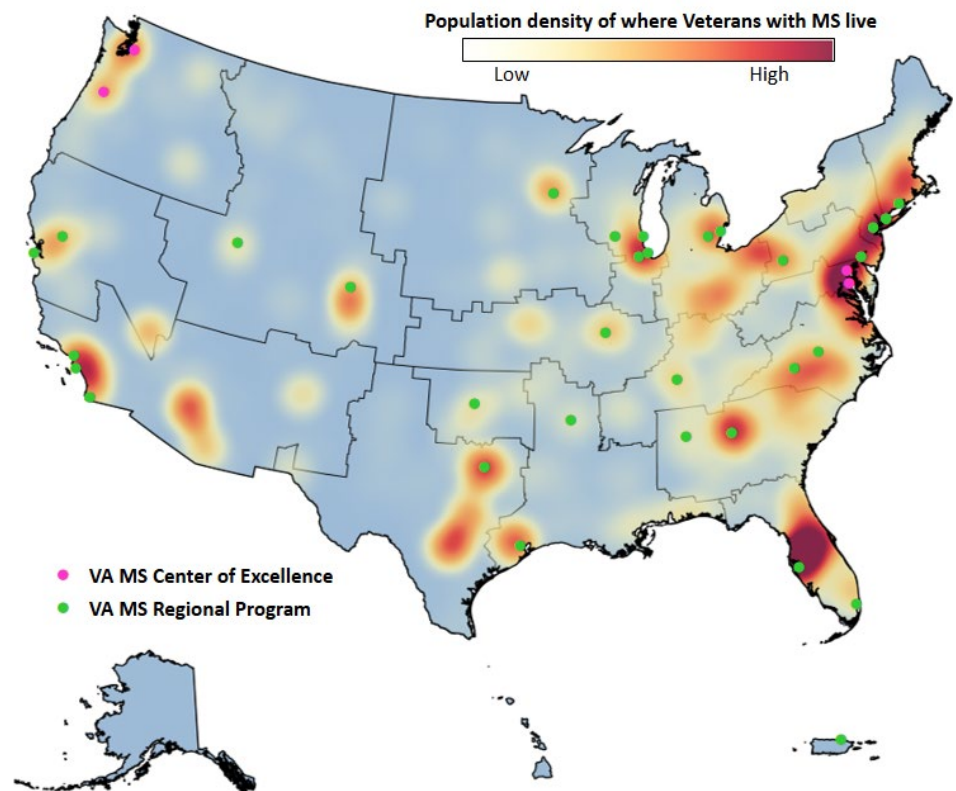


Table 3. Telehealth utilization. Telehealth includes synchronous and asynchronous video telehealth modalities, and does not include telephone encounters.

Telehealth	FY22	FY23	FY24	FY25
Unique VwMS receiving telehealth (n); As % of total VwMS	9,016 50%	9,084 50%	9,679 52%	10,307 54%
Total telehealth encounters by VwMS (n); As % of all encounters	61,015 9%	59,810 9%	65,017 10%	72,222 10%
Mean telehealth encounters per VwMS (n)	7	7	7	7

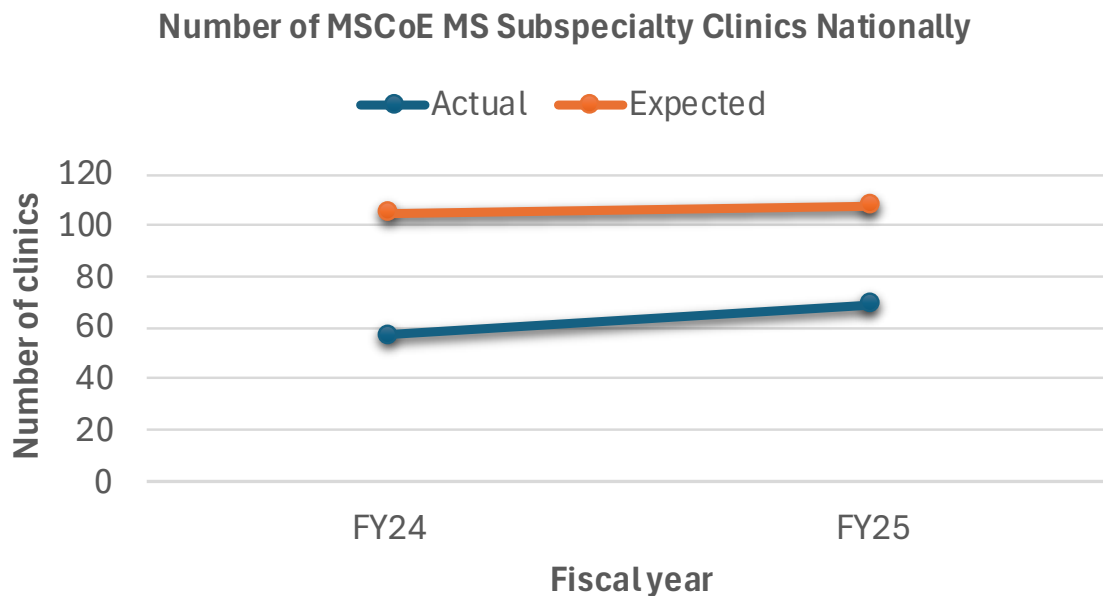
Data Source [VSSC Neurology Cube](#), accessed 11/12/2025.

Veterans Served by MSCoE Subspecialty Care

MS 344 Stop Code Clinics

Veterans receiving MS care in RSPs are seen in Neurology, Spinal Cord Injury, and Rehabilitation clinics. RSP specialist telehealth and e-consults clinics to non-RSP VA facilities are additional effective methods of providing all MS Veterans access to MSCoE subspecialty care. The method MSCoE uses to *track Veterans receiving MS subspecialty care* is the addition of the 344 stop code to any of these clinics. The 344 clinic modalities include face-to-face, telehealth (video, telephone), and consultation (e-consult, interfacility consult). Tracking of 344 stop code clinics began in FY24 with a target goal of 90% of RSPs providing at least three 344 stop code clinic modalities. **Between FY24-25, RSPs meeting the expected number of MS subspecialty clinics (coded 344) rose from 34% to 45% (Figure 5, Appendix D).**

Figure 5. Actual vs. expected MSCoE MS subspecialty clinics (coded 344) available nationally. The expected number of clinics is based on the number of RSPs in a given fiscal year.

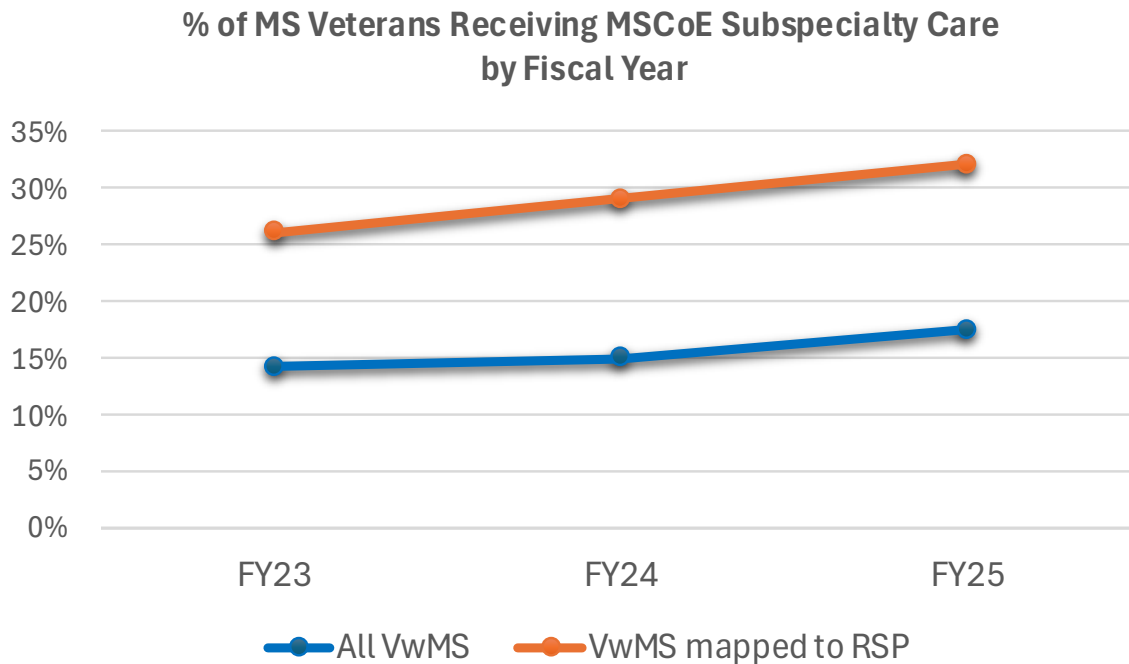


Data source [VSSC access team Clinic build report](#), accessed 9/23/2025.

Veterans Served in MS 344 Stop Code Clinics

The proportion of Veterans with MS affiliated with MS RSPs receiving care in 344 stop code clinics will rise as the number of correctly coded clinics increases. The total number of Veterans with MS accessing MSCoE subspecialists regardless of their home location is also by regional (VISN) outreach through consultation and telehealth (Figure 6, [Appendix E](#)). The target proportion will fluctuate given availability of MS specialists in VHA and in Community Care.

Figure 6. Proportion of MS Veterans receiving MSCoE subspecialty care (344 stop code) by year related to MS Veterans affiliated with MS RSPs (orange) and related to all MS Veterans (blue).



Data source [VSSC Neurology Cube](#), accessed 11/12/2025.

MS Veteran Demographics

Table 4 contains the demographics of Veterans with MS for FY22-25. Demographics variables allow comparisons with non-Veteran populations. Rural location of the third of Veterans poses challenges and opportunities for MS care delivery through telehealth and Community Care.

Table 4. Demographics of Veterans with MS diagnosis in the VA system, FY22-25.

Demographic	FY22	FY23	FY24	FY25
Veterans with MS, n	17,889	18,070	18,536	18,960
Female	26%	26%	27%	28%
Aged \geq 65 years	42%	42%	42%	42%
Caucasian	71%	70%	69%	69%
Black	20%	20%	20%	21%
Rural	32%	32%	32%	32%

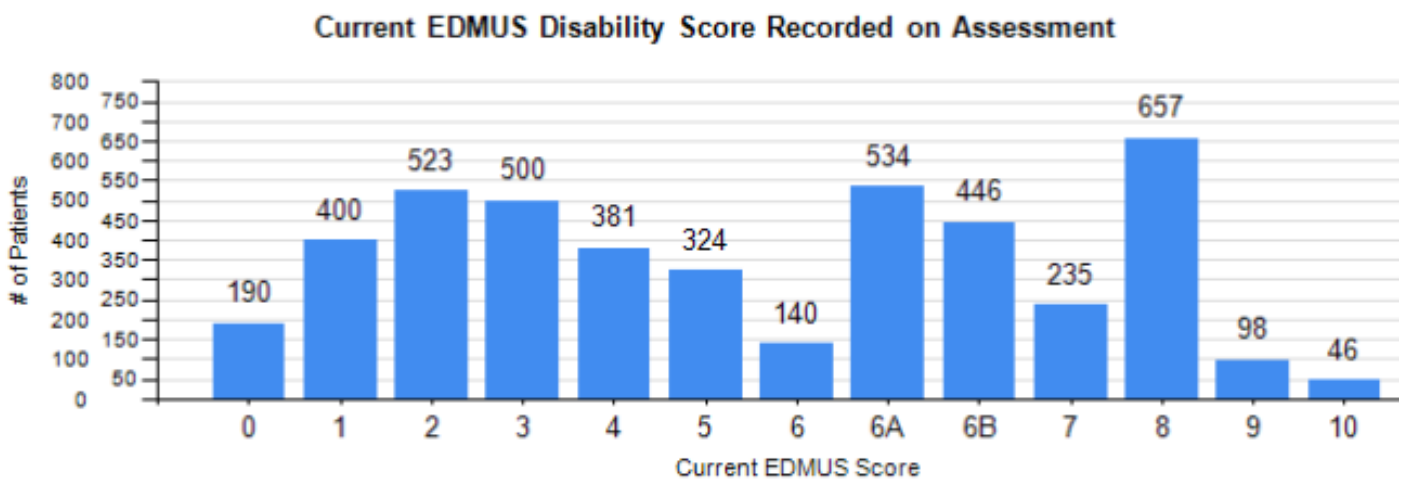
Demographic	FY22	FY23	FY24	FY25
Veterans with MS, n	17,889	18,070	18,536	18,960
On VA-prescribed DMT	42%	41%	38%	39%
In MSSR with subtype, n		3,221	3,549	3,899
Clinically isolated syndrome	—	5%	6%	2%
Relapsing-remitting MS	—	59%	54%	60%
Secondary progressive MS	—	27%	25%	26%
Primary progressive MS	—	9%	11%	14%

Data sources include [VSSC Neurology Cube](#) for race, sex, age, rurality, DMT, accessed 11/12/2025. MS subtype from the MS Surveillance Registry, accessed 10/21/2025.

MS Disability Levels

The EDMUS (European Database for MS) is a simplified provider-rated MS Surveillance Registry disability scale that matches the levels of the Expanded Disability Status Scale (EDSS) ratings of 0 to 10. EDMUS ratings captured in the MS Surveillance Registry from FY25 indicate 48% requiring a walking aid or greater mobility assistance, highlighting the essential role of rehabilitation for prevention of disability and maintenance of independence.

Figure 7. Disability (EDMUS) ratings from the MS Surveillance Registry, accessed 10/21/2025. Scores range from 0 (no disability), 3 or higher (moderate disability), 6 (cane or walker needed), 7 (wheelchair), 8 (bed or chair dependent), and 10 (death due to MS).



Disease Modifying Therapy Use & Cost

DMT Utilization Trends

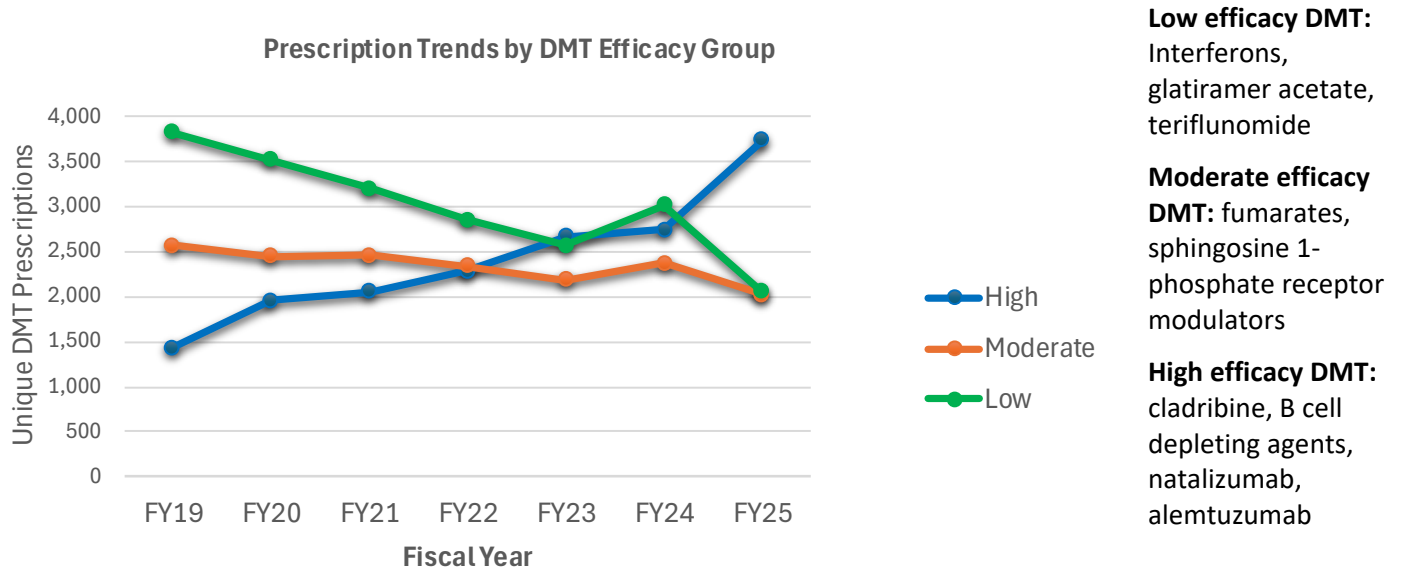
MS DMTs, while increasingly effective at slowing disability progression, are expensive and require monitoring for risks. In FY25, MSCoE partnered with PBM to publish VA-specific [Disease-modifying Therapies in MS National Clinical Recommendations](#). These recommendations help general neurologists select, change, and monitor DMT for the right patients. Figure 8 illustrates trends in DMT prescription over time and [Appendix F](#) lists number of Veterans on specific

DMT. In FY25, approximately 34% of all Veterans with MS seen at the VA for any reason were prescribed a DMT through the VA. This number does not include Veterans with MS prescribed DMT by Community Care providers. For the subset of Veterans followed in the MS Surveillance Registry and more representative of the VA MS population, 52% are taking DMT.

Veterans changing DMT mid-year had one DMT counted for this figure. Numbers do not reflect prescriptions provided to Veterans with MS receiving MS treatment through Community Care.

A FY24 MSCoE comparison of DMT prescriptions among Veterans to those in a similarly aged Medicare population found greater utilization of high efficacy DMT in Veterans, and higher rates of prescriptions in younger Veterans, practices that align with current prescribing guidelines.³ This study demonstrates that *MSCoE delivers better evidence-based MS care to Veterans with MS* than is received by Medicare recipients.

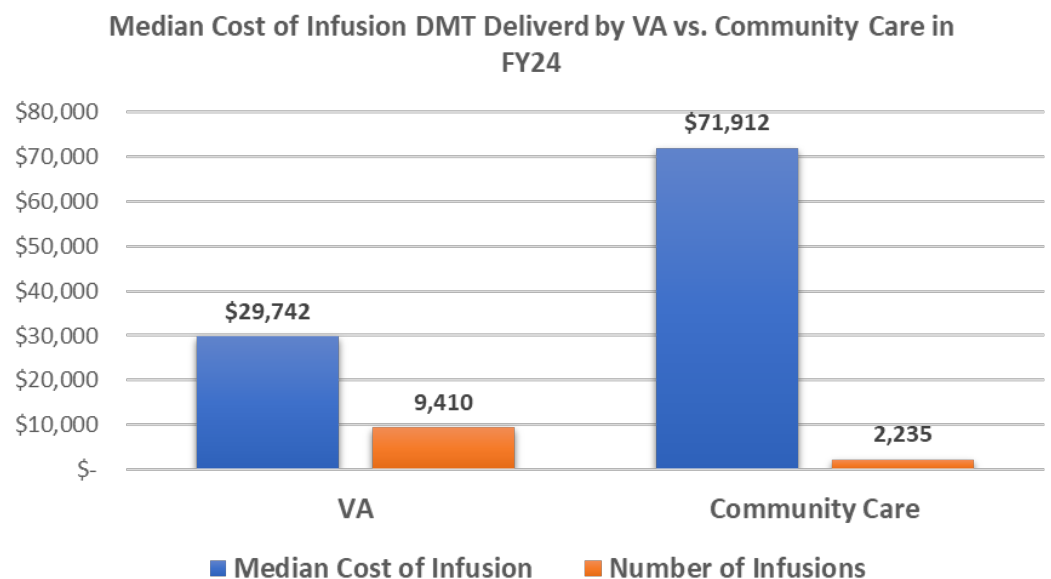
Figure 8. Annual number of Veterans with VA-prescribed DMT categorized as low (blue), moderate (orange), or high (green) efficacy. Data source [VSSC Neurology Cube](#), accessed 11/12/2025.



DMT Cost Comparisons

For FY24, MSCoE compared costs of infusion related costs when DMT is delivered at VA facilities vs what the VA pays for infusions at non-VA infusion facilities. **VA saves over 2.5X in infusion costs, a median \$42,000/infusion and an estimated \$397 million per year (Figure 9). Recapturing community infusions would save the VA an estimated \$66.5 million annually.**

Figure 9. Median cost to the VA of infusion DMT delivered by VA vs Community Care in FY24. Data source SALIENT QUERI project



MSCoE Clinical Care & Informatics Cores Appendices

- [Appendix D.](#) Total Number of clinics associated with the MS (344) Stop Code, by VISN.
- [Appendix E.](#) FY22-25 Numbers of Veterans with MS seen in the VA system by VISN based on ICD Code and MS Service Clinic Stop Code 344.
- [Appendix F.](#) Unique prescriptions for Veterans with MS taking specific DMTs, by year FY19-25.

References:

1. Culpepper WJ, et al. Validation of an algorithm for identifying MS cases in administrative health claims datasets. *Neurology*. 2019 Mar 5;92(10):e1016-e1028. doi: 10.1212/WNL.0000000000007043.
2. McGinley MP, et al. Geographic Disparities in Access to Neurologists and MS Care in the US. *Neurology*. 2024 Jan 23;102(2):e207916. doi: 10.1212/WNL.0000000000207916.
3. Hartung DM, et al. MS DMT use in the department of VA and Medicare: A comparative analysis. *Mult Scler Relat Disord*. 2024 Dec;92:106159. doi: 10.1016/j.msard.2024.106159.

Research Core

MSCoE FY25 Research Highlights

- Launched national online study to combat MS fatigue (CAFÉ-MS)
- Completed MS Veteran Satisfaction with MSCoE care QI project, manuscript submitted
- Promoted research of MSCoE and VA MS health care professionals

Research Objectives

- Conduct clinical science, health services, rehabilitation, and biomedical laboratory research relevant to the care of Veterans with MS.
- Disseminate research findings through publications, presentations, and abstracts to inform clinical practice.
- Enhance VA research collaborations and increase Veteran participation in research.
- Provide research mentorship for the next generation of VA MS scientists.

MSCoE Research at a Glance



5	Multi-Site Projects
27	Single-PI Projects
27	Publications
11	Conference Presentations & Invited Talks
13	Posters

Highlighted Projects

CAFÉ-MS Study

Online study comparing different programs to alleviate MS fatigue. Funded by the Department of Defense (Co-Principal Investigator, Dr. Mitch Wallin) and recruiting at 5 VA sites (Portland, OR; Puget Sound, WA; Nashville, TN; Baltimore, MD; Washington, DC) by MSCoE staff (Drs. Becca Spain, Jodie Haselkorn, Aaron Turner, Francesca Bagnato, Mitch Wallin). **FY25 saw site initiation, site recruitment, and expansion to national recruitment.** The VA recruitment goal is 500 Veterans with MS fatigue.

MSCoE Veteran Satisfaction QI project

The MSCoE project team partnered with the Strategic Policy Evidence-Based Evaluation Center (SALIENT) to conduct in-depth interviews with 9 MS Veterans and their 9 care partners. The interviews touched on the life journey with MS and identified ways in which the VA generally and MSCoE specifically helps and could do more to support MS Veterans. **For FY25: completed data collection, analyzed data, and wrote and submitted manuscript.** See strategic goals for next steps.

VA Research Promotion

Promoted research of VA staff through various avenues, highlighting expertise and accomplishments within VA. Achieved through monthly publication highlights in VA internal e-letter, SharePoint news posts, abstracts at national meetings, and presentations at national meetings and through invited lectures.

Image 1: Café-MS promotional postcard.



Additional Research Core Accomplishments

- [Appendix G.](#) MScOE Research Projects
- [Appendix H.](#) MScOE Research Publications
- [Appendix I.](#) MScOE Research Posters
- [Appendix J.](#) MScOE Research Conference Presentations & Invited Talks.

Education & Training Core

MSCoE FY25 Education Highlights

- Initiated monthly RSP collaborative meetings
- Developed MSCoE SharePoint
- Conducted MS VA HCP education needs assessment
- Advanced physician and psychology fellowships (5 graduated, 3 new, 1 ongoing)
- Expanded care partner webinars
- Updated “Overview of MS for Veterans” booklet

Education & Training Objectives

- Provide a national program of MS education for HCPs, Veterans, and care partners to improve knowledge, enhance access to resources, and promote Veteran self-efficacy and treatment adherence.
- Collaborate with Veteran Service Organizations, MS organizations, and community healthcare institutes to increase educational opportunities, share knowledge, and expand participation.
- Utilize MSCoE website and SharePoint to provide enduring educational programs, opportunities, and outreach.
- Coordinate physician and psychology fellowships to develop expertise in MS healthcare.

MSCoE Education & Training at a Glance



29	VA/Network (Internal-Focused) Provider Programs & Products
35	Partner (External-Focused) Provider Programs & Products
9	Fellows
19	Veteran/Care Partner Programs & Products
3	Veteran/Care Partner Support Groups

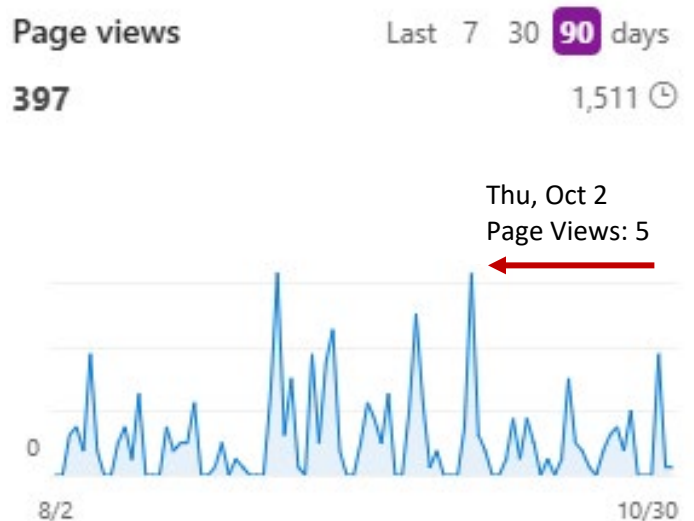
Highlighted Projects

MS & MSCoE SharePoint

The SharePoint was updated and expanded throughout FY25. It now serves as a repository for sharing information as well as a platform for MS providers to communicate and interact. New pages, manuals, and videos important to the care of Veterans with MS were added to the SharePoint and are located within the primary topic areas below. The updated MSCoE SharePoint was shared with the VA MS community in the April 2025 provider e-letter.

- About MSCoE
- National Network of MS Care in VHA
- Service Connection and Disability Benefits for MS
- MS Health Informatics Resources
- MS Medication Guidance
- MS Care Management Resources
- MS Clinic Handouts and Resources
- Addressing Needs of Rural Veterans with MS
- MS Educational Library
- National MS Society

Figure 10. Spikes in SharePoint page views coincide with distribution of new content.



Monthly RSP Collaborative Meeting

To ensure RSP Directors, Coordinators, and others in MS interdisciplinary teams have the knowledge and resources to provide excellent VA MS care, monthly RSP Collaborative Meetings were developed and coordinated. The meetings covered clinical, informatics, and educational topics. Administrative topics included RSP operations and expectations, and discussions of challenges and solutions for VA MS care.

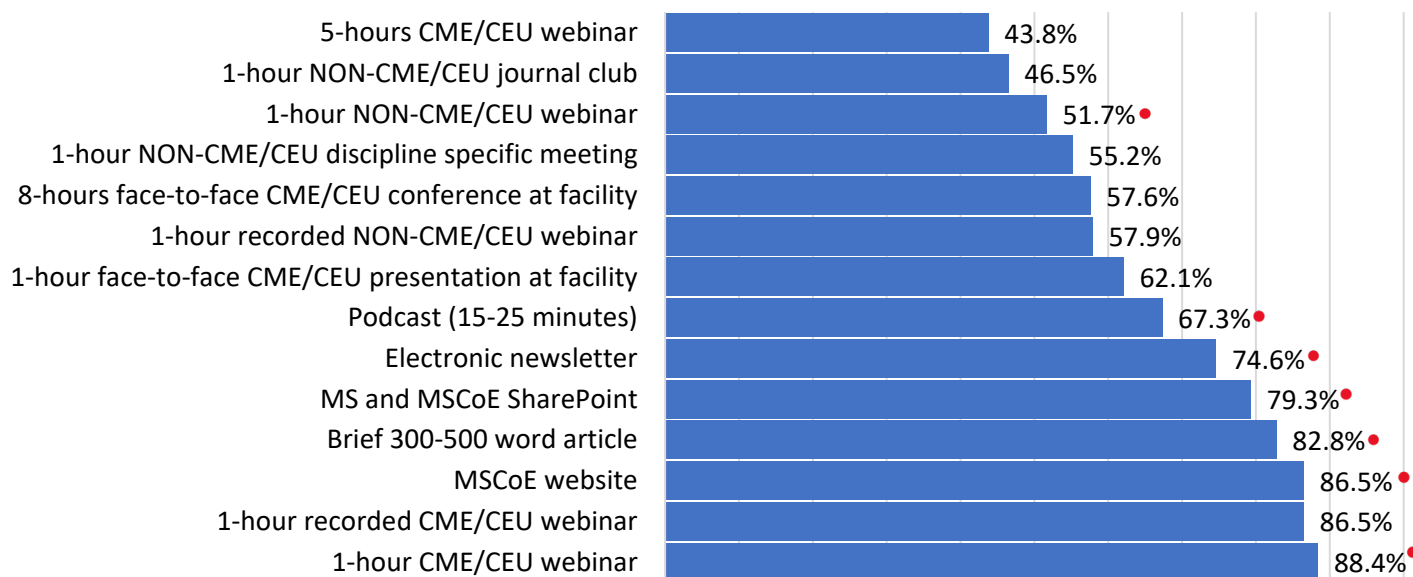
MS VA Health Care Professional Education Needs Assessment

Why: To increase MSCoE's understanding of educational needs within the Network and utilization of current educational programs and products, we performed a HCP needs assessment in July 2025.

Who: Sixty-two staff from across the MSCoE Network completed the needs assessment, including nurses (34%), physicians (27%), and others. All participants were part-time in MS care, with 51% of participants having $\geq .25$ FTEE dedicated to MS care.

What we learned: While $\geq 50\%$ of participants are utilizing MSCoE educational opportunities, 36% find it difficult to find time to attend opportunities that are live. This highlights the importance of the many enduring educational opportunities developed by MSCoE. Respondents also indicated their preferred modalities for learning, which revealed strong preferences for programs already established by MSCoE, programs which are designated by a **I** in the graphic below. Also of note, most educational modalities ranked above 65% for "very likely" or "somewhat likely" are self-paced microlearning opportunities, implying interest in education that can be fit into a busy schedule.

Figure 11. Needs assessment results. Selection of "very likely" or "somewhat likely" to "How likely are you to attend or utilize the following educational modalities?"



VA Office of Academic Affairs Advanced Physician Fellowships

MSCoE conducts OAA advanced physician MS fellowships in Baltimore and Portland. FY25 saw the graduation of 4 physician fellows (Baltimore 1, Portland 3), 1 fellow continuing to a 2nd year (Baltimore), and 3 new fellows (Baltimore 1, Portland 2). The NMSS funded Seattle MSCoE psychology fellow completed her 3rd year of fellowship in June 2025. Fellowships provide excellent exposure to VA care and research, train our next generation of MS providers, and lead to ongoing collaborations.

Hunter Mitchell, MD
July 2024 - current
Baltimore, MD



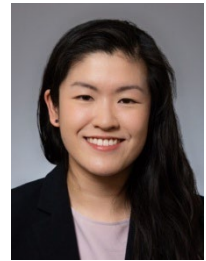
John Budrow, MD
July 2025 - current
Baltimore, MD



Avinash (Avi) Kolli, MD
July 2025 - current
Portland, OR



Michelle Tsai, MD
July 2025 - current
Portland, OR



Care Partner Webinars

While VA and the community have a wide range of resources and educational opportunities for care partners, research found few live MS care partner education and support programs, and none focused on the care partners of Veterans. In FY24 MSCoE held their first national MS care partner education webinar during March MS Awareness. Based on the success of the program, it was expanded to a bi-annual program in FY25. Topics covered in the webinars include “Care Partner Resilience: Bouncing Forward” (March 2025) and “Adapting to a New Role and Identity” (September 2025). Attendee comments from the March 2025 program are below, demonstrating the impact of this important program.

Veteran & Care Partner Quotes

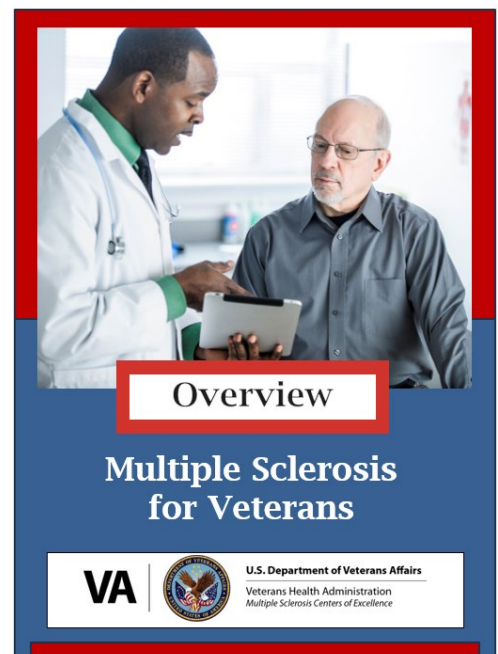
“Thank you for this! Having a community like this and just knowing there are others going through the same feelings and thoughts... that’s helpful and a relief!”

“Thanks ladies! So good for you to take the time for this presentation.”

Update to “Overview of MS for Veterans” Booklet

In FY17, MSCoE developed a 28-page booklet for Veterans newly diagnosed with MS, or new to MS care in VA. The booklet contains information about Veterans living with MS, common questions about MS, VA’s interdisciplinary health care teams, VA’s lifelong care and services, and self-management for living well with MS. In FY25, the booklet was updated with information on MS RSPs and VA Community Care. Based on VA HCPs interest in printed material for VA MS clinics, the updated booklet was printed and will be distributed to RSPs in early FY26.

Image 2: Updated booklet cover.



Additional Education & Training Accomplishments

- [Appendix K](#). MSCoE HCP Conferences, Webinars, & Other Educational Sessions with Network
- [Appendix L](#). MSCoE HCP Grand Rounds Presentations
- [Appendix M](#). MSCoE HCP Invited Lectures
- [Appendix N](#). MSCoE MS Fellowship Programs

- [Appendix O](#). MSCoE Veteran & Care Partner Programs
- [Appendix P](#). MSCoE Veteran & Care Partner Community Engagement
- [Appendix Q](#). MSCoE Veteran & Care Partner Support Groups

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MSCoE Annual Report Acronyms

CME/U - Continuing medical education

CMSC - Consortium of MS Centers

CoE - VA Center of Excellence

CPRS - Computerized Patient Record System

DMT - Disease modifying therapy/therapies

ECHO - Extension for Community Health Outcomes

FTEE - Full-time employment equivalent

FY - Fiscal year

HCP - Healthcare professional/provider

HCS - Healthcare system/health care system

ICD - International Statistical Classification of Diseases and Related Health Problems

ILEAD - Veterans Affairs Institute for Learning, Education, and Development

MS - Multiple sclerosis

MSCoE or Centers - MS Centers of Excellence

MSSR - MS Surveillance Registry

NCAS - Veterans Health Administration Neurology Centers Advisory Subcommittee

Network - MS Network of VA MS healthcare professionals

NMSS - National MS Society

NPO - Veterans Affairs National Neurology Program Office

OAA - Veterans Affairs Office of Academic Affiliations

OHSU - Oregon Health & Science University

PBM - Veterans Affairs Pharmacy Benefits Management Services

PVA - Paralyzed Veterans of America

RRMS - Relapsing-Remitting MS

RSP - Regional specialty program(s)

SCI/D - Spinal cord injuries and disorders

VA - Veterans Affairs

VHA - Veterans Health Administration

VISN - Veterans Integrated Service Network

VwMS - Veterans with MS

Appendix A. MSCoE Inventory of Services

Services Category	Specific Services
Clinical Services	
Comprehensive Neurological Assessment	In-depth evaluations to assess neurological function and disease progression.
Medical Management	Ongoing treatment and monitoring of MS symptoms and disease progression through medication and therapy.
Specialty Clinics	Access to specialized care tailored to individual needs, including neurologists and other specialists.
Rehabilitation Services	Physical therapy, occupational therapy, and speech therapy to aid recovery and improve function.
Neurophysiological Testing	Assessments such as EEG and EMG to evaluate nerve and muscle function.
Psychological & Emotional Support	Counseling and support services to address mental health and emotional well-being.
Nursing Care	Comprehensive nursing services to assist with medical needs and care coordination.
Telehealth	Remote consultations to provide convenient access to HCPs.
Pharmacy Services for DMTs	Medication management and support specifically for DMTs.
Diagnostic Services	Comprehensive diagnostic evaluations to inform treatment plans.
Advanced Imaging & Diagnostics	State-of-the-art imaging techniques to enhance diagnosis and treatment planning.
MRI Scans	Magnetic resonance imaging to assess brain and spinal cord changes related to MS.
Educational Services	
Patient & Family Education	Resources and programs to educate patients and families about MS and its management.
Community Outreach & Awareness	Initiatives to raise awareness about MS and available resources within the community.
Professional Education at Online & National Meetings	Continuing medical education (CME/U) opportunities for HCPs to stay updated on MS care.
Research & Clinical Trials	
Randomized Controlled Clinical Trials	Participation in clinical trials to evaluate the effectiveness of new treatments.

Service Category	Specific Services
Basic Science, Translational, Clinical, &Epidemiologic Research Studies	Research initiatives aimed at advancing understanding and treatment of MS.
Social & Financial Support	
Social Work Services	Support for navigating social services and community resources.
Financial Counseling	Guidance on managing healthcare costs and accessing financial assistance.
Multidisciplinary Team Approach	
Coordination of Care	Collaborative care management among HCPs to ensure comprehensive treatment.
Personalized Care Plans	Customized treatment plans developed in collaboration with the patient and care team.
Additional Services	
Alternative & Complementary Therapies	Options for complementary treatments to support overall wellness.
Nutrition & Diet Counseling	Guidance on nutrition and diet to enhance health and manage symptoms.
Assistive Technology & Prosthetics	Access to assistive devices and prosthetic solutions to improve quality of life.
Vocational Rehabilitation	Support services aimed at helping Veterans regain employment and manage workplace challenges.
Support for Families & Care Partners	
Care Partner Support	Resources and assistance for those providing care to Veterans with MS.
Educational Programs for Care Partners	Training and support programs designed for care partners to enhance their skills and knowledge.
Respite Care	Temporary relief for care partners to allow for self-care and recovery.

Appendix B. VA Neurology Centers Advisory Subcommittee Members

The VA Neurology Centers Advisory Subcommittee reviews and makes policy recommendations about: (1) ability of MSCoE host facilities to carry out the services required of MSCoE and (2) MSCoE success in advancing scientific knowledge, clinical care, research, training of HCPs, and developing the national Network of clinical services for Veterans with MS and other neuroimmunological disorders.

Name	Discipline	Organization	VA affiliated	Title
Antonovich, Natasha PharmD, BCPS	Pharmacy	PBM	Yes	National PBM Clinical Pharmacy Program Manager, Neurology
Acheampong, Ernest RN, CNL, MSCN	Nursing	SCI/MS	Yes	MS RSP Coordinator, Bronx, NY VAMC
Burgess, Kathleen MD, MS	Physical Medicine and Rehabilitation	Puget Sound VA HCS	Yes	Co-Director, MS RSP, Seattle, WA
Higgins, Donald, Jr. MD, FANA, FAAN	Neurology	NPO	Yes	Interim Deputy National Director, NPO; Associate Chief of Staff Research, Albany, NY VAMC
Kowal, Vicki MA, LPCC, NCC	MS	NMSS	No	Senior Manager Healthcare Access, NMSS
Lonete, Carolina MD, PhD	Neurology	CMSC	No	Board Member, CMSC; Director MS and Neuroimmunology Center, University of Mass Memorial Medical Center
Maynard, Chuck PhD, MSW, MA	Sociology	University of Washington	Yes	Research Professor Emeritus, Department of Health Services
Newsome, Scott DO, MSCS, FAAN, FANA	Neurology	CMSC	No	Board Member, CMSC; Professor of Clinical Neurology, Johns Hopkins University School of Medicine
Niu, Shui-Lin (Stan) PhD	Neuroscientist	DoD	No	Science Officer, DOD Congressionally Directed Medical Research Program (CDMRP) MS Research Program

Name	Discipline	Organization	VA affiliated	Title
Khan, Omar (CHAIR) MD, FAAN, FAES, FANA	Neurology	ECoE	Yes	Site Director, Baltimore, MD ECoE
Perlman, Lindsay MPH		PVA	No	Director Research and Education, PVA
Simmons, Sarah MD, PhD	Rehabilitation Medicine	University of Washington	No	Assistant Professor Department of Rehabilitation Medicine, University of Washington

Appendix C. MSCoE Internal & External Partnerships, University Affiliates

MSCoE Internal Collaborations

Internal collaborations strengthen our program by aligning best practices and sharing information and resources to mutually benefit our respective programs. We meet regularly with the following:

National Neurology Program Office	<p>The National Neurology Program Office (NPO) provides hands-on oversight and leadership to MSCoE and other neurology CoE, acting as a line of communication and advocacy with VA Central Office.</p> <p>MSCoE collaborates with the other neurology programs (Epilepsy CoE, Parkinsons CoE, Headache CoE, Tele-Neurology, Tele-Stroke, ALS) under leadership of the NPO via “OneNeurology” annual strategic planning meetings (started 2024), teleconferences, and facility level communications to align best practices, share knowledge and resources, and demonstrate value.</p>
VA National Center for Healthcare Advancement & Partnerships	<p>The National Center for Healthcare Advancement and Partnerships (HAP) serves as a trusted resource and a catalyst for the growth of effective partnerships at the national, state, and community level. It also serves as a facilitator and access point for public and private entities interested in partnering with VHA to benefit Veterans, their families, care partners, and survivors.</p>
VA Institute for Learning, Education, & Development	<p>The VA Institute for Learning, Education, and Development (ILEAD) provides virtual and in-person training, products, services and cohort-based experiential development opportunities for VA employees in all phases of their career. ILEAD’s mission is to best care for Veterans as a high-performing organization that delivers exceptional learning, education, and development to staff.</p>
VA Office of Academic Affiliations	<p>Building on the longstanding, close relationships among the VA and the nation’s academic institutions, VA plays a leadership role in defining the education of future HCPs that helps meet the changing needs of the nation’s healthcare delivery system. Through partnerships, the VA Office of Academic Affiliations (OAA) conducts the largest education and training effort for HCPs in the nation.</p>
VA Office of Information & Technology	<p>The VA Office of Information and Technology (OI&T) provides a seamless, unified Veteran experience through the delivery of state-of-the-art technology through collaboration with business partners.</p>
VA Office of Research & Development	<p>The VA Office of Research and Development (R&D) is focused on health issues that affect Veterans. It is part of an integrated HCS and has come to be viewed as a model for superior bench-to-bedside research. The VA R&D program has been improving the lives of Veterans and all Americans through health care discovery and innovation.</p>
VHA Advisory Committee on Prosthetics & Special Disabilities	<p>The VHA Advisory Committee on Prosthetics and Special Disabilities provides advice to the VA Secretary on VA prosthetics and special-disabilities programs; coordination of VA and non-VA programs to develop and test prosthetic devices; and coordination of the informational exchange regarding development and testing of prosthetic devices.</p>

VA Office of Community Care

The VA Office of Community Care (OCC) operates two main service lines, Delivery Operations and Revenue Operations. The service lines support medical care delivery and services for Veterans and their families. OCC is responsible for functions that support service lines such as administration, planning, oversight, and stakeholder relations. They work closely with Veterans and their families, community HCPs, and VA staff to ensure Veterans can get care from community HCPs when needed.

VA Pharmacy Benefits Management Services

VA's Pharmacy Benefits Management Services (PBM) provide leadership for pharmacy activities in VA. They provide advice and support regarding pharmacy issues to a wide variety of stakeholders, including Veterans, the Under Secretary for Health, VA medical facility directors, and clinical staff across the system. PBM works to enhance clinical outcomes and improve the health of Veteran patients through the appropriate use of pharmaceuticals.

VA Spinal Cord Injury & Disorders National Program

The VA Spinal Cord Injury & Disorders (SCI/D) National Program supports and maintains the health, independence, quality of life, and productivity of Veterans with SCI/D throughout their lives. These objectives are accomplished through rehabilitation, sustaining medical and surgical care; patient and family education; psychological and vocational care; education; and HCP training. In addition, the SCI/D National Program works collaboratively with MSCoE in the care management of Veterans with MS who also have spinal cord lesions and complications.

External Collaborations & Partnerships

MSCoE collaborations and partnerships with non-VA organizations exist for the purpose of building strong communities, sharing knowledge, and enhancing communication within the VA to optimize services and resources for Veterans. Services include providing educational materials and programs for HCPs and Veterans, developing strategies to reach people with MS in rural areas, providing fellowship opportunities and experiences, promoting research in MS, and providing networking opportunities. The following organizations are the primary MSCoE external collaborators and partners:

Consortium of MS Centers



MSCoE partners with the Consortium of MS Centers (CMSC) on their annual conference to teach VA-specific courses in clinical research and education. CMSC is a consistent partner and supporter of MSCoE through scholarships for HCPs and trainees to attend the CMSC Annual Meeting. CMSC allows MSCoE to host their annual VA Business Meeting, an educational booth, and a VA reception on the first night of the meeting.

International Organization of MS Nurses



The International Organization of MS Nurses (IOMSN) is dedicated to the needs and goals of professional nurses who care for people with MS. They collaborate with MSCoE on mentoring, educating, networking, and sharing opportunities. MSCoE has a representative on the IOMSN education committee, a position that has a 3-year tenure. This position advocates for the needs of VA nurses in MS care. Ms. Stacy Stark McMillion, DNP, RN, the RSP Coordinator in Palo Alto, CA, is the currently appointed VA MS Nurse Representative.

National MS Society



MSCoE and the National MS Society (NMSS) have collaborated since the establishment of MSCoE in 2003. Their mission is to empower people affected by MS to live their best lives. NMSS has developed several opportunities for Veterans, including educational webinars specific to VA and special training for their MS Navigators who communicate with the public. They perform monthly outreach to VA MS HCPs, and collaborate with MSCoE on HCP and Veteran education. The VA formalized a partnership with the NMSS on March 6, 2019 through a Memorandum of Agreement (MOA).

Paralyzed Veterans of America



The Paralyzed Veterans of America (PVA) Veterans service organization staff are skilled at working with the unique issues involved with MS care access, disability, and service-connection as well as a variety of recreational opportunities. PVA representatives provide advocacy for MS Veteran needs.

University Affiliates

MSCoE collaborates with our VA facility university affiliated institutions at our Coordinating Centers and RSP locations on HCP and patient education, research, and outreach.

Appendix D. Clinics Associated with MS (344) Stop Code

FY25 saw an increase in total 344 stop code clinics from 55 to 125. The total number of RSPs fulfilling goal of 3 or more 344 stop code clinics went from 12 (34%) to 17 (49%).

VISN	RSP	344 Stop Code Clinics n, Y/N Meeting Expectation	
		FY24	FY25
National % Meeting \geq 3 Clinics with 344 Stop Codes		34%	45%
1	West Haven, CT	4, Y	4, Y
2	East Orange NJ	0, N	2, N
2	Bronx, NY	2, N	3, Y
4	Pittsburg, PA	0, N	0, N
4	Philadelphia, PA	1, N	1, N
5	Washington, DC	10, Y	12, Y
5	Baltimore, MD	9, Y	12, Y
6	Durham, NC	0, N	0, N
6	Salisbury, NC	1, N	1, N
7	Birmingham, AL	4, Y	5, Y
7	Decatur (Atlanta), GA	4, Y	2, N
8	Miami, FL	1, N	1, N
8	Tampa, FL	2, N	6, Y
8	Puerto Rico (Caribbean or San Juan), PR	0, N	1, N
9	Nashville, TN	1, N	3, Y
10	Ann Arbor, MI	0, N	0, N
10	Detroit, MI	0, N	3, Y
12	Hines, IL	3, Y	1, N
12	Chicago, IL	4, Y	4, Y
12	Milwaukee, WI	2, N	2, N

		344 Stop Code Clinics n, Y/N Meeting Expectation	
VISN	RSP	FY24	FY25
National % Meeting \geq 3 Clinics with 344 Stop Codes		34%	45%
12	Madison, WI	1, N	1, N
15	Saint Louis, MO	1, N	1, N
16	Houston, TX	3, Y	4, Y
16	Little Rock, AR*	-	2, N
17	Dallas, TX	0, N	0, N
19	Aurora (Denver), CO	1, N	1, N
19	Oklahoma City, OK	7, Y	8, Y
19	Salt Lake City, UT	2, N	2, N
20	Portland, OR	14, Y	12, Y
20	Seattle, WA	7, Y	10, Y
21	Mather (Sacramento), CA	0, N	2, N
21	Palo Alto, CA	2, N	2, N
22	Long Beach, CA	4	2, N
22	Los Angeles, CA	2, N	5, Y
22	San Diego, CA	0, N	0, N
23	Minneapolis, MN	2, N	5, Y
Total clinics		94	125

Data is from the [VSSC access team Clinic build report](#), accessed 9/23/2025. *RSP added in FY25.

Appendix E. FY23-25 Unique Veterans with MS Seen in VA System by VISN, Mapped to RSPs, & Served in MS Subspecialty (344 Stop Code) Clinics

[VSSC Neurology Cube](#), accessed 11/12/2025. *Indicates VISN containing MSCoE Coordinating Center.

VISN	FY23		FY24		FY25	
	Total VwMS, n (VwMS Mapped to RSP)	Unique VwMS Served in 344 Clinic, n (% of Total VwMS), (%VwMS Mapped to RSP)	Total VwMS, n (VwMS Mapped to RSP)	Unique VwMS Served in 344 Clinic, n (% of Total VwMS), (%VwMS Mapped to RSP)	Total VwMS, n (VwMS Mapped to RSP)	Unique VwMS Served in 344 Clinic, n (% of Total VwMS), (%VwMS Mapped to RSP)
Total	18,070 (9,900)	2,567(14%) (26%)	18,536 (9,459)	2,767 (15%) (29%)	18,960 (10,203)	3,299 (17%) (32%)
East	9,906 (5,039)	1,038 (10%) (21%)	10,271 4,586)	1,118 (11%) (24%)	10,572(4,890)	1,422 (13%) (29%)
1	799 (440)	61 (8%) (14%)	812 (208)	65 (8%) (31%)	836 (212)	86 (10%) (41%)
2	851 (699)	150 (18%) (21%)	868 (342)	100 (12%) (29%)	849 (354)	104 (12%) (29%)
4	963 (552)	73 (8%) (13%)	1,039 (603)	71 (7%) (12%)	1,073 (609)	72 (7%) (12%)
5*	751 (580)	327 (44%) (56%)	786 (618)	365 (46%) (59%)	832 (655)	338 (41%) (52%)
6	1,359 (260)	1 (0%) (0%)	1,438 (629)	81 (6%) (13%)	1,503 (677)	94 (6%) (14%)
7	1,256 (599)	278 (22%) (46%)	1,325 (641)	295 (22%) (46%)	1,384 (660)	281 (20%) (43%)
8	1,619 (764)	46 (3%) (6%)	1,648 (783)	74 (4%) (9%)	1,662 (764)	172 (10%) (23%)
9	761 (266)	102 (13%) (38%)	788 (283)	64 (8%) (23%)	825 (289)	113 (14%) (39%)
10	1,547 (879)	0 (0%) (0%)	1,567 (479)	3 (0%) (1%)	1,608 (496)	54 (3%) (11%)
West	9,512 (4,861)	1,529 (16%) (31%)	9,908 (4,873)	1,649 (17%) (34%)	10,206 (5,313)	1,877 (18%) (35%)
12	890 (511)	215 (24%) (42%)	925 (753)	304 (33%) (40%)	968 (770)	339 (35%) (44%)
15	716 (241)	28 (4%) (12%)	759 (273)	45 (6%) (16%)	755 (275)	15 (2%) (5%)
16	1,025 (492)	247 (24%) (50%)	1,101 (318)	183 (17%) (58%)	1,166 (592)	323 (28%) (55%)
17	1,226 (402)	4 (0%) (1%)	1,285 (402)	6 (0%) (1%)	1,347 (415)	13 (1%) (3%)
19	1,219 (879)	257 (21%) (29%)	1,303 (942)	324 (25%) (34%)	1,346 (990)	375 (28%) (38%)

VISN	FY23		FY24		FY25	
	Total VwMS, n (VwMS Mapped to RSP)	Unique VwMS Served in 344 Clinic, n (% of Total VwMS), (%VwMS Mapped to RSP)	Total VwMS, n (VwMS Mapped to RSP)	Unique VwMS Served in 344 Clinic, n (% of Total VwMS), (%VwMS Mapped to RSP)	Total VwMS, n (VwMS Mapped to RSP)	Unique VwMS Served in 344 Clinic, n (% of Total VwMS), (%VwMS Mapped to RSP)
20*	1,216 (836)	476 (39%) (57%)	1,213 (817)	475 (39%) (58%)	1,244 (867)	497 (40%) (57%)
21	892 (376)	8 (1%) (2%)	947 (372)	6 (1%) (2%)	969 (392)	21 (2%) (5%)
22	1,378 (608)	197 (14%) (32%)	1,403 (625)	211 (15%) (34%)	1,430 (628)	181 (13%) (29%)
23	950 (516)	97 (10%) (19%)	972 (371)	95 (10%) (26%)	981 (384)	113 (12%) (29%)

APPENDIX F. Unique Prescriptions for Veterans with MS Taking Specific DMTs, By Years FY19-25

For the table below, not applicable (NA) is used when the year is prior to FDA-approval. The data source is the Neurology Cube, which was accessed on 11/12/2025.

Medication Class	DMT Name	Efficacy	FY19	FY20	FY21	FY22	FY23	FY24	FY25
Total Oral & Injectable DMTs			6,403	5,977	5,708	5,286	4,962	4,646	4,544
Glatiramer (inj)	Glatiramer Acetate (generic, Glatopa)	Low	1,914	1,707	1,561	1,362	910	977	917
Interferons (inj)	Interferon Beta-1a (Avonex, Rebif)	Low	1,131	979	836	708	413	726	415
	Peginterferon Beta-1a (Plegridy)	Low	43	41	2	4	0	135	0
	Interferon Beta-1b (Extavia, Betaseron)	Low	270	226	195	162	79	549	79
Fumarates (oral)	Dimethyl Fumarate (generic, Tecfidera)	Moderate	2,084	1,973	1,967	1,832	1,489	1,502	1,518
	Diroximel Fumarate (Vumerity)	Moderate	0	3	26	35	50	43	51
	Monomethyl Fumarate (Bafiertam)	Moderate	NA	0	0	0	4	4	4
S1P Inhibitors (oral)	Fingolimod (Gilenya)	Moderate	477	453	419	396	338	710	344
	Ozanimod (Zeposia)	Moderate	NA	2	9	19	43	47	44
	Ponesimod (Ponvory)	Moderate	NA	NA	1	1	4	2	4
	Siponimod (Mayzent)	Moderate	2	22	37	59	59	63	59
B Cell Depleting Agents (inj)	Ofatumumab (Kesimpta)	High	NA	NA	31	74	417	334	428
Other (oral)	Cladribine (Mavenclad)	High	14	9	15	18	31	14	34
	Teriflunomide (Aubagio)	Low	468	562	611	620	631	628	647
Total Infusion DMTs			1,420	1,944	2,008	2,193	2,458	2,393	3,275

Medication Class	DMT Name	Efficacy	FY19	FY20	FY21	FY22	FY23	FY24	FY25
B Cell Depleting Agents	Ocrelizumab (Ocrevus)	High	651	1,098	1,279	1,489	1,849	1,705	1,986
	Rituximab (Rituxan, biosimilar Truxima)	High	407	525	512	514	398	504	680
	Ublituximab (Briumvi)	High	NA	NA	NA	NA	0	48	399
Other	Alemtuzumab (Lemtrada)	High	27	51	1	0	56	2	50
	Natalizumab (Tysabri)	High	335	270	217	190	155	134	160
TOTAL			7,823	7,921	7,716	7,479	7,420	7,039	7,446

Appendix G. MSCoE Research Projects

Goal: n=4 / Achievement: n=4

Multi-Site Research Projects

Project Title	Investigator(s)	Funding Source	Amount	Years
A Multicenter Randomized Controlled Trial of High-dose Immunosuppressive Therapy and Autologous Hematopoietic Stem Cell Transplant Versus Best Available Approved Therapy for Treatment-resistant Relapsing MS	V. Yadav (Site-PI), Portland	NIH	\$1,603,000	2/19-1/28
ELEVIDA for MS Fatigue, CAFÉ-MS	M. Wallin (Co-I), DC; F. Bagnato (Site-PI), Nashville; R. Spain (Co Site-PI), Portland; C. Hollen (Co Site-PI), Portland; J. Haselkorn (Co Site-PI), Puget Sound; A. Turner (Co Site-PI), Puget Sound	DoD	\$4,478,000	9/23-8/27
Pooled Analysis of MS Findings on Multi-Site 7 Tesla MRI	D. Harrison (PI), Baltimore	NIH	\$2,439,574	7/20-6/26
Therapeutic Experience Program (TEP) Study Assessing Adherence to On-Label PoNS® Therapy for Improvement of Gait in People with MS in a Real-World Clinical Setting	V. Yadav (Site-PI), Portland; S. Shah (Site-PI), Durham	Helius	\$34,000	11/22-11/25

Single PI Research Projects

Project Title	Investigator(s)	Funding Source	Amount	Years
A CME Course to Educate Health Care Providers About the Latest in Advances in the Field of MS and CNS Neuroimmunological Disorders	V. Yadav (PI), Portland	PVA	\$15,000, person months per budget period	7/23-7/25
A Pilot Trial to Study the Effects of Oral MitoQ on Fatigue in MS	V. Yadav (PI), Portland	VA	\$380,000	4/20-3/25
Aerobic Exercise to Improve Mobility in MS: Optimizing Design and Execution for a Full-Scale Multimodal Remyelination Clinical Trial (Renewal)	L. Wooliscroft (PI), Portland	NIH	\$100,000 in student loan repayment	9/23-8/25

Project Title	Investigator(s)	Funding Source	Amount	Years
Aerobic Exercise to Improve Mobility in MS: Optimizing Design and Execution for a Full-Scale Multimodal Remyelination Clinical Trial	L. Wooliscroft (PI), Portland	NIH	\$638,916	7/20-6/25
Biomaterials-Enabled Delivery of Immunometabolic Modulators to Improve Treatment Options for MS in Veterans	M. Wallin (Co-I), DC	VA	\$1,009,579	01/23-12/27
Biomedical Laboratory Research and Development (BLR&D) Research Career Scientist Award	A. Vandembark (PI), Portland	VA	\$1,270,911	5/18-9/25
Breaking Out of the Box: Optimizing Outcome Measures for Advanced MS	L. Wooliscroft (Co-I), Portland; E. Silbermann (Co-I), Portland	Laura Fund	\$48,720	7/24-6/25
Cladribine Tablets: Observational Evaluation of Effectiveness and Patient-Reported Outcomes in Sub Optimally Controlled Pats Previously Taking Oral or Infusion Disease Modifying Drugs for Relapsing Forms of MS (MASTERS-2)	F. Bagnato (Site PI), Nashville	EMD Serono	\$83,018	8/20-8/26
Clinical Training Fellowship in MS and Neuroimmunology	J. Rinker (Co-I), Birmingham	NMSS	\$346,301	7/24-6/27
Development and Feasibility of a Fatigue Self-Management Health Program for Persons with MS	J. Haselkorn (Co-I), Puget Sound; A. Turner (Co-I), Puget Sound	NMSS	\$700,429	7/21-06/26
Impact of Diet Quality and Calorie Restriction on Physical Function and Patient-Reported Outcome in MS	J. Rinker (Co-I), Birmingham	DoD	\$3,813,914	11/22-10/26
Improving the Assessment of Myelin and Axonal Integrity in Early MS	F. Bagnato (PI), Nashville	VA	\$945,462	7/21-6/26
Insights into MS Pathology from 7-T MRI and Multiomics Analysis of Serologic Samples	D. Harrison (PI)	DoD	\$249,999	8/24-8/26
Mentor-based Fellowship in Rehabilitation Research: The Seattle Collaborative Fellowship	A. Turner (PI), Puget Sound; J. Haselkorn (Co-I), Puget Sound	NMSS	\$401,426	7/18-6/25
Novel Biomarkers of Neural Repair in MS	L. Wooliscroft (PI), Portland	Myelin Repair Foundation	\$24,964	11/20-6/25

Project Title	Investigator(s)	Funding Source	Amount	Years
Opal Mobilize-D Validation and Association with Disability in People with MS	L. Wooliscroft (PI), Portland	Clario	\$32,906	11/23-11/28
Optimizing a Telehealth Behavioral Intervention for Fatigue in People with MS	L. Knowles (PI), Puget Sound; A. Turner (Mentor), Puget Sound	NIH	\$807,600	7/23-6/28
Optimizing Lipoic Acid Drug Delivery Using Novel Molecular Derivatives for Maximal Neuroprotective Treatment of Progressive MS	R. Spain (PI), Portland	OHSU	\$60,000	7/24-6/25
Oregon Health and Science University Institutional Clinical Training Award	V. Yadav (PI), Portland	OHSU	\$584,375	7/20-6/25
Proteomic Investigation of Lipoic Acid Mechanisms of Action in a Progressive MS Clinical Trial Population	R. Spain (Co-PI), Portland	DoD	\$249,999	8/24-8/26
Retinal Microvasculature as a Predictor of Neurodegeneration in MS	E. Silbermann (PI), Portland	VA	\$1,382,087	10/20-9/25
The Adaptive Optics Retinal Imaging in MS	D. Harrison (PI), Baltimore	DoD	\$594,056	9/22-9/25
The Development of a Convolutional Neural Network for MRI Prediction of Progression and Treatment Response in Progressive Forms of MS	D. Harrison (PI), Baltimore	Research Grant	\$586,820	4/22-3/25
The Effects of Aerobic Exercise on Structural, Functional, and Blood Biomarkers of Remyelination and Neural Repair in MS	W. Rooney (PI), Portland; L. Wooliscroft (Co-I), Portland	Myelin Repair Foundation, EMD Serono	\$49,840	8/21-7/25
Tunable Assembly of Regulatory Immune Signals to Promote Myelin-specific Tolerance	M. Wallin (Co-I), DC	VA	\$1,202,339	4/22-3/26
Tykeson Family Term Professorship	V. Yadav (PI), Portland	Tykeson Family Foundation	\$500,000	11/15-10/25
Using Advanced Dynamic Susceptibility Contrast MR Perfusion to Quantify Microvascular Dysfunction in MS	E. Silbermann (PI), Portland	OHSU	\$70,000	6/23-6/25

Appendix H. MSCoE Research Publications

Goal: n=25 / **Achievement:** n=27

1. **Bagnato F**, Mordin M, Greene N, Mahida S, van Wingerden J. Associations between chronic active lesions and clinical outcomes in MS: A systematic literature review. *J Manag Care Spec Pharm*. 2025 Jul;31(7):694-721. doi: 10.18553/jmcp.2025.24294. Epub 2025 May 13. PMID: 40357663; PMCID: PMC12204335.
2. Blitz-Shabbir K, Banks AM, Garg H, Nelson F, **Shah S**, Belviso N, Mendoza JP, Avila RL, Bian B, Fong K. Real-World Treatment Outcomes in Black, Hispanic, Asian, and White Patients with MS Treated with Natalizumab. *Drugs Real World Outcomes*. 2025 Jun;12(2):301-310. doi: 10.1007/s40801-025-00495-w. Epub 2025 May 30. PMID: 40442571; PMCID: PMC12174032.
3. Bourdette D, **Wooliscroft L**. Late-Onset MS: Is Disease-Modifying Therapy Indicated? *Neurology*. 2025 Aug 12;105(3):e213971. doi: 10.1212/WNL.0000000000213971. Epub 2025 Jul 16. PMID: 40669029.
4. Gangi A, Raskin SA, **Turner AP**, Foley FW, Neto LO, Gromisch ES. Expanding the Connection Between Cognition and Illness Intrusiveness in MS. *Int J MS Care*. 2024 Nov 18;26(Q4):321-328. doi: 10.7224/1537-2073.2023-099. PMID: 39583028; PMCID: PMC11584378.
5. Gillen KM, Nguyen TD, Dimov A, Kovanlikaya I, Luu HM, Demmon E, Markowitz DM, **Bagnato F**, Pitt D, Gauthier SA, Wang Y. Quantitative susceptibility mapping is more sensitive and specific than phase imaging in detecting chronic active MS lesion rims: pathological validation. *Brain Commun*. 2025 Jan 11;7(1):fcf011. doi: 10.1093/braincomms/fcaf011. PMID: 39916751; PMCID: PMC11800486.
6. Gomes KE, Riegler KE, DelMastro HM, **Turner AP**, Neto LO, Gromisch ES. Psychosocial Factors are Associated with Walking-Related Goal Attainment in MS: A Preliminary Study. *Int J MS Care*. 2025 Feb 24;27(Q1):56-62. doi: 10.7224/1537-2073.2024-045. PMID: 39995762; PMCID: PMC11848524.
7. Graham EL, Bove R, Costello K, Crayton H, Jacobs DA, **Shah S**, Sorrell F, Stoll SS, Houtchens MK. Practical Considerations for Managing Pregnancy in Patients with MS: Dispelling the Myths. *Neurol Clin Pract*. 2024 Apr;14(2):e200253. doi: 10.1212/CPJ.0000000000200253. Epub 2024 Feb 13. PMID: 38585436; PMCID: PMC10996912.
8. Gromisch ES, **Turner AP**, **Leipertz SL**, Beauvais J, **Haselkorn JK**. Appointment non-attendance is associated with DMT persistence the following year. *Mult Scler Relat Disord*. 2024 Dec;92:106179. doi: 10.1016/j.msard.2024.106179. Epub 2024 Nov 17. PMID: 39571216.
9. Gromisch ES, **Turner AP**, Neto LO, DelMastro HM, Foley FW. Resilience Indirectly Affects Functional Capabilities Through Physical Activity Engagement in Individuals with MS. *Int J MS Care*. 2025 Apr 14;27(Q2):111-116. doi: 10.7224/1537-2073.2024-038. PMID: 40230402; PMCID: PMC11994948.
10. **Harrison DM**, Allette YM, Zeng Y, Cohen A, Dahal S, Choi S, Zhuo J, Hua J. Meningeal contrast enhancement in MS: Assessment of field strength, acquisition delay, and clinical relevance. *PLoS One*. 2024 May 29;19(5):e0300298. doi: 10.1371/journal.pone.0300298. PMID: 38809920; PMCID: PMC11135724.
11. **Harrison DM**, Sati P, Klawiter EC, Narayanan S, **Bagnato F**, Beck ES, Barker P, Calvi A, Cagol A, Donadieu M, Duyn J, Granziera C, Henry RG, Huang SY, Hoff MN, Mainero C, Ontaneda D, Reich DS, Rudko DA, Smith SA, Trattnig S, Zurawski J, Bakshi R, Gauthier S, Laule C. The use of 7T MRI in MS: review and consensus statement from the North American Imaging in MS Cooperative. *Brain Commun*. 2024 Oct 9;6(5):fcae359. doi: 10.1093/braincomms/fcae359. PMID: 39445084; PMCID: PMC11497623.
12. Hartung DM, Graham GD, **Wallin M**, **Leipertz S**, **Spain R**. MS disease-modifying therapy use in the department of Veteran Affairs and Medicare: A comparative analysis. *Mult Scler Relat Disord*. 2024 Dec;92:106159. doi: 10.1016/j.msard.2024.106159. Epub 2024 Nov 8. PMID: 39591702.
13. Hutto SK, Balaban D, Rohm Z, Lackey E, Samudralwar RD, El Sammak S, Nakirikanti A, Oyerinde E, Bou G, Herman M, Horta L, Taha M, Rivera Torres N, Morrison A, **Shah S**, Pawate S, Vargas D, Tyor W. Rituximab in pathologically

confirmed sarcoidosis affecting the central nervous system: a multi-center retrospective study. *J Neurol*. 2025 Jul 18;272(8):519. doi: 10.1007/s00415-025-13209-7. PMID: 40681720.

14. Jackson DA, **Turner AP**, Raskin SA, Neto LO, Gromisch ES. Prospective Memory Complaints Are Related to Objective Performance in People with MS. *Arch Phys Med Rehabil*. 2025 Feb;106(2):223-229. doi: 10.1016/j.apmr.2024.08.018. Epub 2024 Sep 3. PMID: 39237071.
15. Kazimuddin HF, Wang J, Toubasi AA, Hernandez B, Sun L, Vinarsky T, Gheen C, Rohm Z, Koch C, Eaton JE, Clarke MA, Cheek R, Kramer J, Ye F, Oguz I, **Bagnato F**. Paramagnetic rim lesions in early MS: a 7 Tesla imaging study. *Brain Commun*. 2025 Jun 3;7(3):fcf215. doi: 10.1093/braincomms/fcaf215. PMID: 40585811; PMCID: PMC12203533.
16. Knowles LM, Mistretta EG, Arewasikporn A, Hugos CL, Cameron MH, **Haselkorn JK, Turner AP**. Improvement in depressive symptoms is associated with sustained improvement in fatigue impact in adults with MS. *Mult Scler Relat Disord*. 2024 Dec;92:106158. doi: 10.1016/j.msard.2024.106158. Epub 2024 Nov 5. PMID: 39577297; PMCID: PMC11737376.
17. Knowles LM, Yang B, Mata-Greve F, **Turner AP**. Perspectives on fatigue management among veterans living with MS. *Mult Scler Relat Disord*. 2024 Aug;88:105716. doi: 10.1016/j.msard.2024.105716. Epub 2024 Jun 8. PMID: 38880030; PMCID: PMC11617002.
18. Martin K, Cofield SS, Cross AH, Goss AM, Raji CA, **Rinker JR**, Wu GF, Blair J, Fuchs A, Ghezzi L, Green K, Pace F, Pastori G, Taylor MG, Piccio L, Wingo BC. Functional outcomes of diets in MS (FOOD for MS): Protocol for a parallel arm randomized feeding trial for low glycemic load and calorie restriction. *Contemp Clin Trials*. 2024 Aug;143:107584. doi: 10.1016/j.cct.2024.107584. Epub 2024 May 29. PMID: 38821260.
19. Paredes D, Lackey E, **Shah S**. Reasons for Hospital Admission in Individuals with MS. *Int J MS Care*. 2024 Oct 28;26(Q4):302-307. doi: 10.7224/1537-2073.2023-064. PMID: 39469097; PMCID: PMC11513505.
20. Reeves JA, Bartnik A, Mohebhi M, Ramanathan M, Bergsland N, Jakimovski D, Wilding GE, Salman F, Schweser F, Weinstock-Guttman B, Hojnacki D, Eckert S, **Bagnato F**, Dwyer MG, Zivadinov R. Determinants of long-term paramagnetic rim lesion evolution in people with MS. *Ann Clin Transl Neurol*. 2025 Feb;12(2):267-279. doi: 10.1002/acn3.52253. Epub 2024 Nov 18. PMID: 39556505; PMCID: PMC11822801.
21. Shen J, Sugita M, Linares-Lopez A, **Shah S**, Eckstein C, Lackey E. Adalimumab as treatment for neurosarcoidosis: A case series. *J Neurol Sci*. 2024 May 15;460:123018. doi: 10.1016/j.jns.2024.123018. Epub 2024 Apr 16. PMID: 38640580.
22. Tang S, **Harrison DM**, Bardhoshi A, Cureton R, Yan X, Parcon PA, Morse CL, Ecker C, Choi S, Pike VW, Innis RB, Zanotti-Fregonara P. Cyclooxygenase-1 and cyclooxygenase-2 densities measured using positron emission tomography are not altered in the brains of individuals with stable MS. *J Cereb Blood Flow Metab*. 2025 Jul;45(7):1417-1427. doi: 10.1177/0271678X251332490. Epub 2025 May 14. PMID: 40367389; PMCID: PMC12078256.
23. Toubasi AA, Eisma JJ, Wang J, Kazimuddin HF, Hernandez B, Vinarsky T, Gheen C, Rohm Z, Koch C, Clarke MA, Cheek R, Kramer J, Eaton J, Donahue MJ, **Bagnato F**. Chronic active lesions preferentially localize in watershed territories in MS. *Ann Clin Transl Neurol*. 2024 Nov;11(11):2912-2922. doi: 10.1002/acn3.52202. Epub 2024 Oct 24. PMID: 39447194; PMCID: PMC11572742.
24. Toubasi AA, Lakhani DA, Cutter G, Gheen C, Vinarsky T, Brian E, Derwenskus J, Eaton JE, Dortch RD, Xu J, **Bagnato F**. Improving the Detection of Myelin Integrity in MS Using Selective Inversion Recovery for MRI With Quantitative Magnetization Transfer. *J Magn Reson Imaging*. 2025 Jun;61(6):2444-2454. doi: 10.1002/jmri.29666. Epub 2024 Dec 10. PMID: 39655777; PMCID: PMC12063764.
25. Toubasi AA, Xu J, Eisma JJ, AshShareef S, Gheen C, Vinarsky T, Adapa P, **Shah S**, Eaton J, Dortch RD, Donahue MJ, **Bagnato F**. Watershed regions are more susceptible to tissue microstructural injury in MS. *Brain Commun*. 2024 Sep 3;6(5):fcae299. doi: 10.1093/braincomms/fcae299. PMID: 39372138; PMCID: PMC11452773.

26. **Wooliscroft L, Turner A, Bagnato F**, Knowles L. Short and mid-term research priorities for Veterans with MS: A modified Delphi process engaging Veterans, researchers, and operational partners. *Mult Scler Relat Disord*. 2025 Feb;94:106267. doi: 10.1016/j.msard.2025.106267. Epub 2025 Jan 12. PMID: 39862462; PMCID: PMC12080726.
27. Yeh PH, Tan O, **Silbermann E**, White E, Choi D, Chen A, Ing E, Bourdette D, Wang J, Jia Y, Huang D. Differentiating MS and Glaucoma with Sectoral Pattern Analysis of Peripapillary Nerve Fiber Layer. *Transl Vis Sci Technol*. 2024 Nov 4;13(11):11. doi: 10.1167/tvst.13.11.11. PMID: 39535747; PMCID: PMC11562973.

APPENDIX I. MSCoE Research Posters

Goal: n =4 / **Achievement:** n=13

1. Buttolph L, Villanueva J, Manglani HR, Snyder T, Yeh GY, **Wooliscroft L**, Bradley R, Zwickey H. (2025). Does regular Tai Chi/Qigong practice benefit people with MS? Findings from a mixed methods study. Poster presented at Society for Acupuncture Research International Research Conference, Newport Beach, CA.
2. **Memon AB, Haselkorn JK, Spain R, Turner AP, Wooliscroft L, Shah S, Bevan C, Bagnato FR, Wallin M.** (2025). Showcasing the structure and clinical care model of the MSCoE. Poster presented at Consortium of MS Centers Annual Meeting, Phoenix, AZ.
3. Gromisch ES, Ehde DM, Neto LO, Raskin SA, Gokhale SS, **Haselkorn JK**, Agresta T, Nicholson RM, Imitola J, **Turner AP** (2025). Compensatory strategy use differs by level of self-reported cognitive issues: Implications for self-management program development. Poster presented at Consortium of MS Centers Annual Meeting, Phoenix, AZ.
4. Gromisch ES, Manasiu AD, Neto LO, **Turner AP**, Ehde DM, Agresta T, DelMastro HM, **Haselkorn JK**, Gokhale SS. (2025). Prototype development and initial usability testing of Managing My MS My Way, Poster presented at International Computers, Software, and Applications Conference (COMPSAC) Annual Meeting, Toronto, Canada.
5. Kratz A, Goga J, Zackowski K, **Turner A**, Treder J, Ehde D, NMSS Psychosocial Wellness Workgroup. (2025). Social determinants of health predict MS disability risk factors: Findings from a nationwide study. Poster presented at Society of Behavioral Medicine Annual Meeting, San Francisco, CA.
6. Lin J, Dahal S, Zeng Y, Wilhide MC, Choi S, **Harrison DM** (2025). Inter-Rater Reliability for Identification of Cortical and Deep Gray Matter Lesions on 7T MRI. Poster presented at Americas Committee for Research in MS (ACTRIMS) Annual Meeting, West Palm Beach, FL.
7. Mariouw K, Fritz NE, Omar S, **Memon AB.** (2025). Impact-MS: A Novel Cognitive Remediation Program to Enhance Functional Outcomes in Veterans with MS. Poster presented at Consortium of MS Centers Annual Meeting, Phoenix, AZ.
8. Mariouw K, Fritz NE, Omar S, **Memon AB.** (2025). Maximizing Functional Outcomes in MS: Insights from a Cognitive Remediation Protocol for Veterans. Poster presented at Consortium of MS Centers Annual Meeting, Phoenix, AZ.
9. **Memon AB, Haselkorn JK, Spain R, Turner AP, Wooliscroft L, Shah S, Bevan C, Bagnato FR, Wallin M.** (2025). Showcasing the Structure and Clinical Care Model of the MSCoE. Poster presented at Consortium of MS Centers Annual Meeting, Phoenix, AZ.
10. **Memon AB**, Rube JB, Mazure I, Ash T, Havens R, **Spain R**, Yager-Stone P, Hungerford M, DeLuca C, Hooshmand S, **Bagnato FR, Wallin MT.** (2025). Mitigation Strategies to Reduce Allergic Reactions to Ublituximab: A Multi-Center Case Series Analysis. Poster presented at Consortium of MS Centers Annual Meeting, Phoenix, AZ.
11. Orsborn S, Ehde DM, Kratz A, **Turner AP**, Knowles LM. (2025). Developing cognitive behavioral therapy components for MS fatigue using the multiphase optimization strategy: Results from a pilot trial. Poster presented at Association of Cognitive and Behavioral Therapies Annual Meeting, Philadelphia, PA.
12. Wu H, Perlman J, Stevens A, Lane M, Fryman A, Bittner F, Rooney W, Sammi MK, **Yadav V.** (2024). Effects of Vascular Disease Risk Factors on Brain ATP in People with MS - A 3 Year Longitudinal Study. Poster presented at European Committee for the Treatment and Research in MS (ECTRIMS) Forum, Copenhagen, Denmark.
13. Zhou J, **Memon AB.** (2024). Ulnar neuropathy as an uncommon presentation of neurosarcoidosis: A case series. Presented at Association of Neuromuscular and Electrodiagnostic Medicine Annual Meeting, Savannah, Georgia

APPENDIX J. MSCoE Research Conference Presentations & Invited Talks

Goal: n =4 / **Achievement:** n=11

1. Aggarwal N, Toubasi A, Wang J, Zhang J, Gheen C, Vinarsky T, Eaton JE, Derwenskus J, Oguz I, Stokes A, Dortch R, Xu J, **Bagnato F.** (2025). Characterizing paramagnetic rim lesions and surrounding tissue integrity in early MS. Americas Committee for Research in MS (ACTRIMS) Annual Meeting, West Palm Beach, FL.
2. Aggarwal N, Wang J, Toubasi AA, Kazimuddin HF, Hernandez B, Vinarsky T, Gheen C, Koch C, Rohm Z, Clarke MA, Cheek R, Kramer J, Eaton J, Oguz I, **Bagnato F.** (2025). Cortical lesions and their relations with clinical and radiological measures of disease in people with newly diagnosed MS: a 7-Tesla imaging study. Americas Committee for Research in MS (ACTRIMS), West Palm Beach, FL.
3. McCluey E, Toubasi AA, Wang J, Kazimuddin HF, Hernandez B, Vinarsky T, Gheen, Koch C, Rohm Z, Cheek R, Kramer J, Eaton J, Oguz I, **Bagnato F.** (2025). Assessing the connections between chronic inflammation and normal appearing white matter disease in newly diagnosed MS patients. Americas Committee for Research in MS (ACTRIMS), West Palm Beach, FL.
4. **Rinker J.** (2025). Initial Choice of DMT in RRMS. Presented at the Consortium of MS Centers Annual Conference, Phoenix, AZ.
5. **Rinker J.** (2025). Special Circumstances for DMTs in MS: Clinical Phenotypes, Aging, and Perioperative Considerations. Presented at the Consortium of MS Centers Annual Conference, Phoenix, AZ.
6. Toubasi AA, Barter K, Wang J, Kazimuddin HF, Hernandez B, Vinarsky T, Gheen C, Koch C, Rohm Z, Gruder O, Eaton J, Oguz I, **Bagnato F.** (2025). Connecting perivenular lesion status with disease severity in newly diagnosed MS. Americas Committee for Research in MS (ACTRIMS), West Palm Beach, FL.
7. Toubasi AA, Hett K, Kazimuddin HF, Wang J, Hernandez B, Vinarsky T, Gheen C, Rohm Z, Koch C, Eaton JE, Taylor S, Clarke MA, Donahue MJ, **Bagnato F.** (2025). Assessing the *connection* between the glymphatic system morphology and chronic inflammation in newly diagnosed MS. Americas Committee for Research in MS (ACTRIMS), West Palm Beach, FL.
8. **Turner AP**, Knowles LM, **Wallin M**, Deluca J. (2025). MS and fatigue: An update and overview of clinical trials and management. Symposium presented at the Consortium of MS Centers annual conference, Phoenix, AZ.
9. **Wooliscroft L.** (2024). The Prospect of Neuroprotective Medicines for MS. Invited International presentation: Combined Society for Medicines Research/British Neuroscience Association meeting. Cambridge, UK.
10. **Wooliscroft L.** (2024). The Treatment of Aggressive MS. Invited presentation: Walter Reed Department of Neurology Grand Rounds, Washington DC.
11. Zhang J, Pike SC, Xu J, Harkins KS, Toubasi AA, Wallin DJ, Gilli F, **Bagnato F.** (2025). Improving the detection of spinal cord injury using diffusion weighted imaging with the spherical mean technique: a combined MRI-histology validation study using the relapsing experimental autoimmune encephalomyelitis mouse model. Americas Committee for Research in MS (ACTRIMS), West Palm Beach, FL.

APPENDIX K. MSCoE Health Care Professional Conferences, Webinars, & Other Educational Sessions with Network

Date	Program	Collaboration	Title	VA Speaker(s)/ Author(s)
Oct-24	The MS Spotlight	Network	A Guide to Maximizing Resources and Collaboration: The VHA and NMSS's Cross-Referral System	Kowal V (NMSS), Sloan A, Ferguson B
Nov-24	Current Topics in MS Webinars	VA ILEAD, NMSS	MS DMTs - Infection Risks and Mitigation Strategies	Memon A
Nov-24	RSP Collaborative Meeting	Network	RSP Memorandum of Association, Performance Criteria, Budget	Wallin M, Memon A, Young A
Nov-24	The MS Spotlight	Network	Helping Patients Navigate Relationship Changes with MS	Guty E (VA), Lee-Wilk T (VA)
Nov-24	VA MS ECHO	NW ECHO, VA ILEAD	Progression in MS	Spain R
Dec-24	RSP Collaborative Meeting	Network	MS CPRS Note Template, PVA Abstracts	Shah S, Spain R, Haselkorn J
Dec-24	The MS Spotlight	Network	Prospective Memory and MS	Gromisch E (VA)
Dec-24	VA MS ECHO	NW ECHO, VA ILEAD	Suicide Prevention for MS	Turner A
Jan-25	RSP Collaborative Meeting	Network	MS Surveillance Registry, Budget Questions	Wallin M, Ash T, Young A
Jan-25	The MS Spotlight	Network	Isolated Optic Neuritis	Hoshina Y (non-VA)
Jan-25	VA MS ECHO	NW ECHO, VA ILEAD	Burnout	Houghton L (VA)
Feb-25	Current Topics in MS Webinars	VA ILEAD, NMSS	Complementary and Alternative Medicine for People with MS	Shah S
Feb-25	RSP Collaborative Meeting	Network	Interfacility Consults, E-Consults, and Tele Health Services	Bevan C
Feb-25	VA MS ECHO	NW ECHO, VA ILEAD	Optimization of the CPRS MS Note Template	Shah S
Mar-25	MSCoE Virtual Meeting	Network	National MS Directors and Coordinators Presentations	MSCoE

Date	Program	Collaboration	Title	VA Speaker(s)/ Author(s)
Mar-25	RSP Collaborative Meeting	Network	Guidance for Clinic Set-Up, Labor Mapping, and Interfacility Consults	Reggio A (VA)
Mar-25	The MS Spotlight	Network	Dementia Risk and MS	Fleming N (VA)
Mar-25	VA MS ECHO	NW ECHO, VA ILEAD	Reproductive and Sexual Health in MS	Hillman L
Apr-25	American Academy of Neurology	American Academy of Neurology	MSCoE West-Portland and OHSU Fellowship Poster at Training Reception	Yadav V
Apr-25	RSP Collaborative Meeting	Network	Enhancing Clinical Efficiency: Tools and Strategies	Memon A
Apr-25	The MS Spotlight	Network	New Online Educational Tool on Identification of Paramagnetic Rim Lesions	Thakkar R (fellow)
May-25	CMSC Annual Meeting	CMSC	MSCoE/VA Business Meeting	MSCoE
May-25	CMSC Annual Meeting	CMSC	MSCoE/VA Reception	MSCoE
May-25	Current Topics in MS Webinars	VA ILEAD, NMSS	Care of Rural Veterans with MS	Bevan C
May-25	RSP Collaborative Meeting	Network	Optimizing VA Communication and Outreach Platforms	Henry J
May-25	The MS Spotlight	Network	Dietary Recommendations for Persons with MS	Wingo B (non-VA)
Jun-25	RSP Collaborative Meeting	Network	Recommendations and Discussion of Challenges with Ordering/Access, and Infusion Protocols	Yager-Stone P (VA), Hungerford M (VA)
July-25	RSP Collaborative Meeting	Network	RSP Performance Standard Review and Next Steps	Spain R, Memon A
Jul-25	The MS Spotlight	Network	Efficacy of Rituximab Outlasts B-Cell Repopulation in MS	Perlman J (fellow)
Aug-25	Current Topics in MS Webinars	VA ILEAD, NMSS	Sexual Dysfunction and MS	Davis N (VA)
Aug-25	PVA Summit	PVA, Network	MSCoE Business Meeting	MSCoE

Date	Program	Collaboration	Title	VA Speaker(s)/ Author(s)
Aug-25	PVA Summit	PVA, Network	MSCoE Network Session	MSCoE
Aug-25	The MS Spotlight	Network	Using digital home assistants and smart technologies	Kang J (non-VA)
Sep-25	RSP Collaborative Meeting	VA Close-to-ME	Non-Oncology Infusion Suite for MS DMTs	Shields J (VA)
Sep-25	The MS Spotlight	Network	Optical Coherence Tomography in MS	Bird B (fellow)

APPENDIX L. MSCoE Health Care Professional Grand Rounds Presentations

Date	Program	Collaboration	Title	VA Presenter(s)
Oct-24	Grand Rounds	Henry Ford Health	Intersecting Pathways and DMTs in MS	Memon A
Nov-24	Neurology Grand Rounds	Walter Reed National Military Medical Center	The Treatment of Aggressive MS	Wooliscroft L
Mar-25	Rheumatology Grand Rounds	Georgetown U	Neurorheumatology - Neurologic Overlap Syndromes	Shah S
Mar-25	Women's Health Seminar	VA	Multiple Sclerosis and Pregnancy	Shah S
May-25	Weiner Neurology Update	U Maryland	Approach to CNS Antibody Panel Interpretation	Fredrich S
May-25	Weiner Neurology Update	U Maryland	Revisions to the McDonald Criteria for MS: What Do I Need to Know?	Harrison D
Jun-25	Neurology Grand Rounds	VA	Bridging Excellence in MS Care: The MSCoE Model and Detroit VA RSP	Memon A
Nov-24	Neurology Grand Rounds	U Alabama	Cultivating Interest in Neurology for the Future: A Single-center Success Story	Rinker J
Nov-25	Neurology Grand Rounds	U Maryland	Adaptive Optics Retinal Imaging for MS	Harrison D

APPENDIX M. MCoE Health Care Professional Invited Lectures

Date	Program	Collaboration	Title	VA Presenter(s)
Nov-24	Design and Implementation of Clinical Trials Workshop	The Robert A Winn Diversity in Clinical Trials Award Program	Panel Discussion on Team Science	Yadav V
Nov-24	Design and Implementation of Clinical Trials Workshop	The Robert A Winn Diversity in Clinical Trials Award Program	Regulatory Issues to Consider When Initiating Your Trial	Yadav V
Nov-24	Design and Implementation of Clinical Trials Workshop	The Robert A Winn Diversity in Clinical Trials Award Program	Special Considerations in the Design of Immunotherapy Studies: Autoimmune Diseases	Yadav V
Nov-24	Design and Implementation of Clinical Trials Workshop	The Robert A Winn Diversity in Clinical Trials Award Program	Clinical Trial Design - Asking Important Questions That Impact Our Patients	Yadav V
Nov-24	Neurology Education Symposium	U Maryland	The Science of Happiness	Fredrich S
Nov-24	The Prospect of Neuroprotective Medicines for MS	Combined Society for Medicines Research/British Neuroscience Association	The Quest for New Medicines to Slow the Progression of Disability in Neurodegenerative Disorders	Wooliscroft L
Jan-25	Annual Meeting	Clinical Neurological Society of America	Updates in Neuroimmunology	Shah S
Mar-25	Neurology Education Symposium	U Maryland	Gamification in Education	Fredrich S
Apr-25	Killam Lecture Series	McGill University	7T MRI for MS: Insights into Pathology and Future Directions	Harrison D
Apr-25	Presentation	VA Teleneurology	Neuroimaging in MS	Bagnato F

Date	Program	Collaboration	Title	VA Presenter(s)
May-25	Annual Meeting	CMSC	Optimizing DMT Management in MS: DMTs in the MS Spectrum: Navigating Phenotypes, Aging, and Perioperative Challenges	Rinker J
May-25	Annual Meeting	CMSC	Optimizing DMT Management in MS: Understanding Infection Risks in MS: Identifying High-Risk Patients on DMTs	Memon A
May-25	Annual Meeting	CMSC	Optimizing DMT Management in MS: Vaccination in MS: Strategies for Maximizing Efficacy and Safety	Shah S
May-25	Annual Meeting	CMSC	Optimizing DMT Management in MS: Intervention Implementation: Where the Rubber Meets the Road	Maloni H (VA)
May-25	Annual Meeting	CMSC	Initial Choice of DMT in RRMS	Rinker J
May-25	Annual Meeting	CMSC	MS and Fatigue: Pharmacology Overview and Update	Wallin M
May-25	Annual Meeting	CMSC	MS and Fatigue: Behavioral Intervention: Overview and Update	Turner A
May-25	Annual Meeting	CMSC	MS and Fatigue: What Does the Brain Tell Us About Interventions for Fatigue?	Deluca J (VA)
May-25	Annual Meeting	CMSC	MS and Fatigue: Intervention Implementation: Where the Rubber Meets the Road	Knowles L (non-VA)
May-25	Annual Meeting	International Society for Magnetic Resonance in Medicine	MS: QSM in the Diagnostic Criteria and in the Detection of Paramagnetic Rim Lesions	Bagnato F
May-25	Grand Rounds	Barrow Neurological Institute	Chronic Active Lesions in MS: Pathological, Clinical, and Imaging Insights	Bagnato F
May-25	John Whitaker Memorial Invited Lecture	U Alabama	Updates in Progressive MS	Spain R
Jun-25	Encyclopedia of the Neurological Sciences	ELSEVIER	Pre-pregnancy, Pregnancy and Post-pregnancy Planning in Patients with MS	Memon A

Date	Program	Collaboration	Title	VA Presenter(s)
Jun-25	Encyclopedia of the Neurological Sciences	ELSEVIER	MS Pharmacology of DMTs	Memon A
Aug-25	Annual Meeting	PVA	IMPACT-MS: A Novel Cognitive Remediation Program to Enhance Functional Outcomes in Veterans with MS	Memon A, Mariouw K (VA)
Aug-25	Annual Meeting	PVA	Thinking Outside the Clinic Box	Ferguson B, DeLuca C (VA), Vazquez B (VA), Chanpimol S (VA), Elton L (VA)
Aug-25	Annual Meeting	PVA	Choose VA: The Choice for Comprehensive Lifelong Excellence in MS Care	Wallin M, Ferguson B, Bagnato F
Aug-25	Annual Meeting	PVA	Improving the Detection of Myelin and Axonal Injury in MS	Bagnato F
Aug-25	Annual Meeting	PVA, Network	SCI 101; ALS 101; MS 101: Nuts and Bolts of Understanding and Managing SCI/D from Onset to Throughout Life	Wooliscroft L
Aug-25	Annual Meeting	PVA, Network	Interdisciplinary Care: Improving Access Via Both In-person and Virtual MS Care	Sloan A, Miller W (VA), McPeak L (VA)
Aug-25	Annual Meeting	PVA, Network	Intravenous Medications for Veterans with MS: Practical and Logistical Issues	Bagnato F, Maloni H (VA)
Aug-25	Annual Meeting	PVA, Network	Preventing Neurodegeneration and Disability Progression in MS	Wooliscroft L, Spain R
Aug-25	Annual Meeting	PVA, Network	The Effect of Cardiovascular Comorbidities on Clinical Outcome in MS	Bagnato F, Maloni H (VA), Aucone E
Aug-25	Annual Meeting	PVA, Network	Moving Forward: Novel Approaches to Assessing and Improving Function in MS	Fritz N (non-VA)
Aug-25	Annual Meeting	PVA, Network, NMSS	The Revised Diagnostic Criteria for MS	Bagnato F, Shah S

APPENDIX N. MSCoE MS Fellowship Programs

Years	Training Location	Name, Discipline	Fellowship Funding Source	Position After Graduation, Organization	City/State	VA Position
2023-2025	Baltimore	Enriquez-Gonzalez, Yesenia, MD	VA OAA	United Health Services Binghamton General Hospital	Binghamton, NY	No
2023-2025	Portland	Perlman, Jacob, MD	VA OAA	Mainehealth MidCoast Neurology	Brunswick, ME	No
2023-current	Puget Sound	Mistretta, Erin, PhD	NMSS	TBD		
2024-2025	Portland	Bird, Benjamin, MD	VA OAA	West Tennessee Neuroscience and Spine Center	Jackson, TN	No
2024-2025	Portland	Thakkar, Richa, DO	VA OAA	Virtua Medical Group	Voorhees, NJ	No
2024-current	Baltimore	Mitchell, Hunter	VA OAA	TBD		
2025-current	Baltimore	Budrow, John MD	VA OAA	TBD		
2025-current	Portland	Kolli, Avinash MD	VA OAA	TBD		
2025-current	Portland	Tsai, Michelle MD	VA OAA	TBD		

APPENDIX O. MSCoE Veteran & Care Partner Programs

Date	Product	Program	Collaboration	Title	VA Speaker(s)/ Author(s)
Dec-25	Article	VA News	VA	Air Force Veteran on Living with MS	Henry J
Mar-25	Article	VA News	PVA	MS Patient Succeeds at Wheelchair Games	Steele J
Dec-24	E-letter	MS Veteran	Network	MS is a Detour, Not a Roadblock	Henry J
Dec-24	E-letter	MS Veteran	Network	Speech and Swallowing	Parsons K (VA), Cecil A (VA)
Dec-24	E-letter	MS Veteran	Network	Vascular Disease Risk Factors and MS	Yadav V
Jan-25	Podcast	MS & Vets	ILEAD, Network	Bowel Dysfunction and MS	Iliescu D (VA)
Oct-24	Podcast	MS & Vets	ILEAD, Network	Relapse Management for MS	Bevan C
Nov-24	Podcast	MS & Vets	ILEAD, Network	Depression and MS	Head A (VA)
Dec-24	Podcast	MS & Vets	ILEAD, Network	Cognitive Dysfunction and MS	Aucone E
Mar-25	Webinar	Ask An MS Expert	NMSS, PVA	Aging as a Veteran with MS	Stuve O (VA)
Mar-25	Webinar	MSCoE Care Partner Webinar		Care Partner Resilience: Bouncing Forward	Sloan A, Ferguson B
Sep-25	Webinar	MSCoE Care Partner Webinar		Adapting to a New Role and Identity	Sloan A, Ferguson B

APPENDIX P. MSCoE Veteran & Care Partner Community Engagement

Date	Product	Collaboration	Title	VA Speaker(s)/ Author(s)
Nov-24	Webinar	NMSS	Shared Decision Making for Veterans with MS	Barker A (VA)
Jul-25	Presentation	VA	Hot Tips: VA Benefits and Resources	Sloan A
Oct-24	Presentation	VA	Hot Tips: VA Benefits and Resources	Sloan A
Apr-25	Panelist	NMSS	MS Research	Wooliscroft L
Apr-25	Panelist	NMSS	Central Oregon Breakthroughs	Spain R
May-25	MS Forum	Race to Erase MS Center	MS Research Updates	Yadav V
Oct-24	MS Forum	Race to Erase MS Center	MS Updates	Yadav V

APPENDIX Q. MSCoE Veteran & Care Partner Support Groups

Frequency	Duration	Target Audience	Modality	Location	Title	Coordinator(s)
Annually, Bi-Weekly as needed	60 min.	Veterans	Virtual	Baltimore, MD (VISN 5)	Open MINDS (MS Intervention and Development of Skills) - Cognitive Wellness Support Group	Lee-Wilk T (VA), Dalrymple J (VA)
Bi-monthly	90 min.	Care Partners	Virtual	Seattle, WA	Physical Rehabilitation Care Services Telehealth Care Partner Support Group	Sloan A
Monthly	60 min.	Veterans	Virtual	Seattle, WA	MS Support Group	Werhane M (VA), Anderson D (VA)

APPENDIX R: Mailed RSP Promotion Flyer to Veterans with MS

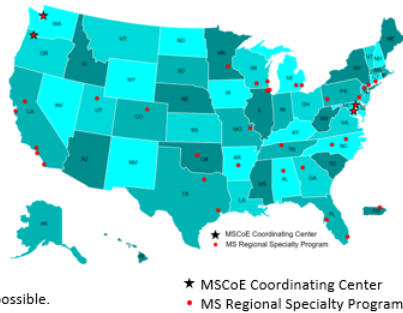
Page 1 Inside

VA MS CENTERS OF EXCELLENCE



The Department of Veterans Affairs (VA) is committed to improving the health of Veterans living with multiple sclerosis (MS). Our goal is to minimize impairment and maximize quality of life for Veterans with MS. VA provides exceptional MS care through MS Center of Excellence (MSCoE) MS Regional Specialty Programs (MS RSP) throughout the U.S. Two MSCoE Coordinating Centers - East (Baltimore, MD and Washington, DC) and West (Seattle, WA and Portland, OR) - provide national guidance, outreach, education, and research to support the work of MS RSPs. MSCoE Coordinating Centers and MS RSPs partner with providers, Veterans, caregivers, and community resources to ensure Veterans receive the most complete MS care possible.

Empowering Veterans with MS through exceptional care and support!



WHY CHOOSE VA FOR MS CARE?

VA is America's largest unified health care system, with more than 1,200 sites of care. VA is consistently ranked among the nation's top health care providers.

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VA provides clinical care through face-to-face visits, virtual visits, consultations to local providers, collaborations with Veteran and MS organizations, and partnerships with community care to make it easier for you to get specialized MS treatment.

SCHEDULE AN ANNUAL MS EVALUATION AT VA!

It's important to have an MS evaluation at least once a year. In addition to an updated neurological history, examination, and reviews of your treatment strategy, it's an opportunity to learn about new MS treatments, symptom management techniques, and VA resources for you and your support team.

- VA Rehabilitative Services help Veterans with MS stay active and engaged through physical therapy, occupational therapy, speech therapy, recreational therapy, prosthetics and orthotics, vehicle modifications, adaptive home improvement grants, and vocational rehabilitation.
- VA Home and Community Care Services assist Veterans through home health aides, home modification grants, independent living programs, and respite care.
- VA Psychosocial Care Services provide caregiver support, peer activities and counseling, PTSD care, pain management, substance abuse management, and neuropsychology cognitive examinations. Social workers help Veterans adjust to living with MS, as well as helping them understand the VA benefits available to them and their loved ones.

Scan the QR codes below for additional information on VA and MS. General questions about VA MS care should be addressed to MSCoE at MSCentersofExcellence@va.gov.



MS RSP Contact Info



VA Benefits for MS



Veteran Resources

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MS RSP interdisciplinary care teams understand the individual needs of people living with MS. Many VA staff are Veterans themselves, and our interdisciplinary MS care teams receive additional training to address the complex needs of Veterans with MS, with advanced knowledge on:

- disease-modifying therapies,
- symptom management,
- rehabilitation, and
- VA-specific resources and grants for Veterans with MS.

With VA's highly unified system of care, Veterans get their clinical care needs met quickly and efficiently. Whether a MS RSP is 5 miles or 200 miles from your home, VA's advanced communication systems are designed to serve your MS needs.

MS REGIONAL SPECIALTY PROGRAM LOCATIONS

- AL, Birmingham
- AR, Little Rock
- CA, Los Angeles
- CA, Long Beach
- CA, Mather
- CA, Palo Alto
- CA, San Diego
- CT, West Haven
- CO, Aurora
- DC, Washington
- FL, Miami
- FL, Tampa
- GA, Decatur
- IL, Chicago
- IL, Hines
- MD, Baltimore
- MI, Ann Arbor
- MI, Detroit
- MN, Minneapolis
- MO, St. Louis
- NC, Durham
- NC, Salisbury
- NJ, East Orange
- NY, Bronx
- OK, Oklahoma City
- OR, Portland
- PA, Philadelphia
- PA, Pittsburgh
- PR, San Juan
- TN, Nashville
- TX, Dallas
- TX, Houston
- UT, Salt Lake City
- WA, Seattle
- WI, Madison
- WI, Milwaukee

Cover Page for Mailing and Patient Privacy (Bi-Folded)



Learn how care at Veterans Affairs (VA) is tailored to the needs of Veterans, and their support network.