

MULTIPLE SCLEROSIS SYSTEM OF CARE

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive establishes policy and procedures for health care services for Veterans with multiple sclerosis (MS). It describes the essential components and procedures of the MS Center that are to be implemented nationally to ensure that all enrolled Veterans have access to MS care.

2. SUMMARY OF MAJOR CHANGES OR SUMMARY OF CONTENT: This VHA directive includes the following changes:

- a. A revised and expanded responsibilities section.
- b. An updated MS Regional Centers section.
- c. A new section on research.

3. RELATED ISSUES: None.

4. RESPONSIBLE OFFICE: The Office of Patient Care Services (10P4), Specialty Care Services (10P11) is responsible for the content of this directive. Questions may be referred to the National Program Director of Neurology at 202-461-7120.

5. RESCISSION: VHA Handbook 1011.06, dated December 7, 2009 is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of April 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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MULTIPLE SCLEROSIS SYSTEM OF CARE

1. PURPOSE

This Veterans Health Administration (VHA) directive establishes policies and procedures for health care services for Veterans with multiple sclerosis (MS). This directive describes the essential components and procedures of the MS Center that are to be implemented nationally to ensure that all enrolled Veterans, wherever they live, have access to MS care. **AUTHORITY:** Title 38 United States Code (U.S.C.) 501, 7301(b), 7330.

2. BACKGROUND

a. MS is a unique disease in the VA health care system due to its onset in young adulthood, female predilection, and common connection with military service. Its variable presentation make diagnosis difficult along with its dynamic and unpredictable course, its progressive nature, its variable symptoms, its required monitoring with costly testing, its required treatment with frequently changing, costly and potentially dangerous agents and its radically changing face over the 40 to 50 year course of the disease. To adequately care for Veterans with MS requires a multidisciplinary team, including neurologists, physiatrists, internists, primary care providers, nurses, social workers, psychologists, rehabilitation therapists, urologists and other providers who are knowledgeable about the care of MS.

b. To address the unique needs of the Veteran MS populations, in 2001, Congress urged VHA to establish two Multiple Sclerosis Centers of Excellence (MSCoE) for clinical care, education, and research [Conference report (H. Rept. 106-988), Senate Appropriations Committee Report (S. Rept. 106-410) and House Appropriations Committee report (H. Rept. 106-674) that accompanied Department of Veterans Affairs (VA)'s Fiscal Year 2001 Appropriation]. In response, VA convened a committee of MS experts who defined the requirements for the two centers. The committee also mandated the establishment of national standards for the care of Veterans with MS and, as only two centers were to be funded, the development of a network of affiliated regional Centers supporting local facilities and providers. In 2002, based on competitive applications, two centers were selected, one located at the VA Medical Center (VAMC) in Baltimore, Maryland, in Veteran Integrated Service Network (VISN) 5, serving VISNs 1-11 and the other jointly based centers are located in the Seattle and the Portland VAMCs in VISN 20, serving VISNs 12-23. The MSCoEs were made permanent by "The Veteran's Benefits, Healthcare and Information Technology Act of 2006."

3. DEFINITIONS

a. **Multiple Sclerosis.** Multiple Sclerosis (MS) is an inflammatory, degenerative disease of the central nervous system and the most common progressive neurological disorder of young adults. The mean age of diagnosis is 30 years.

b. **Multiple Sclerosis Care Coordinator.** A MS Care Coordinator is a designated staff member at MS Support Programs to assist with referrals and coordination of MS care.

c. **VA Multiple Sclerosis Centers of Excellence.** VA MS Centers of Excellence (MSCoE) were established to coordinate a national network of care. The coordinating centers are located in Baltimore (MSCoE-East, VISNs 1-10) and jointly in Seattle, WA and Portland, OR (MSCoE-West, VISNS 12-23).

d. **Multiple Sclerosis Clinical Consensus Statement.** A MS clinical consensus statement is a document developed by the VA MS Centers of Excellence to inform clinicians of the expert consensus on treatment procedures of Veterans with MS. This document does not prescribe mandatory clinical practices, but provides expert opinion on best clinical practices.

e. **Multiple Sclerosis Program Guide.** A MS program guide is a document that outlines specific details on the structure, function, and interaction of the VA MS Center of Excellence and the network of clinicians providing care for Veterans with MS.

f. **Spinal Cord Injury and Disorders Centers.** The Spinal Cord Injury and Disorders (SCI/D) Centers is a system of care designed to support, promote, and maintain the health, independence, quality of life, and productivity of individuals with spinal cord injuries and/or disorders throughout their lives.

4. POLICY

It is VHA policy to ensure that all Veterans with MS who are enrolled in the VHA system have access to high quality MS subspecialty care. **NOTE:** *This policy does not include a detailed description of all of the processes required to provide comprehensive MS care or care across the continuum of MS severity which is covered in a separate MS Program Guide and in MS Clinical Consensus Statement (refer to <http://www.va.gov/ms>).*

5. RESPONSIBILITIES

a. **Chief Officer, Specialty Care Services.** The Chief Consultant, Specialty Care Services is responsible for developing and maintaining policies and procedures and working with the National Director of Neurology Services to ensure that all Veterans with MS who are enrolled to receive care through the VA system have access to high quality subspecialty MS care and for ensuring oversight of the MSCoE.

b. **National Director of Neurology Services.** The National Director of Neurology Services is responsible for developing and maintaining policies and procedures and working with the MSCoE Directors to ensure that all Veterans with MS who are enrolled to receive care through the VA system have access to high quality subspecialty MS care and for providing oversight of the MSCoE. As such, the National Director of Neurology Services is responsible for approving an oversight plan within the MSCoE as outlined in the Center of Excellence GAO report number 16-54, Centers of Excellence:

DOD and VA Need Better Documentation of Oversight Procedures. This GAO report recommends a periodic independent review of VA Centers of Excellence. Specific details of these reviews are the prevue of VHA Directive 1215, Standards for Veterans Health Administration Centers of Excellence. The National Neurology Director recognizes that local and regional issues may affect the implementation of the requirements in this directive and will serve as the communication liaison and subject matter expert to VISN leadership and local VA medical facilities.

c. **Multiple Sclerosis Centers of Excellence Directors.** MSCoE Directors are responsible for supporting the National Director of Neurology and the Chief Officer for Specialty Care Services in developing and maintaining policies and procedures to ensure that all Veterans with MS who are enrolled to receive care through the VA health care system have access to high quality subspecialty MS care. MSCoE Directors are responsible for identifying advances in MS care, gaps in care and making recommendations to appropriate VA Central Office program offices. In collaboration with the Assistant Deputy under Secretary for Health for Clinical Operations (10NC) and Specialty Care Services, MSCoE Directors make recommendations to the National Director of Neurology Services regarding VA medical facility-based care and the coordination of MS care, as well as providing expertise and education for providers, Veterans, and caregivers. MSCoE Directors are responsible for promoting informatics-based approaches to MS specialist access including telehealth, e-consults, and other e-connected modalities. MSCoE Directors are responsible for designating MS Regional Programs and MS Support Programs (see Figure 1, Appendix A).

d. **VISN Directors.** VISN Directors are responsible for allocating adequate resources to ensure that all Veterans with MS who are enrolled to receive their care through the VA have access to high quality MS subspecialty care. This includes supporting Regional MS Centers and MS Support Centers as defined below. The VISN Director is responsible for ensuring that MS care is delivered by qualified, competent staff. The MS Regional Center staffs are expected to be actively engaged in MSCoE national activities.

e. **VA Medical Facility Directors.** VA medical facility Directors are responsible for ensuring that adequate resources are provided to ensure that all VHA-enrolled Veterans with MS have access to high quality MS subspecialty care. VA medical facility Directors at facilities providing care to more than 100 Veterans with MS and with access to appropriate inpatient and outpatient services are responsible for providing adequate space and staffing for MS care in their facility for an MS Regional Program if designated and as defined in Appendix A. Other VA medical facilities are recommended to have an MS Support Program as defined in Appendix B. VA medical facility Directors with Regional MS Centers are to work with the MSCoEs in the staffing and oversight of the centers as defined in the MS Program Guide (refer to <http://www.va.gov/ms>).

6. NATIONAL SYSTEM OF MS CARE

The MS system of care consists of East and West MSCoE Coordinating Centers, at least one MS Regional Program (hub) in each VISN and MS Support Teams in other VA medical facilities. Veterans with MS within each VISN are identified through MSCoE

databases. The Director of each MS Regional Program works with MSCoE and the Support Program (spokes) to determine the location of Veterans with MS within their catchment area to establish communications with MS Support Program providers. Veterans with MS may be referred to MS Regional Programs, MS Support Programs or non-VA facilities as needed for MS specialty care evaluations. Primary care and, in some cases, Non-MS Specialty care is provided at locally accessible VA facilities within specified referral areas and non-VA facilities (refer to <http://www.va.gov/ms>).

7. POPULATION SERVED

The MS hub and spoke network serves all Veterans receiving care within the VA health care system who have a diagnosis of MS, those with suspected MS, those being evaluated for a diagnosis of MS and those with “clinically isolated syndrome” who are being monitored for the onset of definite MS and/or on MS disease modifying therapies. In addition, Veterans, family members, home caregivers, health care providers, and administrative staff who seek information about MS are included in the target population served by the education and outreach program managed by the MSCoE Coordinating centers.

8. RELATIONSHIP TO VA SPINAL CORD INJURY AND DISORDERS (SCI/D) CENTERS

The MSCoE recognizes that treatment of Veterans with MS who have stable symptoms that involve the spinal cord may be appropriate for the SCI/D System of Care. MS is an unpredictable and progressive disease that frequently affects the spinal cord and requires different treatment approaches and expertise depending upon the stage of disease. Treatment services and programs for the MS population are the primary responsibility of the National Director of Neurology. However, the delivery of MS services is appropriately shared by the Neurology Service, Rehabilitation Medicine Service, SCI/D Service, and Primary Care Medicine, according to the Veteran’s identified needs and the professional expertise available in each of these four programs. Care within an SCI/D Center for individuals with MS who have spinal cord disease may, in some cases, be appropriate.

9. MSCoE HUB AND SPOKE NETWORK

Given the size of the population of Veterans with MS seeking treatment in VA and their distribution across the country, it is feasible to provide access to high quality subspecialty care through a hub and spoke network with designated MS Regional Programs supporting local facilities. Each VISN will have at least one MS Regional Center that will serve as a source for MS specialty consultation and education (see <http://www.va.gov/ms> for details). The primary care for individuals with MS will occur at their local VA medical facilities. MS Support Programs will collaborate with local MS Regional Programs. The MS Care Liaison at VA medical facilities with an MS Support Program will assist with coordination and referrals to the MS Regional Program. If required, coordination of care for MS may occur at non-VA facilities. The program of care, which is described briefly in the appendix, is given in more detail in the accompanying MSCoE Program Guide (<http://www.va.gov/ms>).

10. EDUCATION AND TRAINING

The MSCoEs provide an educational program designed to increase provider, Veteran, and caregiver knowledge about the disease process and its management and resources available through the VA system.

a. **Training for MS Regional Program Staff.** The MSCoE provides education and training for network Regional Program staff members to increase knowledge of MS management issues and VA specific issues relevant to MS care.

b. **Training of MS Support Program Staff.** MS Regional Programs or the MSCoE-East or West may provide education and training to MS Support Program staff as requested either by local leadership or the MS Support program staff themselves.

c. **Veteran and Caregiver Education.** The MSCoE maintains an education program using a range of approaches (including but not limited to Web-based, apps, newsletters, written documents, teleconferences and face-to-face meetings) for Veterans with MS and caregivers that will be designed to increase knowledge and self-efficacy.

11. RESEARCH

The MSCoEs coordinate a national research program designed to support VA leadership and improve the care of Veterans with MS. The MSCoEs will use VA data sources to assess the needs of Veterans with MS and report to VA leadership on an ongoing basis. The MSCoEs will coordinate multicenter research into the causes of and treatments for MS and its related symptoms.

12. REFERENCES

- a. Title 38 U.S.C. 7330, Multiple Sclerosis Centers of Excellence
- b. VHA Directive 1215, Standards for Veterans Health Administration Centers of Excellence.
- c. Government Accountability Office. (2016). *Centers of Excellence: DOD and VA Need Better Documentation of Oversight Procedures* (GAO Publication No. 16-54). Washington, D.C.:U.S. Government Printing Office.

MS REGIONAL PROGRAMS

MS Regional Programs (see <http://www.va.gov/ms> for list and Figure 1) have a dual purpose of providing both care to Veterans with MS and also support to local MS Support Programs. The Regional Programs provide MS specialty care with a continuum of acute, chronic, and long-term care services consistent with VHA policies. While at least one MS Regional Program is to be designated in each VISN, MS Support Programs are recommended at other VA medical facilities. MS Support Programs have more limited and varied capabilities but are readily accessible to all Veterans with MS and provide referrals to the MS Regional Programs and non-VA facilities when necessary.

a. **Designation of MS Regional Programs.** Any VA facility responsible for the care of more than 100 Veterans with MS and can offer the spectrum of outpatient, inpatient and specialty care outlined below can be designated as an MS Regional Program. They are organized under a clinical service within a VA medical facility, and in most cases, the supervising service will be neurology or rehabilitation medicine. MSCoE Directors will identify MS Regional Programs and make contacts with local providers and medical center leadership to formalize the designation and ensure that adequate local resources are provided to support the Regional Program.

b. **Scope of Services of MS Regional Programs.** The scope of MS Regional Program services addresses the unique aspects of delivering specialty health care services to individuals with MS as outlined in the MSCoE Program Guide and associated MS Clinical Practice Guidelines (see <http://www.va.gov/ms>). MS Regional Programs should be located at VA medical facilities that are capable of providing the full spectrum of tertiary care, support for the use of all FDA-approved MS therapies and be capable of providing services defined in the MSCoE Program Guide. To optimize follow-up and medication safety, the MS Surveillance Registry is to be managed by the MS Regional Program with annual assessments for patients in the catchment region. The delivery of specialized services may require linkage with other programs within a VISN, Region, or non-VA community. Overall care related to MS needs to be coordinated by the MS Regional Program.

c. **MS Regional Program Staff.**

(1) **Director.** The position of MS Regional Program Director is to be filled by a physician or doctoral level nurse practitioner who may serve the given VA medical facility through a part-time or full-time appointment consistent with VHA 1065.01, Productivity and Staffing Guidelines for Specialty Provider Group Practice. This person will have experience in MS (fellowship training is strongly encouraged). The following background requirements are to be met:

(a) The candidate must meet all existing VA requirements, including credentialing and privileging.

(b) The candidate should have training and/or experience in MS management. MS fellowship or related specialty training is encouraged.

(c) Interest and involvement in research or teaching is encouraged.

(2) **Coordinator.** The Regional MS Program Coordinator (this will usually be a nurse or other qualified health care practitioner) will provide case management, assist with MS treatment, and provide education to Veterans, caregivers, and other staff. Note that nurse training modules are available from the MSCoE. This individual will serve as the MS Regional Program Coordinator for the MS Regional Program. **NOTE:** *Physician assistants or nurse practitioners are ideally suited to serve as the MS Regional Care Coordinator.* The expanded role of physician assistants and nurse practitioners in the diagnosis and prescribing of medications can be helpful in the overall multidisciplinary management of large MS patient panels;

(3) **Social Worker.** A social worker is assigned to serve the comprehensive social work needs of Veterans with MS referred to the Regional MS Program;

(4) **Administrative Officer.** An administrative officer is assigned to manage administrative assignments of the Regional MS Program;

(5) **Rehabilitation Therapists.** Access to occupational therapists, and physical therapists or kinesiotherapists with knowledge of MS serving inpatients and outpatients;

(6) **Other.** MS Regional Centers should have ready access to the following: pharmacists, dietitians, outpatient respiratory therapists, speech pathologists, recreation and creative arts therapists, driver rehabilitation specialists, psychologists, neuropsychologists, rehabilitation psychologists, urologists, orthopedic surgeons, ophthalmologists, obstetricians, gynecologists, vocational counselors, orthotists, and chaplains. These health care specialists are important in multidisciplinary MS care and need to be knowledgeable about MS.

d. **MS Regional Center Outpatient Services.** The MS Regional Center's outpatient clinics provide the full spectrum of MS health care to the local MS population.

(1) MS Regional Centers should provide an outpatient program of scheduled hours and treatment, including unscheduled visits for Veterans with acute conditions related to MS.

(2) The scope of outpatient treatment at the MS Regional Centers should be comprehensive and multidisciplinary. Services provided to a particular individual are a part of a continuum of care and integrate inpatient and home care when needed.

(3) The MS Regional Center should have ready access to consultations in other disciplines which are often required to address the multifaceted problems of patients.

e. **MS Regional Center Inpatient Services.** The MS Regional Centers provide the full spectrum of MS health care, but inpatient admission to the VA medical facility should

to be provided when appropriate. Inpatient admission needs to be considered for severe relapses, infections, or other serious illnesses related to MS. Inpatient services could include rehabilitation, acute and sub-acute medical and surgical care, mental health care, respite care, palliative care, and long-term care.

f. **MS Regional Program Quality Assurance.** Each MS Regional Program is to undertake service-level quality improvement activities for their catchment area that monitor critical aspects of care and provide an on-going and continuous evaluation of the program to address patient outcomes and risk management. The MSCoE-East and West will oversee the MS Regional Program Quality Assurance Plan. Results and actions will be reported regularly to MSCoE.

HUB AND SPOKE MODEL – Figure 1

MSCoE National Network

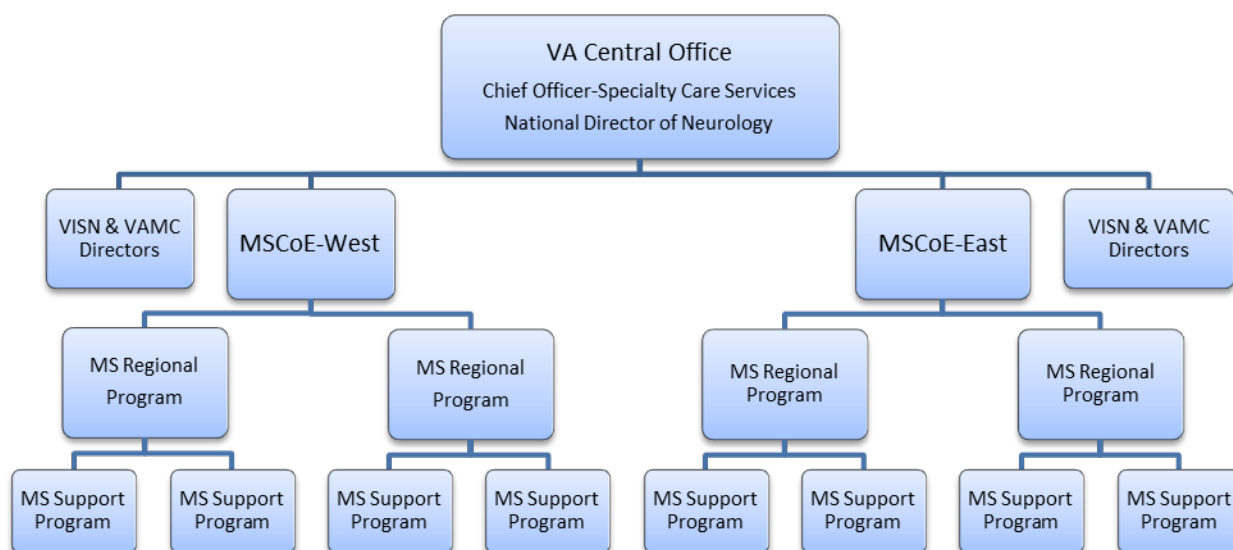


Figure 1. VA MSCoE National Network. The hierarchical hub and spoke model will equip clinicians to provide the best care possible to Veterans with MS regardless of geographic location, will allow for targeted educational programs and spur research progress. The MSCoE National Network is overseen by VA Central Office, Chief Officer Specialty Care Services, and the National Director of Neurology. Under this position are the MSCoE-West and MSCoE-East who will direct and coordinate the clinical care, education and national research program for MS within VA. The MSCoE-West/East work directly with VISN and VAMC Directors in their catchment areas to coordinate clinical care for MS. Under the VISN, VAMC Directors and MSCoE-West/East are the MS Regional Programs. At least one MS Regional Program will be defined within each

VISN to offer the full spectrum of MS therapies and related specialty care to Veterans with MS and be a resource for other VAMCs in the VISN. Under the MS Regional Programs are the MS Support Programs which offer standard MS care but also facilitate referrals to other parts of the connected system. Clinical care, educational and research opportunities will be enhanced through a national MS Surveillance Registry, national care standards, telehealth and web-based communication pathways between the MScOE West/East, MS Regional Centers and MS Support Centers.

MS SUPPORT PROGRAMS

VA medical facility Directors caring for Veterans with MS and not designated as an MS Regional Centers are recommended to have an MS Support Program as outlined below (see Figure 1, Appendix A).

a. **MS Care Liaison.** The Chief of Staff or Chief Medical Officer at each VA medical facility without a Regional MS Center should designate a staff member within the clinical services as the MS Care Liaison. The individual is to have, or be willing to acquire, appropriate knowledge regarding:

- (1) The MS disease process;
- (2) Psychosocial implications for the individual with MS and their family;
- (3) Resources for MS treatment and rehabilitation;
- (4) Resources for appropriate clinical and vocational interventions;
- (5) Prosthetic services for Veterans with MS;
- (6) VHA directives and benefits affecting Veterans with MS;
- (7) Community resources and services for the disabled;
- (8) Local peer counseling programs or groups; and
- (9) Federal laws or regulations regarding disability.

b. **MS Care Liaison Communication and Training.** The name and location of the MS Care Liaison is to be listed at the VA medical facility. The MSCoEs will provide training for MS Care Liaisons upon request.

c. **Appointment of MS Support Program Care Teams.** The facility Chief of Staff, or Chief Medical Officer, is to appoint an MS Center Care Team at VA medical facility designated as an MS Support Programs. The MS Center Care Team at an MS Support Program should consist of a physician or group of health care providers and the designated MS Care Liaison. The MS Center Care Team is to provide specialty care and consultative services to the local eligible Veterans with MS. Specialty MS care not available at the local VA medical facility needs to be performed by the MS Regional Program or through an appropriate community care mechanism.