Conference
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Title
A Comprehensive Interdisciplinary Care Model for Multiple Sclerosis at Sinai Hospital of Baltimore

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Background
Multiple sclerosis can affect many body systems and can result in a myriad of deficits and functional limitations. Comprehensive management of these neurological deficits requires the collaboration of specialized healthcare providers who focus on overall quality clinical care of persons with multiple sclerosis (PwMS). Mr. H is a 45-year-old black male with no prior medical history. He experienced onset of symptoms in 2019 and was diagnosed with relapsing remitting MS in 2020. He participated in inpatient and outpatient neuro-rehabilitation.

Objectives
To highlight an interdisciplinary treatment model implemented at Sinai Hospital of Baltimore that facilitates interdisciplinary communication and augments the overall care and quality of life of PwMS based on this case example.

Methods
Mr. H was seen in outpatient neurology in 07/2020. Initial DMT: Tysabri in 08/2020 and transitioned to Ocrevus in 12/2021. Referral made to Physical Medicine & Rehabilitation for symptomatic therapy treatments: spasticity, neurogenic bladder and bowel, sexual dysfunction, and neuropathic pain. Rehabilitation for physical therapy (PT), speech language pathology (SLP), and occupational therapy (OT) commenced where the primary goal was to achieve functional recovery and return to a level of independence. Neuropsychological evaluation completed due to cognitive changes with additional follow-up to address low mood and difficulty adjusting to MS diagnosis. Mr. H was an active participant in a MS Support Group. Vocational rehabilitation was consulted to assist with disability benefits and alternate employment. Treatment plans included mutual goals across disciplines (e.g., managing neuropathic pain with medication, walking, stretching, cognitive behavioral therapy). The treatment team communicated regularly about Mr. H’s care to ensure goals were appropriately addressed.

Results
Mr. H has not developed new lesions since initiating disease-modifying therapy. MS symptoms are managed primarily with behavioral strategies reinforced across disciplines.

Conclusions
Mr. H benefited from integrated care and team communication such that his goals were addressed across disciplines. This case study lends support for further development of interdisciplinary MS care teams.