Does patients’ experience of care differ by level of adherence in multiple sclerosis?

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INTRODUCTION

- Patient experience encompasses the range of interactions that patients have with the healthcare system.
- Evidence suggests that there may be a positive association between patient experience and important healthcare processes and outcomes.

These processes and outcomes include patient adherence to medical advice, better clinical outcomes, improved patient safety practices, and lower utilization of unnecessary healthcare services.

- Understanding the patient experience in multiple sclerosis (MS) is a key step in moving towards patient-centered care in MS.
- Patients’ perspectives of the healthcare interaction with therapy may differ from that of their physicians.

Lack of medication adherence remains a challenge among patients with MS, and patients’ interactions with healthcare providers provide an important opportunity for improved education and support, in order to overcome and monitor barriers to adherence.

- The relationship between patient experience in MS care and disease-modifying drug (DMD) adherence has not yet been evaluated.

OBJECTIVE

- To determine whether measures of patients’ experiences of care (out-of-pocket [OOP] costs, satisfaction with therapy, sources of treatment information, use of online communities/groups) vary by level of adherence to DMDs in MS.

METHODS

Patient population
- Patients with MS (n=1112) from the US National Health and Wellness Survey or Lifepathways Research panel and its affiliates completed an internet survey between April and October 2015.
- The analysis only included patients who indicated they were currently taking a prescription medication for MS (DMD), excluding natalizumab, alemtuzumab, and mitoxantrone.

Participants were defined as self-identified individuals with MS ever-diagnosed with relapsing/remitting MS.
- Institutional review board approval was obtained and study measures were self-reported via an online survey, and thus respondents without Internet or computer access were not represented in the current sample.

Data collection and study measures
- Questions about demographics, disease severity and symptoms, treatments, health behaviors, and comorbidities were included.

- Demographic variables included age, race/ethnicity, sex, marital status, education, household income, employment status, and health literacy.
- The Health History question topics included smoking habits, exercise behavior, alcohol use, body mass index (BMI) category, having a caregiver, and the Charlson Comorbidity index.
- Disease characteristics included years experiencing symptoms, time on current DMD treatment, number of relapses in the past 2 years, and medications used to treat the symptoms related to MS.
- The Multiple Sclerosis Rating Scale, Revised (MSRS-R) assessed self-reported functional disability.
- The MSRS-R asks respondents to rate their level of symptoms or disability in each of the following areas: walking, using arms and hands, vision (with glasses/contact lenses if used); speaking clearly; swallowing; bowel function; bladder function; thinking, memory, or cognition; and numbness, tingling, burning sensation, or pain.

- The Patient-Reported Dose Scale (PRDS) scale assessed MS disease status/ability.
- The scale focuses mainly on how well the patient walks, and asks patients to choose which of the following categories best describes their situation: normal, mild disability, moderate disability, or severe disability.

- Data collection and study measures

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- There is a possible lack of generalizability given the use of an individual cohort.

CONCLUSIONS

- Adherence to treatment is an important issue for the management of patients with MS.
- In this real-world population, patients with low versus high adherence had higher OOP costs, lower treatment satisfaction, and were less likely to use a doctor for treatment information.
- In an effort to optimize healthcare provider/patient interactions, an increased understanding of a patient’s experience of care and how it relates to adherence may help improve patient care.

REFERENCES


DISCLOSURES

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