A project by: Biogen, SCLEROSI MULTIPLA associazione italiana

With the operating support of: IQVIA™

StayHome Project:

Integrating proximity care in Multiple Sclerosis patient management in Italy: the StayHome case study

StayHOME

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The StayHome Project fulfills the need of enhancing proximity care in MS management in Italy, emerged during pandemic

Context and background

Multiple Sclerosis Context

133.000 MS patients in 2022

Average distance of 36 km, almost 1h of travel for both patient and caregiver

Almost 10 accesses to MS Center/ year

Follow-up visits | *MRIs* | *Therapy pick up / infusions*

200 + MS Centers in Italy

Significant distance between patients and Centers

Italian Healthcare environment

Covid-19 highlighted the necessity to **strengthen proximity care**

Increased financing to sustain the **recovery** from the health crisis

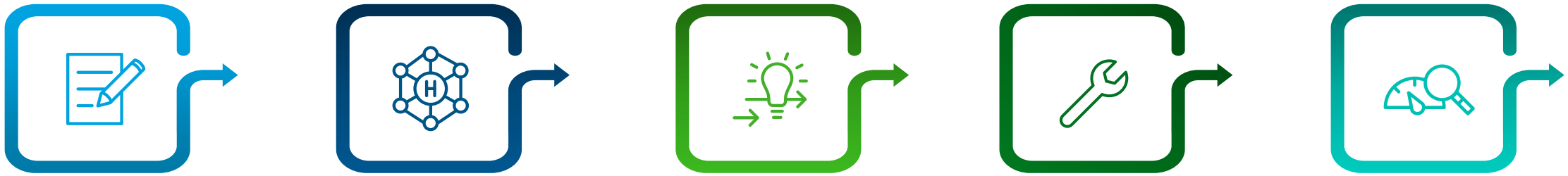
Reforms to strengthen proximity care with the available funds

Enhance and implement proximity care as a setting of care *for the management of* ***Multiple Sclerosis*** *in Italy, integrating it synergically with MS Centers*

The StayHome Project adopts a pragmatic approach to improve Proximity Care in MS

Project approach and methodology

Steering Committee and Patients Association Group representatives validation



Patient Pathway and roadblock identification

Identify **proximity care pathway blueprint** and define a framework for **MS Center assessment**

Assessment of **14 MS Centers**

Patient Pathway mapping with HCPs and **data gathering** to understand **organizational model and patient pathway** in each Center

Design **tailor made improvement plans**

In each MS Center, personalized **improvement plan** and **roadmap** to implement proximity care

Proximity care **enabling tools** in pilot MS Centers

Design and **implementation** of "***tools***" to enable proximity care

Measure improvement plan and tools **impact**

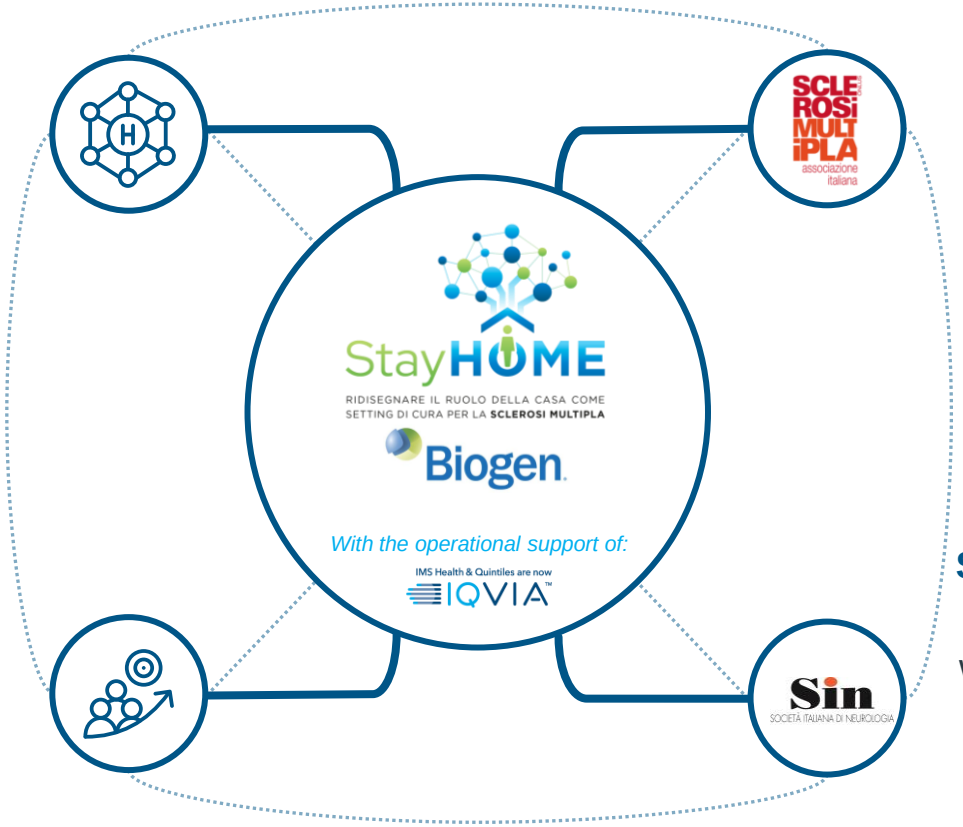
In each MS Center, **qualitative** (maturity model) and **quantitative** (KPI) **improvement monitoring** after 3 and 6 months

The StayHome Project involves all relevant stakeholders: KOLs, PAGs, Scientific Societies, Hospitals and Regional HC Authorities

Main stakeholders involved in the project

A ***network of 14 relevant MS Centers*** exchanging ***best practices***, tailoring their care pathways according to ***StayHome models of organizational improvement***

Involvement of ***Hospital Managers and Regional decision makers*** to enable ***scale-up***



Patient Advocacy*: AISM* (Italian Multiple Sclerosis Society) ***partnership*** that, with a ***network of almost 100 local branches,*** advocates for the ***rights of people with MS*** and is ***committed to increase awareness on MS***

Scientific Society: the ***patronage of SIN*** (Italian Neurology Scientific Society) which provides ***its scientific and clinical guidance*** to ***project activities and results***

The StayHome Project addresses the main issues in the Italian MS Patient Pathway acting on four improvement areas

Identified roadblocks and directions for improvement

Main roadblocks

Access to MS pathway

- Difficulties in initial **MS suspect by GPs**
- **GP referral mechanisms** to MS Center **not defined**
- Time from **diagnosis to treatment** start to be **optimized**

Treatment and Follow-up

- Significant **patient – MS Center distance**
- **Limited multidisciplinary** approach
- **Difficult** access to **MRI** for **follow-up**
- **Limited management** of the care **pathway** (Case Management)
- **Lack of structured data** to support treatment and pathway monitoring

Rehabilitation pathway

- Difficult **identification** of appropriate neurological **rehabilitation services**
- **Limited** collaboration between **MS and rehabilitation Centers**
- Significant **out-of-pocket expenditure** for rehabilitation services

Main directions for improvement to be pursued with improvement plans

- **MULTIDISCIPLINARITY**
- **H-T INTEGRATION**
- **DIGITALIZATION & REMOTIZATION**
- **EMPOWERMENT OF ACTORS INVOLVED**

The StayHome Project defined a «toolbox» for proximity care in MS based on 14 MS Centers, with potential impact for ~16.000 patients

Project outputs and results

14 MS Italian **Centers** in **9 Regions**

+ 150 HCPs actively involved

+ 16.000 MS patients **benefitting** from proximity care **pathways**

MATURITY MODEL

To **analyze and evaluate the maturity level of MS Centers** in implementing proximity care for MS

KEY PERFORMANCE INDICATORS

To **monitor the effects of the improvement plan implementation** in the MS patient pathway

DIGITAL DASHBOARD

To **visualize patients' clinical and organizational data; monitoring KPIs** over time

REHABILITATION CENTERS MAPPING

To **identify** adequate **territorial rehabilitation Centers** for MS patients

INTEGRATED H-T PATHWAY

To **define an integrated pathway between Hub and Spoke MS Centers** to guarantee continuity of services

Models for organizational improvements toward proximity care

Tools for implementing organizational improvements

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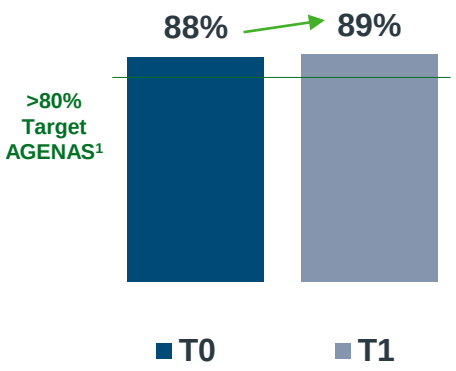
The StayHome Project is measuring the organizational improvement of MS Centers through validated KPIs

Monitoring of organizational KPIs pre (T0) and post (T1) improvement plan implementation

Timeliness in starting DMT when necessary

% of MS patients who start a DMT within 90 days from the first contact with the MS Center

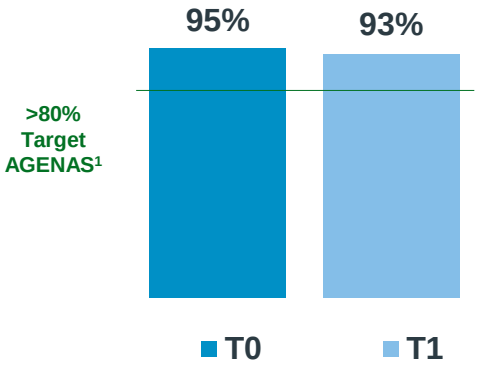
T1



Appropriate frequency of MRI exams

% of MS patients under DMT that undergo an MRI exam with or without contrast in the year in evaluation

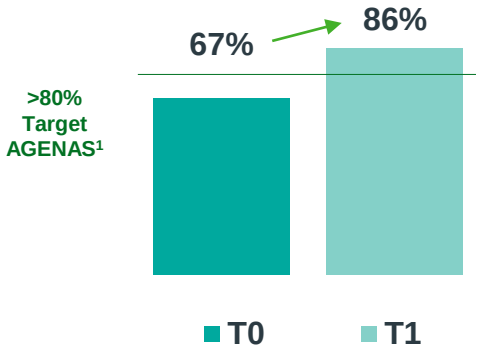
T1



Appropriate frequency of neurological follow-up

% of MS patients that have undergone at least one neurological visit in the year in evaluation

T1



Patient pathway digitalization (televisit)

% of Centers considered in this analysis that have started providing neurological follow-up televisits after T0

T0: KPI measured pre improvement plan definition **T1: KPI measured 3 months post improvement plan implementation**

Note: analysis based on data retrieved from 4 MS Centers involved in StayHome project
1) AGENAS: national agency for regional health services

The StayHome Project is supporting the organizational improvement developing specific tools for pilot Centers

Tools provided to support improvement plan implementation

H-T integration Connecting MS Centers

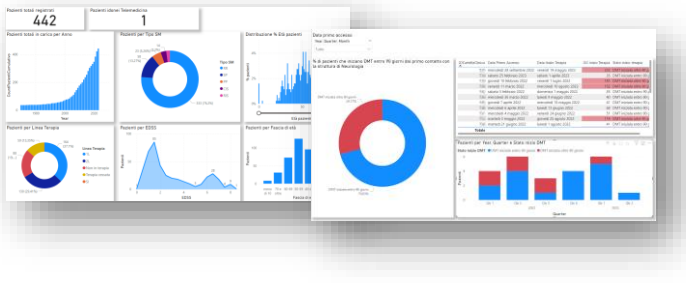
MS main Centers managing many **patients living hours far** from the Center. Need to **empower more Centers** for neurological follow-up, access to MRI and to innovative therapies

Action: inter-company and multi-professional working table to design protocols for an **integrated pathway;**

Resulting in decreased time and costs for patients to reach MS Center

Remotization & digitalization

Paper medical records are inefficient and lead to the **need to digitally and dynamically elaborate clinical and organizational data to monitor the patient pathway**



Action: configuration of **digital tool to gather and analyze clinical data** and create reports

Improvement in patients' care through updated and specific data processing

H-T integration Rehabilitation services at territorial level

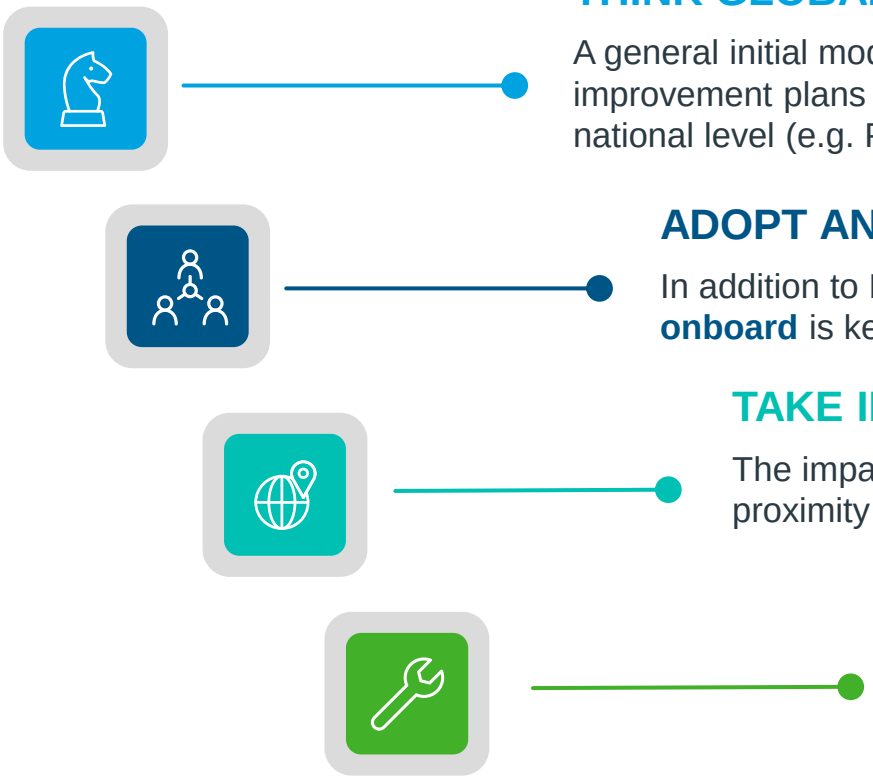
Patient **struggle to identify appropriate rehabilitation Centers**, limited access to non-out of pocket services, long waiting lists

Action: collaboration with **PAG** to **map rehabilitation Centers and their features**

Improved collaboration between rehab and MS Centers and shared information on specific facility requirements

According to the project experience, the approach to implement proximity care in MS in Italy should follow four main principles

Lessons learned



THINK GLOBAL, BUT ACT LOCAL TO BE PRAGMATIC

A general initial model of MS Patient Pathway was confirmed by the Pilot Centers and local improvement plans were **generalized into organizational models** ready to scale-up at regional / national level (e.g. Proximity care maturity model)

ADOPT AN ECOSYSTEM APPROACH

In addition to HCPs and KOLs from MS Centers, having **Patient Associations** and **Scientific Societies onboard** is key to implement proximity care considering patient perspective and scientific methodology

TAKE INTO ACCOUNT REGIONAL AND LOCAL SPECIFICITIES

The impact of **regional al local specificities** makes it **suboptimal** to implement proximity care with a **unique approach**

TRASFORM DESIGN INTO IMPLEMENTATION THROUGHT A PRACTICAL "TOOLBOX"

Proximity care implementation in MS needs to **go beyond design phase** (e.g. Integrated care pathways) by supporting it with **practical tools to take off**

*A **bottom-up approach** results to be more **effective**, when designed with **healthcare professionals** and **patient associations**, and when **hospital and regional managers are onboard***

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