HCP EDUCATION LBA05

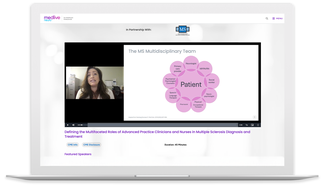
Impact of Targeted Education on APC and Nurse Preparedness in Multiple Sclerosis Care

Authors: Vandana Gupta, MSc[1]; Carole Drexel, PhD[1]; Christine Marcello, MSN, FNP-BC, MSCN[2]
Affiliation: [1]Medlive, Needham, MA; [2]Thomas Jefferson University Hospital, Philadelphia, PA

This activity was supported by an independent educational grant from Novartis Pharmaceuticals Corporation.

INTRODUCTION

Advanced practice clinicians (APCs) and nurses are integral members of the multiple sclerosis (MS) care team. Ongoing changes to diagnostic criteria and the increasing complexity of disease-modifying therapies (DMTs) necessitate targeted education to support patient-centered MS care. A CME activity was developed to improve APC and nurse preparedness in applying updated diagnostic criteria, supporting DMT selection, and managing patients with MS.



METHODOLOGY

Intervention:

An online enduring CME/CE (0.75-credit) activity was launched in November 2024 targeting nurse practitioners (NPs), physician assistants (PAs), and nurses involved in MS care. The program incorporated long-form video education and, to extend reach, micro-learning videos targeted to NPI-verified neurology NPs/PAs via IQVIA/LinkedIn.

CME Title: Defining the Multifaceted Roles of Advanced Practice Clinicians and Nurses in Multiple Sclerosis Diagnosis and Treatment

Learning Objectives:

1. Apply the most recent McDonald criteria for MS diagnosis when evaluating patients with symptoms suggestive of MS
2. Summarize mechanisms of action and the latest safety and efficacy data on DMTs for MS
3. Discuss the roles of APCs and nurses in a patient-centered approach to therapy selection, monitoring patient response to therapy, and mitigating treatment-related adverse events in MS
4. Describe how APCs and nurses are in a unique position to provide equitable MS care to patients from underserved communities and apply strategies to provide individualized, holistic, patient-centered care, including mental health considerations

Data Collected:

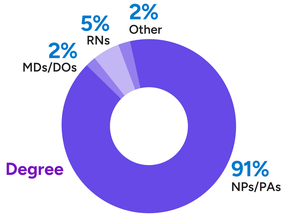
A survey-based approach measured the impact of the education as aligned with stated learning objectives via pre- and post-activity knowledge/competence questions developed in accordance with National Board of Medical Examiner guidelines,[1] as well as a post-activity evaluation (inclusive of intended practice changes: open-ended). Statistical tests of significance were applied to comparisons of individual questions (pre- vs post-activity).

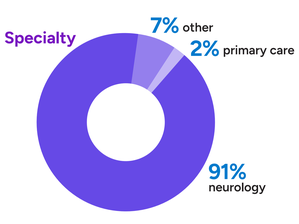
Reference:
1. NBME Item-Writing Guide. Constructing written test questions for the health sciences. Nov 2020. www.nbme.org/item-writing-guide.

RESULTS

HCP Education

2,347
Total Participants
834 CME enduring +
1,513 micro-learning





of CME learners identified as current treaters who see an average of 29 patients with MS each month

At baseline, participants reported significant barriers to applying the 2017 McDonald criteria, including a lack of understanding of clinical applications and unfamiliarity with the criteria:

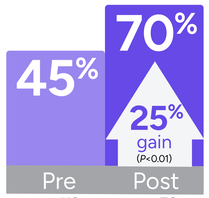
Barriers to integrating the 2017 McDonald criteria to diagnose patients with MS (select all that apply) (n=74)	Percentage
Lack of understanding of how to apply the criteria in clinical practice	60%
Concerns regarding coverage by insurance, cost, and affordability	53%
Lack of familiarity with criteria	47%
Lack of resources in health system	40%

Following cost and affordability, lack of preparation and unfamiliarity with DMTs were the most frequently cited barriers to integrating DMTs into clinical practice:

Barriers to integrating DMTs for patients with MS in real-world practice (select all that apply) (n=74)	Percentage
Concerns regarding cost and affordability	86%
Do not feel prepared to use them in practice	20%
Unfamiliar with the data supporting their use	20%
Patients do not want to try new medications	20%
Unaware of their side-effect profile	17%

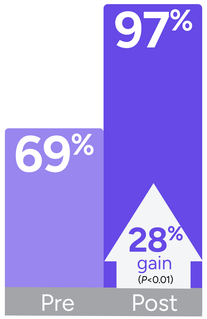
Post-activity assessments demonstrated statistically significant improvements in knowledge and competence:

How would the proposed ECTRIMS 2024 updates to the 2017 McDonald criteria affect the requirement for demonstrating dissemination in time (DIT) when diagnosing MS?



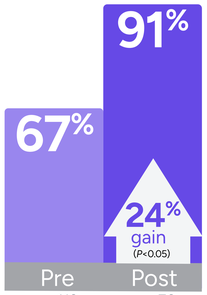
DIT would no longer be required if dissemination in space (DIS) is demonstrated on MRI, allowing diagnosis based solely on DIS criteria

Which of the following best describes the primary mechanism by which ofatumumab modifies the course of the disease in MS?



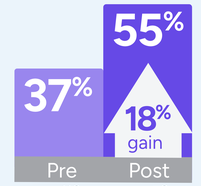
Target CD20 on B cells

When selecting a treatment for a patient with relapsing MS, with which of the following therapies is JCV antibody testing recommended to avoid the risk of progressive multifocal leukoencephalopathy?



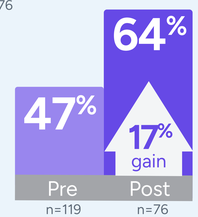
Natalizumab

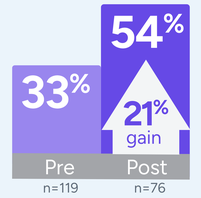
Participants also reported increased confidence in therapy selection, treatment monitoring, and patient counseling:



Confident* applying 2017 McDonald criteria for MS diagnosis

Confident* counseling patients with MS about available DMTs for MS





Confident* selecting DMT for a patient with secondary progressive MS with difficulty accessing regular transport to infusion centers

*Rating of 4 or 5 on 5-point scale

CONCLUSION

Results from this CME initiative highlight meaningful gains in knowledge and competence among APCs and nurses who play key roles in MS care delivery. Ongoing educational efforts can further support APCs and nurses in navigating treatment complexity and addressing persistent barriers to optimal MS management.