

Patient Support Programme for RRMS Patients Treated with DMF

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Conclusions

- This nurse-led, telephone-based patient support programme, which aims to reduce the burden on MSSNs and support treatment adherence, has been widely used by patients initiating treatment with DMF across the UK.
- During the 3 years after the programme was initiated, 159 of 992 enrolled patients reported discontinuing DMF, for a cumulative discontinuation rate of 16.0%. During the first year of treatment, the cumulative DMF discontinuation rate was 14.2% (141 of 992 enrolled patients). Discontinuation was most common during the first 3 months of treatment.
- The support programme has been well received by enrolled patients, with most (78.3%; 36 of 46) reporting above-average or excellent satisfaction with the overall programme in an online survey.

Introduction

- Reported rates of adherence to disease-modifying therapies for multiple sclerosis (MS) range from 41% to 88%, suggesting that many MS patients do not take these medications as recommended.^{1,3}
- Multiple sclerosis specialist nurses (MSSNs) play an important role in educating MS patients and supporting treatment adherence.⁴
- According to a 2015 report from the MS Trust, the average MS patient caseload per full-time MSSN in the UK is 511, which far exceeds the recommended 'sustainable' caseload of 358.⁵
- Biogen has worked with IQVIA to develop a remote, nurse-led telephone line designed to provide educational assistance and support treatment adherence among relapsing-remitting MS (RRMS) patients prescribed delayed-release dimethyl fumarate (DMF, also known as gastro-resistant DMF)

Objectives

- To outline the methodology of the DMF patient support programme service and to summarise support line uptake, the DMF discontinuation rate among participating patients, and patient satisfaction with the programme.

Methods

- Patients prescribed DMF can enrol into the support programme via self-referral or referral from an MSSN.
- Following the decision to initiate DMF, 8 calls are scheduled over the first 3 months, followed by quarterly calls for the remainder of the first treatment year (Figure 1). In addition, patients may contact the support line nurses at any time throughout their enrolment.
- The support line programme reaffirms information already provided to patients by their MSSN with the goal of ensuring that the patient is familiar with the contents of the patient information leaflet,⁶ which provides information on how to use the medicine.
- Treatment discontinuation rates are calculated as the percentage of patients who reported DMF discontinuation out of the total number of patients ever enrolled in the support line programme.
- An online treatment satisfaction survey was subsequently initiated in July 2017. The survey was sent to patients who had completed 1 year in the programme.

Results

Participation

- Between March 1, 2015, and March 1, 2018, 992 patients from 126 hospitals in the UK were registered in the support line programme.
- A mean of 7.9 patients were enrolled from each hospital (median: 2 patients; range: 1–118 patients).

Support line use

- Patients remained in the support line programme for a mean of 301 days; 83% of patients enrolled in the service completed the full 1 year of support.
- On average, the support line programme made 9 calls per patient. Of the enrolled patients who completed the full year in the service, 75% received all 11 scheduled calls.
- Mean per-patient call time across all scheduled calls was 109 minutes, with the time for each call ranging from 2 to 66 minutes. Average times for each of the scheduled calls are shown in Table 1.

Discontinuation of DMF treatment

- Over 3 years, 159 of 992 patients reported discontinuing DMF, for a cumulative discontinuation rate of 16.0%. During the first year of treatment, the cumulative discontinuation rate was 14.2% (141 of 992 patients).
- Among those who discontinued within 1 year of starting DMF, discontinuation appeared to be most common during the first 3 months after treatment initiation (Figure 2).

Patient satisfaction

- Between July 2017 and March 2018, 64 patients completed 1 year in the programme and were asked to complete the online satisfaction survey; 46 (71.9%) of these patients completed the survey.
- Most patients (78.3%) reported their overall satisfaction with the support programme as either 'above average' or 'excellent' (Table 2).

Figure 1. Schedule of calls for patient support programme

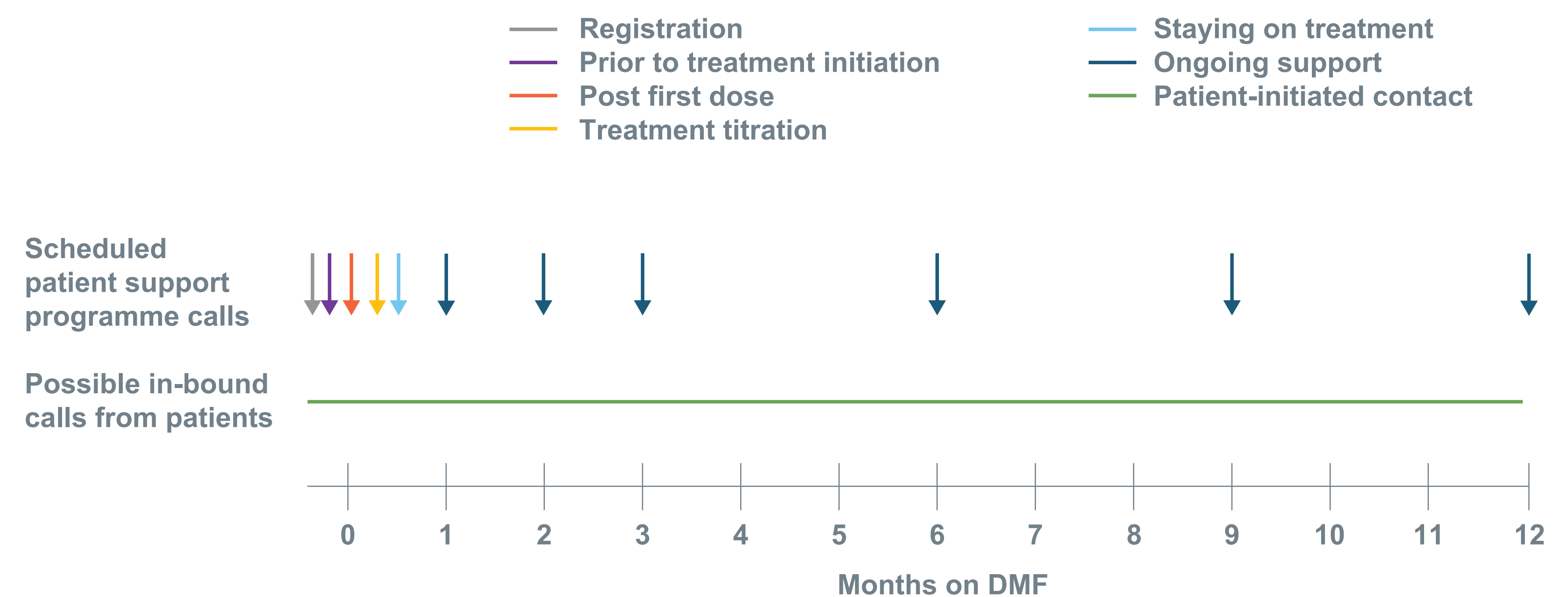


Figure 2. Number of enrolled patients who discontinued DMF each month during the first year of treatment (N=992)

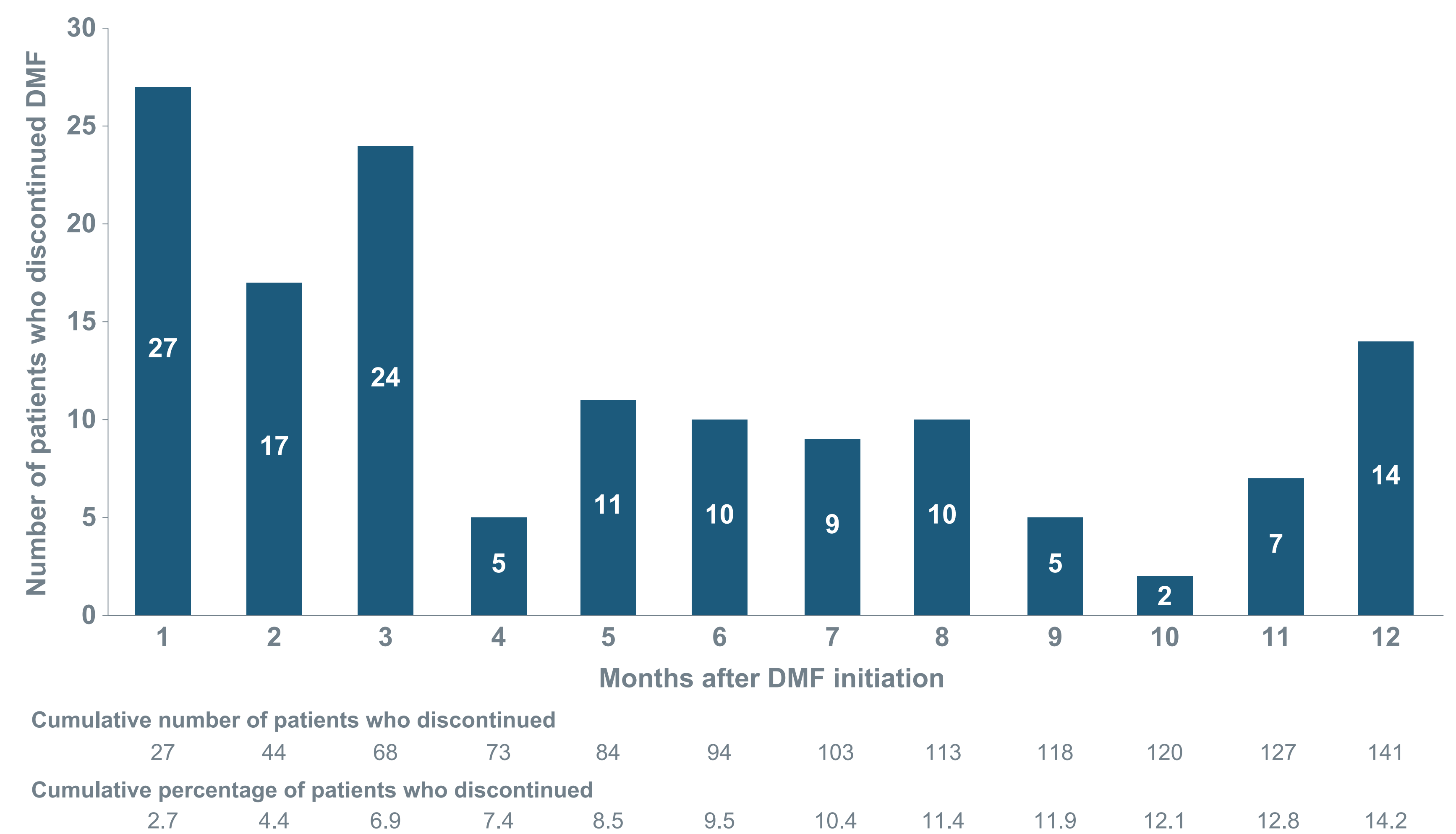


Table 1. Average duration of each call in the support programme

Touchpoint call	Average call duration (minutes)
Registration	14
Prior to treatment initiation	13
Post initial dose	9
Titration of treatment	10
Staying on treatment	10
Ongoing support	
28 days	9
2 months	9
3 months	9
6 months	9
9 months	9
12 months	9

Table 2. Patient satisfaction with the support programme (n=46)

Survey question	No. (%) of patients
How would you rate the overall service for the DMF Support Line (on a scale of 1 [poor] to 5 [excellent])?	
Patients reporting a 4 or 5	36 (78.3)
How likely are you to recommend the DMF Support Line to other people who are taking DMF for their MS (on a scale of 1 [not at all] to 7 [extremely likely])?	
Patients reporting a 5, 6, or 7	30 (65.2)
The DMF Support Line has helped me understand DMF's possible side effects and how to manage them (on a scale of 1 [not at all] to 5 [completely understood])	
Patients reporting a 4 or 5	29 (63.0)
The DMF Support Line has helped me to independently manage my MS treatment (on a scale of 1 [not at all] to 5 [extremely helpful])	
Patients reporting a 4 or 5	26 (56.5)
Did the nurse from the DMF Support Line introduce herself and her role?	
Patients who responded 'Yes'	46 (100)
Did the nurse from the DMF Support Line call at a time convenient to you?	
Patients who responded 'Yes'	46 (100)

For additional information on the UK patient support programme, please email MedInfoUKI@biogen.com.

References 1. Munsell M, et al. Patient Prefer Adherence. 2016;11:55-62; 2. Evans C, et al. Mult Scler Relat Disord. 2016;8:78-85; 3. Menzin J, et al. J Manag Care Pharm. 2013;19:S24-S40; 4. Burke T, et al. Int J MS Care. 2011;13:105-112; 5. Multiple Sclerosis Trust. Evidence for MS specialist services: findings from GEMSS. <https://www.msstrust.org.uk/sites/default/files/GEMSS%20Final%20Report.pdf>. Accessed April 11, 2018; 6. TECFIDERA (dimethyl fumarate) [package leaflet: information for the patient]. Maidenhead, UK: Biogen Idec Ltd; 2018. Disclosures JM: employee of and holds stock and/or stock options in Biogen; JC: employee of IQVIA (contracted by Biogen as MS nurse adviser); LG: employee of IQVIA (contracted by Biogen to deliver patient support programme). Acknowledgements All named authors meet the International Committee of Medical Journal Editors criteria for authorship for this poster and take responsibility for the integrity of the work as a whole. Biogen provided funding for editorial support in the development of this poster; Alison Adams, PhD, of Ashfield Healthcare Communications (Middletown, CT, USA) wrote the first draft of the poster based on input from authors, and Joshua Safran of Ashfield Healthcare Communications copyedited and styled the poster per congress requirements. Biogen reviewed and provided feedback on the poster to the authors. The authors had full editorial control of the poster and provided their final approval of all content. This work was previously presented at the 2018 Annual Meeting of the Association of British Neurologists, May 9-11, 2018; Birmingham, UK, P180.