MS

Defining and Measuring Engagement to Improve General Neurology Outreach for The MS Society's Healthcare Stakeholder Engagement Team

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Executive Summary

The National MS Society
Healthcare Stakeholder Engagement Team

The National MS Society was founded in 1946 by Sylvia Lawry, who was in desperate search of a cure for Multiple Sclerosis (MS) after her brother's diagnosis (The National MS Society, 2023). Since its founding, The MS Society has evolved into the most prominent MS organization in the world, consisting of a 50-state network that serves over one million patients each year; they are leading the mission to cure MS while empowering individuals to live their lives to the fullest (The National MS Society, 2023). The MS Society identifies as a movement united in collective power to eradicate this disease. The MS Society is working to improve accessibility to healthcare, accelerate research, and empower patients and families affected by MS; they are the gathering place for individuals with MS, their family members, friends, healthcare providers, volunteers, donors, advocates, community leaders, and all those that seek a world free of MS (National MS Society, 2023).

The MS Society must cultivate a strong network of healthcare providers to fulfill their mission. One way the National MS Society accomplishes this task is through provider outreach led by their Healthcare Stakeholder Engagement Team, the organizational partner for this project. This team plays a crucial role in supporting The MS Society's mission and strategic goals with an objective to educate, advocate, and provide resources to healthcare providers, with the ultimate goal of increasing their constituents' quality of life while working towards a cure for MS (The National MS Society, 2023). The focus of this project is understanding how the Healthcare Stakeholder Engagement Team successfully engages with physicians specializing in general neurology, who work extensively with MS patients in their practice.

Problem of Practice

"What is not **defined** cannot be **measured**. What is not measured cannot be **improved**."
-Lord William Thomson Kelvin

The MS Society's Healthcare Stakeholder Engagement Team has worked diligently to develop and implement a comprehensive strategy to identify, educate, and increase and deepen engagement with general neurologists, so that they are more knowledgeable about Multiple Sclerosis and connected to The MS Society in meaningful ways that benefit their practice and their patients. Unfortunately, the team has had difficulty consistently defining and assessing engagement, resulting in inconsistencies and inaccuracies when reporting, and thus measuring, the success of their outreach initiatives with general neurologists. As a result, the Healthcare Stakeholder Engagement Team has limited ability to accurately track their outreach progress.

MS Fishbone Diagram

Cohesion
- Outreach team working in silos
- Individualized processes

Process
- Lack of standardized system/guidelines
- Lack of consistency around defined metrics

Leadership
- Inconsistencies in management styles
- Differing views of importance

Fidelity
- Lack of accountability to follow processes in place

Commitment
- Varying commitment/interest levels of team leads
- Varying commitment levels of team members

Knowledge
- Comfort level with new processes
- Comfort level w/ technology and data

The MS Society's Healthcare Stakeholder Engagement Team has had difficulty measuring engagement, inhibiting their ability to track success of their outreach initiative to foster and deepen relationships with general neurologists in an effort to educate, advocate, and provide resources to increase their constituents' quality of life.

Project Questions

The area of inquiry for this quality improvement project focuses on defining engagement and creating a framework to identify meaningful engagement interactions to enhance the execution of the Healthcare Stakeholder Engagement Team's engagement strategy with general neurologists. The project questions can be found below:

1. **To what extent does The MS Society's Healthcare Stakeholder Engagement Team's definition of engagement enhance or inhibit outreach outcomes between the Healthcare Stakeholder Engagement Team and general neurologists?**

2. **What key performance indicators should The MS Society's Healthcare Stakeholder Engagement Team consider when defining engagement to accurately assess outreach initiatives geared toward general neurologists?**

MS Findings

The current definition of engagement ("two-way conversations") lacks clarity, is open to interpretation, and is highly subjective. This ambiguity makes it challenging to measure engagement accurately and to implement an effective data-driven outreach strategy.

The lack of key performance indicators (KPIs) to objectively measure engagement, and the impact of engagement initiatives, have lead to an inability to accurately assess the team's success.

Leadership vacancies, changes, and organizational restructuring have resulted in inconsistencies regarding the importance of utilizing Salesforce to track and measure engagement initiatives. The organizational restructuring in 2016 divided the East and West Coasts into separate regional teams, resulting in process misalignment and a lack of unity and team cohesion. The degree to which processes and procedures are followed with fidelity is dependent upon individual regional supervisors holding their

teams accountable. There is a lack of consistency and several notable discrepancies between the East and West Coast Teams.

Inconsistencies in funds of knowledge regarding tools and resources depend on everyone's comfort and understanding of the organization's software and processes. Commitment levels also vary across teams. Some team members are more committed to the process of documenting engagement activity in Salesforce than others.

MS Recommendations

Redefining Engagement

The current definition of engagement used by The MS Society's Healthcare Stakeholder Engagement Team lacks clarity and precision, leaving room for ambiguity. Expanding the definition of engagement beyond "a two-way conversation" will help streamline activities and create better insights for outreach strategy. The new proposed definition better aligns with the strategic goals of The MS Society.

Engagement, with general neurologists at The MS Society, refers to the intentional and sustained efforts to foster **meaningful interactions** that incorporate active participation driven by collaborative partnerships and **positive outcomes** in the management and treatment of Multiple Sclerosis.

Implement KPI Framework to Measure Engagement

Implement a robust framework for evaluating engagement efforts. This framework includes key performance indicators that measure both the process *and* the impact of engagement activities. These key performance indicators aim to broaden the understanding and measurement of engagement beyond the current definition of "two-way conversations" by measuring:

1. **Team Member Sentiment**

2. **Nature of Engagement Activities**
3. **Quality and Depth of Interaction**
4. **Positive Response Measurement**

By utilizing these KPIs to measure engagement, The MS Society aims to:

1. Improve the quality and effectiveness of interactions with general neurologists.
2. Foster collaborative partnerships focused on advancements in MS care.
3. Optimize engagement strategies based on measurable outcomes and continuous feedback.

Team Alignment

The layoffs on June 7, 2024 significantly affected The MS Society's Healthcare Stakeholder Engagement Team. Ten positions were eliminated on the team (*in grey below*) and it was restructured to eliminate the regional teams. This presents a pivotal opportunity for enhancing team alignment and operational consistency by establishing clearer guidelines and cohesive practices in defining and reporting engagement in Salesforce. This organizational restructuring offers leadership a unique opportunity to realign and create a unified approach by establishing standardized measurement practices and clearer definitions of engagement under one leader. Leadership can mitigate the inconsistencies that previously hindered effective evaluation and strategic decision-making. At this time, it is imperative that leadership remains invested in fostering a collaborative environment and boosting morale.
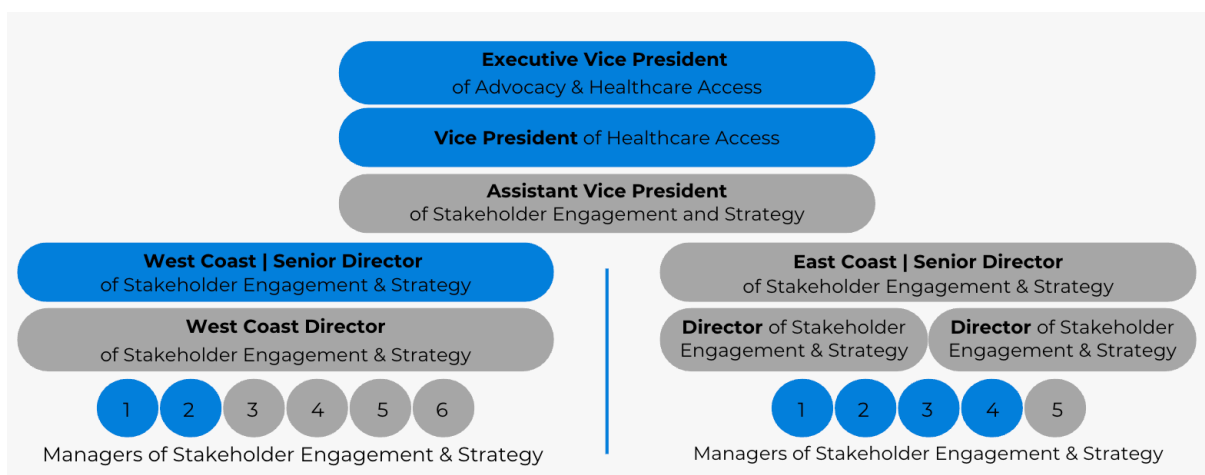
ACKNOWLEDGEMENT AND THANKS

First and foremost, we want to express our deepest gratitude to our organizational partner, **The National MS Society**. Without their unwavering support, commitment, and investment, this quality improvement project would not have been possible. We are incredibly grateful for their collaboration and invaluable contribution to this project. Working with such a dedicated and supportive organizational partner has been an enriching experience.

Special thanks are extended to **Kaye Gooch**, **Corey Maylone**, **Andrea Arzt**, and **Paige Dalton** for their collaboration and support throughout this project. Your insights, guidance, enthusiasm, and advocacy were instrumental in shaping this project from its inception to completion. It was a pleasure and privilege to work with you and your team. We truly could not have asked for better partners on this journey.

We also extend heartfelt thanks to our **families and friends** whose unwavering encouragement and understanding sustained us throughout this doctoral journey. Your patience during our long hours of study, your unwavering belief in our abilities, and your constant support through both triumphs and challenges have meant everything to us. Your sacrifices and understanding of our commitment to this program have been deeply appreciated. Your presence provided us with the strength and motivation to persevere, even when the workload seemed overwhelming. This achievement is as much yours as it is ours, and we are profoundly grateful for the love and support you have shown us.

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research. I admire your passion, determination, and commitment to excellence, which has been a constant inspiration, personally and professionally. I am so thankful to have such wonderful role models and teachers. Working with both of you has been an honor and a privilege. I am profoundly thankful for your invaluable guidance throughout the years.

We would also like to express our appreciation to **Dr. Troutman-Robbins, Dr. Matt Campbell,** and **Dr. Gabriel Keehn**. Your passion for teaching, understanding, and unwavering support have meant more to us than words can express. Your instruction and guidance during our time at Vanderbilt has been instrumental in preparing us for this Capstone project. We are incredibly grateful for the opportunity to learn from such dedicated and enthusiastic professors. We thank you for going above and beyond.

Last but certainly not least, we want to express our sincere gratitude to *the other* Dr. Robbins, **"Coach,"** our advisor, whose mentorship and insistence on excellence pushed us to produce our best work. Your rigorous feedback challenged us to refine our ideas and elevate the quality of our work. We are appreciative that your guidance and mentorship went beyond academics; your belief in our potential gave us the confidence to tackle difficult topics and explore new avenues of inquiry. The countless hours you dedicated to reviewing drafts, providing insightful comments, and offering constructive criticism did not go unnoticed. Your commitment to our academic and professional development has left an indelible mark on both of us. We are deeply thankful for your mentorship, wisdom, and unwavering support throughout this challenging yet rewarding endeavor.

Each of you has played a crucial role in the realization of this project, and for that, we are eternally grateful.

-**Raina & Jamie**

ABSTRACT

This quality improvement project employed a comprehensive mixed-methods exploration aimed at enhancing meaningful engagement between The National MS Society's Healthcare Stakeholder Engagement Team and general neurologists. Qualitative insights were gathered through semi-structured interviews with team members, while quantitative data was extracted from Salesforce. Integration of these datasets provided holistic insights. Significant challenges stemming from ambiguity and subjectivity in defining engagement within The MS Society, were reflected in both the qualitative and quantitative findings. Inconsistencies across regional teams highlighted the need for a standardized definition and key performance indicators (KPIs) to measure and enhance engagement strategies. An expanded definition of engagement was proposed, emphasizing intentional and sustained efforts to foster meaningful interactions through active participation and collaborative partnerships in managing and treating Multiple Sclerosis. Recommendations focus on leveraging organizational restructuring to realign team dynamics, redefine engagement criteria, and establish clear Salesforce reporting guidelines. These measures aim to enhance consistency, clarity, and effectiveness in engagement practices within The National MS Society. Introduction of new KPIs, including team member sentiment, nature of engagement activities, quality of interaction, and positive response measurement, provide a robust framework for comprehensive evaluation of engagement efforts. Strategic implementation of these KPIs will improve engagement effectiveness, strengthen provider networks, and optimize outreach efforts within general neurology healthcare contexts. These efforts are poised to enhance healthcare delivery and patient care in the management of Multiple Sclerosis, ensuring sustained progress towards fulfilling the organizational goals and mission of The National MS Society.

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ORGANIZATIONAL CONTEXT

Multiple Sclerosis

Nearly one million patients in the United States are living with Multiple Sclerosis (MS). This complex neurological disease is often difficult to diagnose and treat because of the complexity of the illness and its unpredictable course, which results in increasing disability over a patient's lifetime (The National MS Society, 2023). Patients with MS have lesions that manifest on their brain, spinal cord, or both the brain and spinal cord. These lesions can impact any combination of cognitive and bodily functions. Each MS patient and their symptoms are unique, given the size and location of the lesions, which means that treatment must be highly individualized. While there are many promising and beneficial treatments available to manage symptoms and slow the progression of the disease, unfortunately, a cure has not yet been discovered. MS is a disease that continuously progresses over the course of the lifetime, increasing disability, which can take a significant physical and emotional toll on an individual and their family (Papa et al., 2021). MS affects the quality of life, relationships, productivity, employment, self-efficacy, and personal independence of many patients (Papa et al., 2021).

History of MS Treatment

Multiple Sclerosis was one of the first diseases to be described scientifically (The National MS Society, 2003). In 1868, "The Father of Neurology," Jean-Martin Charcot, was one of the first physicians to document a detailed description of Multiple Sclerosis; his findings are still used today (The National MS Society, 2003). Initially, physicians had limited resources available to treat Multiple Sclerosis patients and relied on less scientific treatment and testing methods; fortunately, as technology advanced, additional resources became available to aid in medical discovery and treatment (The National MS Society, 2003). Today, neurologists play the primary role in treating MS patients. Unfortunately, despite technological advances and new information-gathering techniques, there was little

support for patients and families struggling with MS until the founding of The National Multiple Sclerosis Society.

The National MS Society

The National Multiple Sclerosis Society ("The MS Society") was founded over 75 years ago, in 1946, by Sylvia Lawry (The National MS Society, 2023). After her brother's MS diagnosis, Lawry desperately searched for a cure for this inhibiting disease; she recognized the need for an organized effort to lead the cause for a cure (The National MS Society, 2023). In 1946, Lawry gathered 20 of the nation's most prominent researchers and medical experts with the sole mission of finding a cure for Multiple Sclerosis (The National MS Society, 2023). Since its founding, The MS Society has evolved into a national nonprofit whose ambitious vision is "a world free of MS" (The National MS Society, 2023). The MS Society identifies as more than an organization; it is a movement united in collective power to eradicate this disease. The MS Society is the gathering place for individuals with MS, their family members, friends, healthcare providers, volunteers, donors, advocates, community leaders, and all those seeking a world free of MS (The National MS Society, 2023).

The MS Society has continuously offered support to patients and families who struggle with MS, keeping the mission to find a cure for Multiple Sclerosis at the forefront. The MS Society is working to improve accessibility to healthcare, accelerate research, and empower patients and families affected by MS (The National MS Society, 2023). Today, The MS Society is the most prominent MS organization in the world, consisting of a 50-state network that serves around one million patients each year, leading the mission to cure MS while empowering individuals to live their lives to the fullest in hopes of one day achieving a world free of Multiple Sclerosis (The National MS Society, 2023).

Healthcare Stakeholder Engagement Team

One way The MS Society accomplishes its organizational mission, goals, and objectives is through provider outreach, led by the Healthcare

Stakeholder Engagement Team. This team plays a crucial role in supporting The MS Society's mission and strategic goals and is the primary focus of this quality improvement project.

The MS Society's Healthcare Stakeholder Engagement Team aims to educate, advocate, and provide resources to healthcare providers with the goal of increasing their constituents' quality of life while working towards a cure for Multiple Sclerosis (The National MS Society, 2023). The MS Society underwent substantial organizational restructuring and staff reductions on June 7, 2024, altering the organizational chart and team composition significantly from the project's inception (refer to *Figures 1 and 2*).

At the onset of the project, leadership included an Executive Vice President of Advocacy and Healthcare Access, a Vice President of Healthcare Access, an Assistant Vice President of Stakeholder Engagement and Strategy, and two Senior Directors of Engagement Operations and Initiatives, overseeing regional teams on the East and West Coast. Each regional team was led by a Senior Director who managed seven team members responsible for provider portfolios based on geographic regions, see *Figure 1* below.

Figure 1

Organizational Chart Prior to June 7, 2024
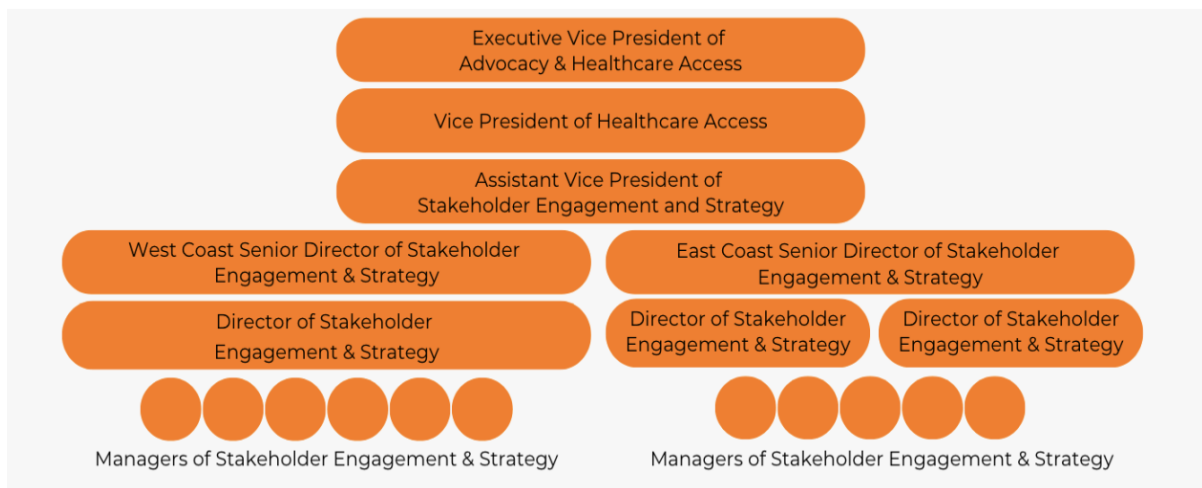
After the organizational restructuring on June 7, 2024, The MS Society downsized its workforce by 114 positions, including ten positions within this team, mainly in middle management. The current team comprises nine members, led by the Executive Vice President of Advocacy and Healthcare

Access and Vice President of Healthcare Access. The Assistant Vice President and Senior Director roles were eliminated, consolidating the two regional teams under one Director who now supervises six Managers of Healthcare Stakeholder Engagement, as depicted in *Figure 2*.

Figure 2

Organizational Chart After June 7th Layoffs
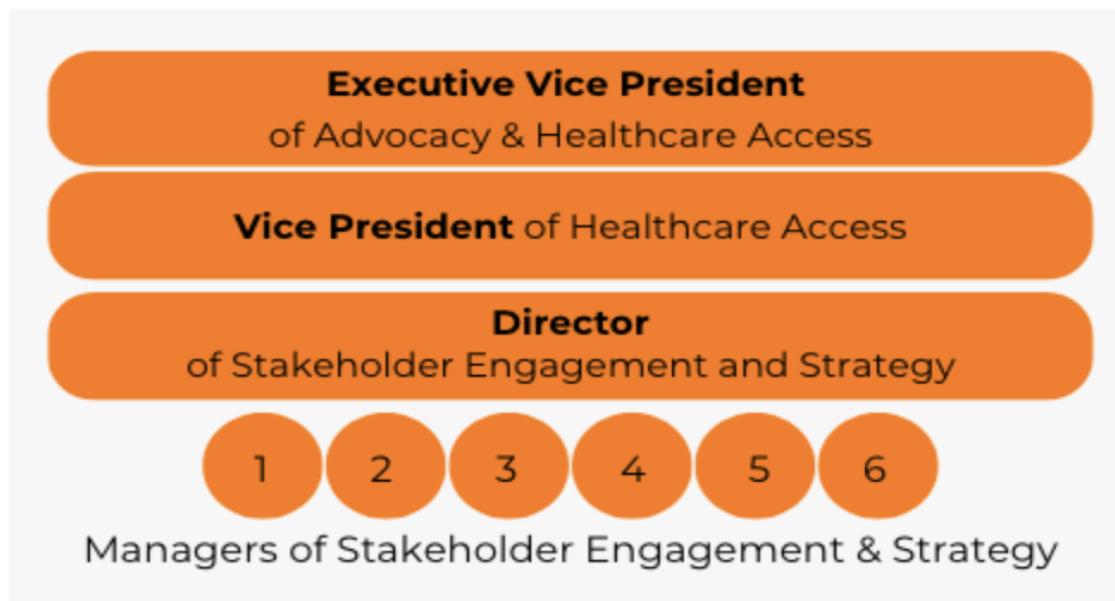
Strategic Plan

In 2022, The MS Society developed a two-year strategic plan to guide them in an effort to fulfill their mission of a world free of MS. The current strategic plan focuses on:

1. Accelerating cures through global research
2. Improving access to personalized, affordable MS healthcare
3. Empowering MS patients
4. Strengthening the MS movement by increasing and deepening connections (The National MS Society, 2024).

The primary focus of The MS Society's Healthcare Stakeholder Engagement team is to strengthen the MS movement by increasing and deepening connections with healthcare providers. Given the team's current focus and priorities, this project specifically focused on provider engagement with general neurologists and evaluated efforts in accomplishing goal four of the strategic plan: to strengthen the MS

movement by increasing and deepening connections. The project questions chosen were derived directly from the current strategic plan and the challenges that The MS Society's Healthcare Stakeholder Engagement Team reported in creating consistent and meaningful working definitions and metrics to measure progress toward meeting their goals. They have taken the initiative to cultivate a strong network of healthcare providers, which is imperative for The MS Society's mission. However, clearly defining and consistently measuring "the depth of connection" and "successful engagement initiatives" has proven to be a challenge for the team. In 2023, The MS Society reported engagement with 738 clinicians and 510 general neurologists (The National MS Society, 2024). Although there are metrics totaling several general neurologists who have been *engaged*, presenting the data in this way gives no indication of the type of engagement, depth of connection, or whether the engagement was ultimately successful in fulfilling the strategic goals or organizational mission.

Importance of Engagement with General Neurology

A neurologist is a medical doctor with specialized training in diagnosing, treating, and managing disorders of the brain and nervous system (American Academy of Neurology, 2024). Practicing general neurologists generally treat a number of different diagnoses related to the nervous system: concussions, migraines, epilepsy, stroke, Alzheimer's disease, Parkinson's disease, and MS are only a few common diagnoses that are treated in a general neurology practice (American Academy of Neurology, 2024). In recent years, there has been an increase in demand for neurological care (Curtis, Elrahi, Billelo, & Rai, 2020), exasperating disparities in accessibility among underserved and rural communities. Moreover, rural areas often experience shortages of healthcare providers, exacerbating access issues for MS patients living in these regions; only five percent of neurologists in the United States serve rural communities overall (Curtis et al., 2020). Current labor trends in neurology indicate that rural communities will not be alone in facing difficulties with healthcare access. The U.S. Bureau of Labor Statistics (2024) reported a total of 9,350 practicing neurologists in the United States as of May 2023. Data from The U.S. Bureau of Labor

Statistics (2024) illustrates that the five states with the most general neurologists account for almost half of the total practicing field across the United States, as seen in *Figure 3*.

Figure 3

Percentage of Neurologists by State (Labor of Bureau and Statistics, 2024)

1. **Pennsylvania:** 1,220 neurologists
2. **New York:** 1,220 neurologists
   ➔ 1,080/1,220 are in the New York metropolitan area
3. **California:** 870 neurologists
4. **Florida:** 680 neurologists
   ➔ 430/680 are in the Tampa metropolitan area
5. **Texas:** 640 neurologists
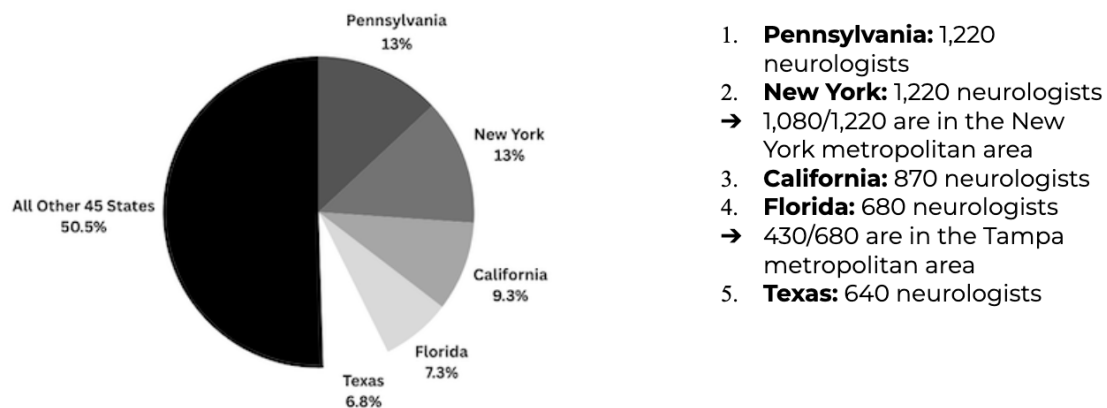
Halpern et al. (2014) projected the adequacy of the MS neurologist workforce, highlighting potential challenges in meeting the growing demand for MS care. Their analysis considered factors such as population demographics, prevalence of MS, and projected patient needs. If the supply of MS specialists does not meet the increasing demand, patients may experience difficulties accessing timely and specialized care, leading to delays in diagnosis, treatment initiation, and disease management. MS patients residing in areas with limited access to neurologists already face challenges in accessing specialized MS care, leading to disparities in health outcomes (Halpern et al., 2014).

The future workforce's adequacy and distribution of neurologists directly influence MS patients' access to timely and quality care. A shortage of MS specialists, particularly in underserved regions, can lead to disparities in health outcomes, delayed diagnosis, suboptimal disease management, and increased healthcare costs. Addressing workforce shortages and improving geographical distribution through targeted recruitment, retention strategies, and telemedicine initiatives can help mitigate these challenges and ensure equitable access to MS care for all patients. The MS Society's work is crucial as they invest in training programs, interdisciplinary

collaboration, and provide continuing education on innovative care delivery models that can enhance the capacity and effectiveness of MS care teams in meeting the evolving needs of patients with MS.

The map in *Figure 4* below shows the distribution of neurologists in the United States. According to the US Bureau of Labor and Statistics (2024), nearly half of practicing neurologists are concentrated in Pennsylvania, New York, California, Florida, and Texas. The remaining 4,720 neurologists are sparsely scattered throughout the United States.

Figure 4

Employment of Neurologists by State, May 2023 (Labor of Bureau and Statistics, 2024)

Blank areas indicate data not available.
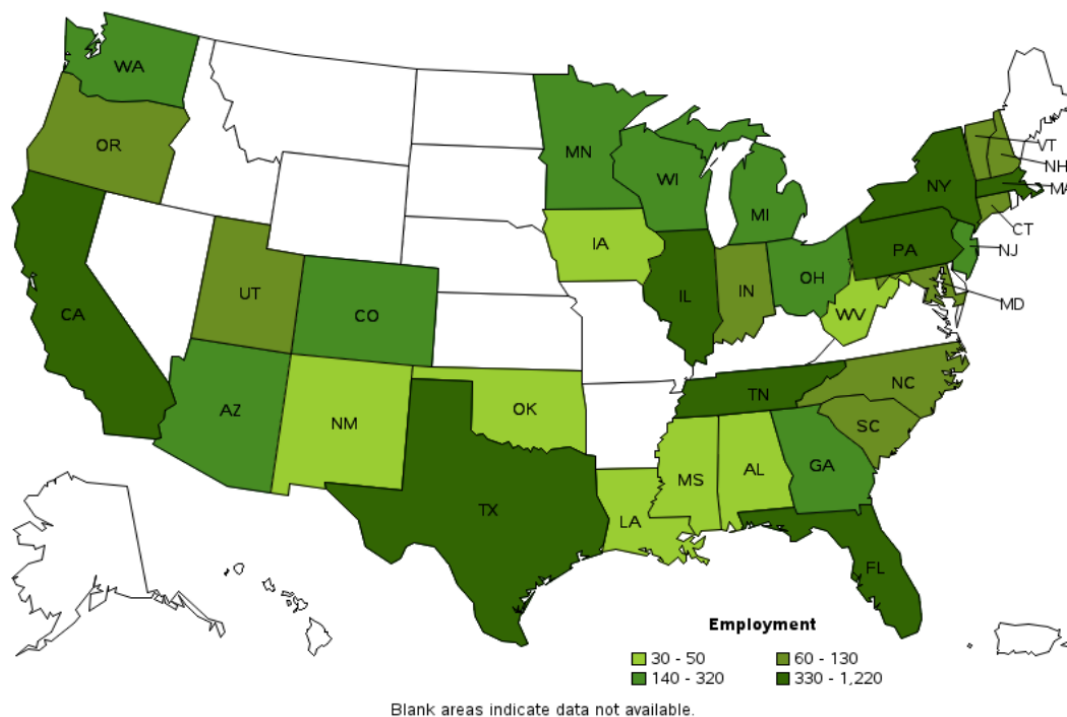
Only four percent of neurologists will specialize in MS care by 2025 (Halpern et al., 2018). Given the lack of MS specialists, in order to meet the demand for MS care, many general neurologists will be the primary treatment providers for MS patients. The Healthcare Stakeholder Engagement Team is working to equip these general neurologists with the necessary knowledge and resources to provide superior care for MS patients nationwide. The Healthcare Stakeholder Engagement Team is currently focused on working closely with general neurologists in hopes of increasing

equitable access to quality healthcare for all MS patients (The National MS Society, 2024).

PROBLEM OF PRACTICE

*"**What is not defined cannot be measured.**
What is not measured cannot be improved."*
-Lord William Thomson Kelvin

The Healthcare Stakeholder Engagement team has faced numerous challenges in pursuit of their goal to increase and deepen engagement with general neurologists, in alignment with the organization's strategic plan. Upon meeting with the team, the identified challenge was the lack of a clear definition and consistent measurements of engagement, which were needed to create an effective outreach strategy with general neurologists. There was confusion and a lack of clarity around the team's impact and effectiveness.

Defining and Measuring Engagement

Defining and measuring successful engagement with general neurologists is crucial in measuring the success of accomplishing The MS Society's strategic goals; however, it has proven difficult for the Healthcare Stakeholder Engagement Team. The MS Society's Healthcare Stakeholder Engagement Team currently defines engagement as "two-way conversations" with a stakeholder (NMSS General Neurology Engagement Plan, 2024). The current definition lacks the ability to account for the nature and depth of those conversations in helping the team meet its strategic goals and organizational mission. Snell, Briscoe, & Dickson (2011) identify provider engagement as an active component in cultivating a change in the delivery of healthcare service, which better aligns with The MS Society's mission and strategic plan. Redefining engagement across the organization and team to ensure that organizational goals are being accomplished is crucial to the success of the team's outreach initiatives and The MS Society as a whole.

Problem Statement

The MS Society's Healthcare Stakeholder Engagement Team has worked diligently to develop and implement a comprehensive strategy to identify, educate, and increase and deepen engagement with general neurologists so that they are more knowledgeable about Multiple Sclerosis and connected to The MS Society in meaningful ways that benefit their practice and their patients. The MS Society's Healthcare Stakeholder Engagement Team currently works within Salesforce, a customer relationship management software system, and Komodo, a healthcare tracking software, to monitor the team's outreach initiatives and progress. Unfortunately, they have had difficulty consistently defining and assessing engagement, resulting in inconsistencies and inaccuracies when reporting and thus measuring the success of their outreach initiatives with general neurologists. As a result, the Healthcare Stakeholder Engagement Team has limited ability to accurately track their outreach progress. This quality improvement project will utilize literature and offer industry best practices to assist the team in defining and identifying ways to measure successful engagement between The MS Society's Healthcare Stakeholder Engagement Team and general neurologists to enhance the execution of the organization's strategic plan and mission.

Figure 5 below details the logic model used to describe the inputs, activities, and expected outcomes for the Healthcare Stakeholder Engagement Team's strategic plan. The team relies on healthcare tracking software, specifically Komodo and Prism, to better understand patient data and treatment information to have more pertinent and meaningful conversations with general neurologists about their practice. They track these conversations within Salesforce, a customer relationship management software. Salesforce is intended to equip the team with the necessary resources to fulfill their mission and goals of identifying, educating, and increasing and deepening engagement with general neurologists. When utilized effectively, it is expected that the successful execution of the engagement strategy will produce more knowledgeable

general neurologists who are connected to The MS Society and improve patient access to personalized, affordable, high-quality MS care.

Figure 5

The MS Society's Healthcare Stakeholder Engagement Team's Strategic Plan Logic Model
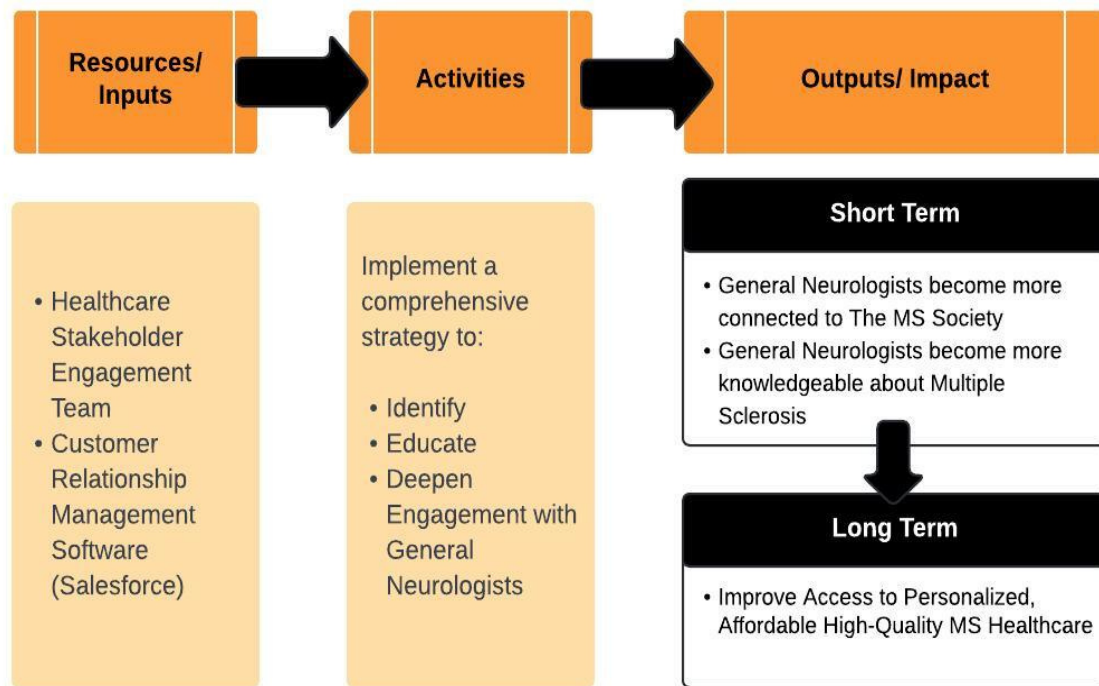
Objectives and Goals

Implementing a consistent definition of engagement across the team and organization is the first step toward the smooth and effective execution of the engagement plan. The goal of this project is to provide a framework that supports a more unified team, working with a clear definition of provider engagement and key performance indicators to measure the effectiveness of their general neurology outreach goals. This evaluation aims to align the team and strengthen their general neurology provider network by assessing their current outreach strategy and measuring both the qualitative data available through interviews with The MS Society's Healthcare Stakeholder Engagement Team and the quantitative data available through Salesforce.

Figure 6 below displays the logic model that details the inputs, activities, and outcomes for enhancing the engagement strategy for The MS Society's

Healthcare Stakeholder Engagement Team. Combining the inputs of data gathered from the Healthcare Stakeholder Engagement Team is expected to provide the necessary resources to create a comprehensive definition encompassing all inputs and providing a framework to track engagement with general neurologists. This framework will enhance the engagement strategy for the seamless execution of identifying, educating, and increasing and deepening engagement between the Healthcare Stakeholder Engagement Team and general neurologists.

Figure 6

Engagement Strategy Logic Model
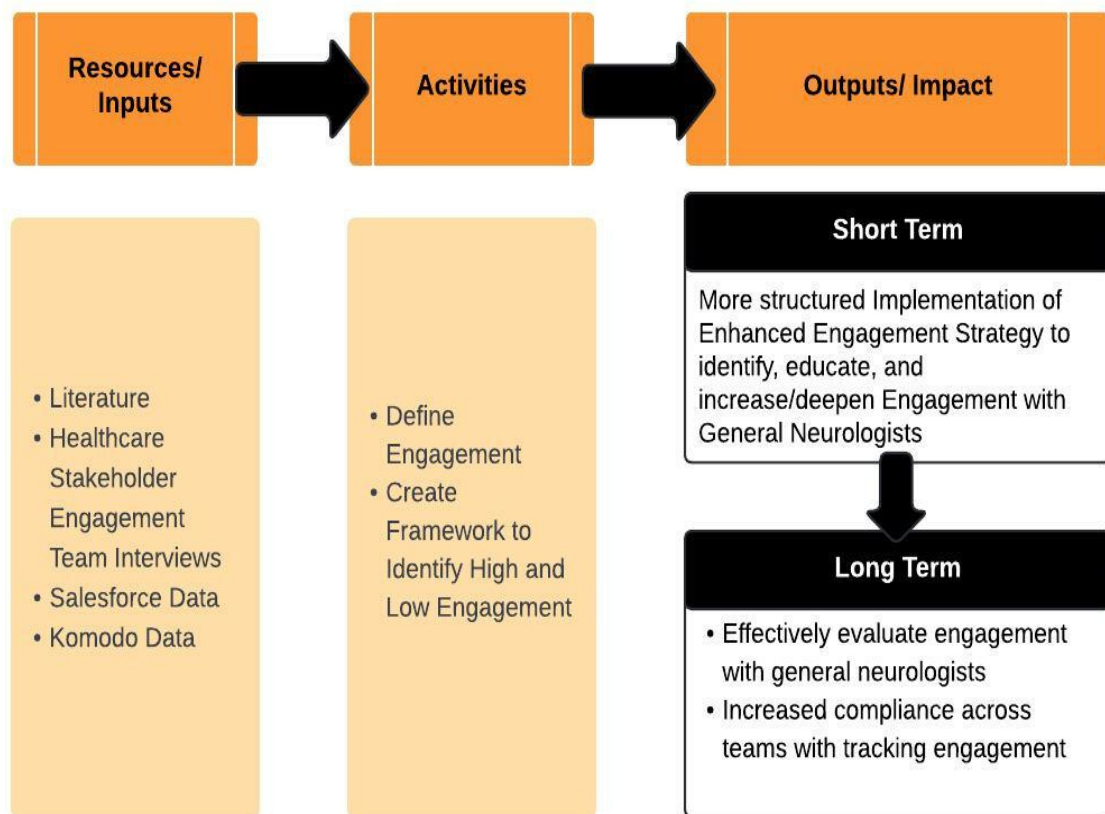
Project Questions

The area of inquiry for this project focuses on defining engagement and creating a framework to identify meaningful engagement interactions to enhance the execution of the engagement strategy for The MS Society's Healthcare Stakeholder Engagement Team. The project questions focus on

the Healthcare Stakeholder Engagement Team's definition and measurement of engagement. Each project question provides essential context for the engagement strategy framework. The project questions can be found below:

1. To what extent does The MS Society's Healthcare Stakeholder Engagement Team's definition of engagement enhance or inhibit outreach outcomes between the Healthcare Stakeholder Engagement Team and general neurologists?
2. What key performance indicators should The MS Society's Healthcare Stakeholder Engagement Team consider when defining engagement to accurately assess outreach initiatives geared toward general neurologists?

LITERATURE REVIEW

Defining Engagement

Successful engagement and collaboration between The MS Society and healthcare stakeholders, such as general neurologists, plays a pivotal role in shaping the delivery of care for patients, particularly because MS is such a complex condition and treatments are constantly evolving. Unfortunately, defining and measuring successful engagement has been challenging for The MS Society's Healthcare Stakeholder Engagement Team. They are not alone in this struggle; organizations across multiple sectors have struggled to define and measure engagement (Jiao, Slemon, Guta, & Bungay, 2022). This difficulty is evident in the lack of research and consensus in defining engagement and the lack of evidence-based practices to measure the concept. Perreira, Perrier, Prokopy, Neves-Mera, and Persaud (2019) coined the term physician engagement, which is the specific focus of this project since the focus is on general neurologists. The goal is to define and measure engagement with general neurologists treating a high prevalence of MS patients.

Engagement in healthcare settings encompasses various dimensions, including active participation, collaboration, and commitment toward

shared goals (Bodem-Schroetgens & Becker, 2020). Bodem-Schroetgens and Becker (2020) emphasize the importance of defining engagement in terms of output, outcome, and impact indicators, suggesting a holistic approach to measurement. This aligns with Snell, Briscoe, and Dickson's (2011) assertion that engagement should be driven from within, with physicians actively involved in driving change and innovation. This holistic approach considers the actions taken and their effectiveness in achieving desired outcomes.

Snell, Briscoe, and Dickson (2011) further elaborate on engagement, highlighting the role of physicians as leaders in healthcare settings. They stress the need for engagement to be driven from within, emphasizing physicians' active involvement in driving change and innovation. Perreira, Perrier, Prokopy, Neves-Mera, and Persaud (2019) define physician engagement as a dynamic and reciprocal process characterized by physicians' active involvement, commitment, and alignment with the goals and values of the organization. Perreira et al. (2019) emphasize that physician engagement involves physicians being emotionally invested in their work and feeling a sense of ownership and responsibility for their role. They highlight the importance of physicians' willingness to go above and beyond their basic job requirements, actively contributing ideas, time, and effort toward organizational goals and initiatives. Unfortunately, compelling busy general neurologists to take time away from their patients to connect in a meaningful way is an obstacle that The MS Society's Healthcare Stakeholder Engagement Team must overcome.

Factors Influencing Physician Engagement

Understanding the multifaceted nature of physician engagement involves recognizing the various components and factors that influence it. Satiani, Way, and Ellison (2022) delineate several components essential to understanding physician engagement, including emotional commitment, dedication, choice, contribution, reciprocity, rewards, line of sight, and ongoing involvement. These components can vary among physicians due to individual characteristics and external factors, such as their workplace.

Emotional commitment, dedication, choice, and contribution are internal factors shaped by individual characteristics, while rewards represent external factors, often taking the form of tangible or intangible incentives (Satiani et al., 2022). Line of sight encompasses both internal and external factors, reflecting the alignment of a physician's personal goals or mission with those of the organization. Ongoing involvement emerges as a result of these factors and signifies sustained engagement over time. Recognizing these components provides insights and predictive indicators of physician engagement levels that would be helpful to The MS Society's Healthcare Stakeholder Engagement Team in crafting their outreach strategy with general neurologists.

Kaissi (2020) categorizes external factors as job resources and internal factors as personal resources. Job resources encompass elements such as autonomy, task identity, skill variety, task significance, and feedback received from supervisors and colleagues. On the other hand, personal resources include self-efficacy, self-esteem, and personal optimism. Understanding the interplay between these components and factors can facilitate the development of tailored engagement strategies that effectively address the diverse needs and preferences of general neurologists.

Factors influencing engagement extend beyond individual characteristics and encompass internal and external elements. Perreira, Perrier, and Prokopy (2018) identify individual characteristics such as age, sex, experience, marital status, children, work-family conflict, and personal attributes as influential internal factors. External factors primarily manifest within the work environment: the quality of work life, task combination, perceived job stress, job resources, and job demand. Time, stress, job demands, pessimism, and access to information all adversely affect engagement (Perreira et al., 2018). Work outcomes, such as job satisfaction, ability, and occurrence of medical errors also play a pivotal role in shaping engagement levels. Perreira et al. (2018) provide a conceptual framework that displays the individual and environmental factors associated with engagement and physician outcomes, as shown in *Figure 7*.

Figure 7

Factors Influencing Physician Engagement (Perreira et al., 2018, p. 973).
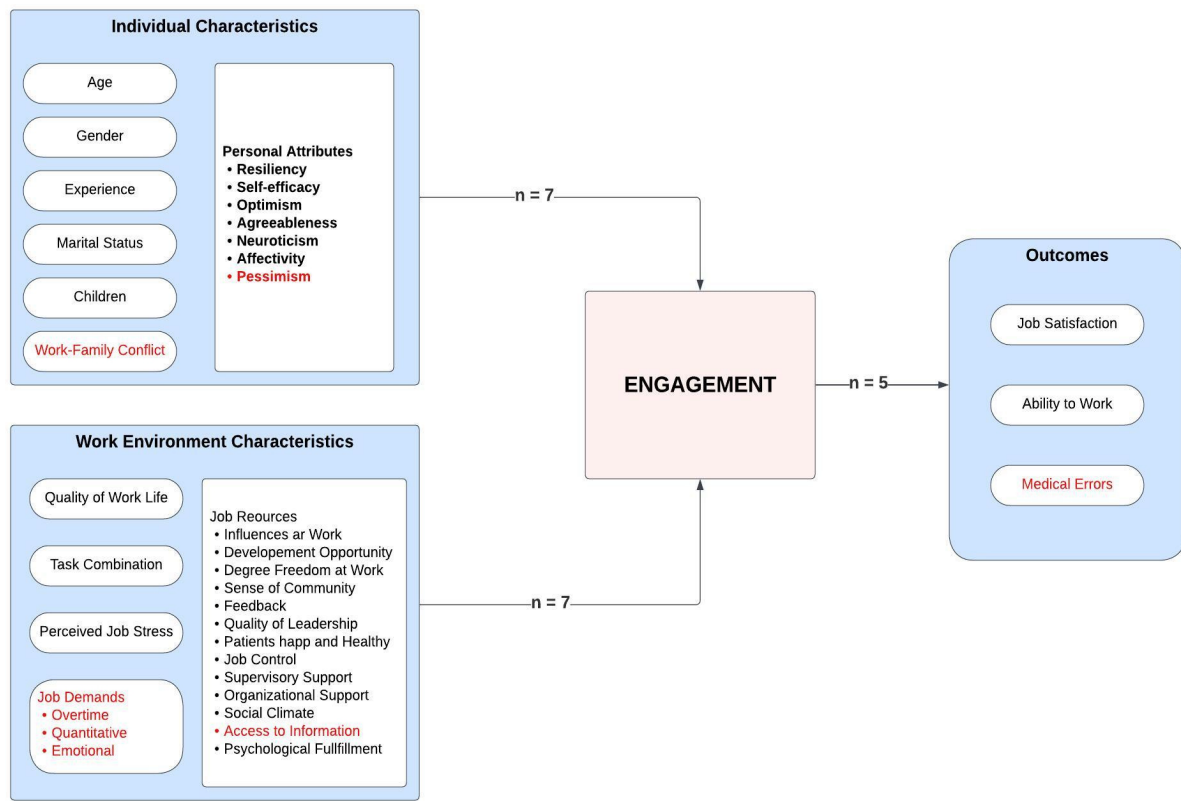
Figure 7 above shows the individual and work environment characteristics that impact engagement.

Measuring Engagement

Measuring engagement requires identifying relevant key performance indicators (KPIs) that capture the breadth and depth of interactions between stakeholders. Halpern et al. (2014) project the adequacy of the future workforce, emphasizing the importance of workforce planning in addressing the needs of patients with MS. KPIs such as workforce availability and patient-to-neurologist ratios can provide valuable insights into the capacity to engage effectively with general neurologists. Jiao et al. (2022) explore the conceptualization and measurement of outreach in community settings, emphasizing the importance of considering hard-to-reach populations. Jaio et al. (2022) highlight the importance of offering strategies for engaging general neurologists with limited accessibility or resources. The general neurologists serving marginalized populations and those in

rural communities will hopefully be especially receptive to the resources and tools offered by The MS Society as they collaborate to provide accessible healthcare to their communities.

Enhancing Engagement Strategy

Kaissi (2014) provides an international perspective on enhancing physician engagement, stressing the importance of aligning engagement strategies with physicians' motivations and priorities. Understanding the drivers of engagement is crucial for tailoring outreach initiatives that resonate with general neurologists and encourage their active participation. Wood and Siegel (2021) discuss the evaluation of outreach efforts in practice, emphasizing the need for systematic approaches to assess the impact of engagement activities. Establishing clear evaluation frameworks and utilizing tools such as Salesforce and Komodo can facilitate the monitoring and tracking of outreach progress, enabling stakeholders to identify areas for improvement and optimization.

Implications for The MS Society

For The MS Society's Healthcare Stakeholder Engagement Team, defining engagement involves clarifying the components of meaningful interactions with general neurologists and aligning these activities with the organization's strategic goals. Perreira et al. (2018) and Perreira et al. (2019) offer insights into hospital physician engagement, emphasizing the multifaceted nature of engagement and the importance of fostering a supportive environment conducive to collaboration and innovation. Satiani, Way, and Ellison (2022) underscore the significance of understanding and optimizing physician engagement, highlighting the role of effective communication, leadership, and organizational culture in fostering meaningful partnerships. By leveraging evidence-based strategies and incorporating feedback mechanisms, The MS Society's Healthcare Stakeholder Engagement Team can enhance its engagement initiatives and contribute to improved care delivery for patients with MS.

PROJECT DESIGN

Theoretical Framework

Theoretical frameworks are crucial in research as they provide a structured way to conceptualize and organize ideas, guiding the formulation of hypotheses, the collection and interpretation of data, and the overall understanding of complex phenomena. Perreira et al. (2019) present a theoretical framework for physician engagement that helps clarify the relationships between different variables and outcomes within the context of healthcare settings. The theoretical framework for physician engagement provided by Perreira et al. (2019) serves as a valuable tool for understanding the complex dynamics within healthcare settings. It not only clarifies relationships but also guides research efforts, informs practice, and facilitates ongoing dialogue and collaboration in the pursuit of improved healthcare outcomes. Perreira et al. (2019) model a conceptual framework for physician engagement that demonstrates how work environment, involvement, and target activities culminate in various work outcomes, as shown in *Figure 8* below.

Figure 8

Physician Engagement Conceptual Framework (Perreira et al., 2019, p. 108).
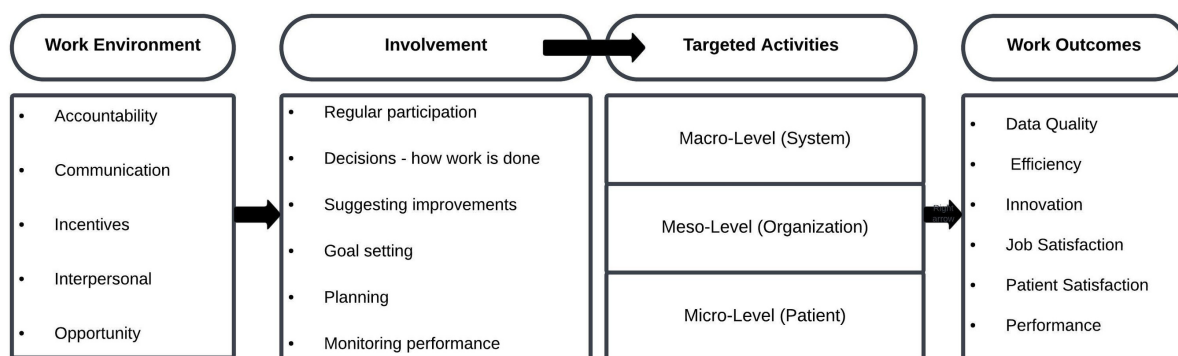
The work environment inputs include accountability, communication, incentives, interpersonal attributes, and available opportunities, such as those provided by The MS Society. The model demonstrates how these inputs directly affect involvement and physician engagement. Perreira et al. (2019) define involvement as: 1) regular participation, 2) active decision-

making regarding how work is done, 3) suggesting improvements, 4) Goal setting, 5) Planning, and 6) monitoring performance. The levels to which the degree and type of involvement occur directly affect the corresponding work outcomes.

Data Collection Plan

A mixed methods quality improvement project in partnership with The National MS Society was conducted with the goal of helping the organization's Healthcare Stakeholder Engagement Team enhance meaningful interaction and engagement with general neurologists. Qualitative data was collected from voluntary semi-structured interviews recorded virtually with members of the Healthcare Stakeholder Engagement Team. Interview invites were sent out to all team members who had the option of opting in or out. There was a 64% response and participation rate. All interview data was transcribed using Zoom or Microsoft Teams' transcription tools, and a thematic analysis was conducted to identify trends.

Quantitative data was also collected from Salesforce, the organization's customer relationship management system software. Salesforce houses the data collected on the outreach team's current processes and engagement activities. All data collected in Salesforce was analyzed and cross-examined with findings from the qualitative data collected from the semi-structured interviews. Insights gained from this quality improvement project will benefit The MS Society, general neurologists treating MS patients, and the patients themselves.

Qualitative Sample Strategy

This quality improvement project examined the experiences of a specific population, so a purposive sampling strategy, utilizing criterion sampling, was employed; only participants who met specific criteria were asked to participate in the interview process (Merriam, 2009; Babbie, 2017). To generate the sample, an invitation to participate in the project was emailed to all Healthcare Stakeholder Engagement team members, who

requested volunteers. The Healthcare Stakeholder Engagement team was chosen as a convenience sample. However, offering all team members the opportunity to participate in the project helped to diversify the sample across gender, age, ethnicity, tenure, and position at The MS Society. This strategy provided a variety of perspectives across the team.

Interviews and Consent to Participate

Data was collected in semi-structured interviews. Semi-structured interviews allow for a fixed list of formal questions and the flexibility to ask relevant probing questions spontaneously to enhance the project (Merriam, 2009). All interviews were conducted via Zoom, with one exception due to technical difficulties, which resulted in switching to Microsoft Teams. With the consent of the participants, Zoom or Microsoft Teams was used to record and transcribe all interviews. As a precaution, a backup recording was taken with the Voice Memo feature on an iPhone to generate a secondary audio recording. Each audio file was transcribed by Zoom or Microsoft Teams. All audio recordings were permanently deleted after transcription and member checking was completed.

At the onset of the interview, all participants were read the Vanderbilt consent policy, which outlined the protection of their identity, audio recordings, and data. Time was spent at the beginning of the interviews to briefly review consent, reiterate confidentiality, explain how data will be secured, and answer any questions. All participants were asked twice if they were comfortable and granted permission to be recorded and have the conversation transcribed for this project. They were asked once, prior to the start of the recording, and then once again when the recording started to record their consent and acknowledgment on tape. It was reiterated that participation was voluntary, they could stop at any time, and were not obligated to answer each question.

Field Notes

Written accounts describing observations during the interviews were recorded during and after each interview. These field notes were saved, with

the written notes taken during the interview (Merriam, 2009). The notes were as detailed as possible and contained notable observations and quotes from the interview (Merriam, 2009). The notes and observations contain several relevant categories of objective data points and similar information for each participant, so the data is consistent.

Quantitative Sample Strategy

Salesforce

Salesforce is a cloud-based customer relationship management software used to house and manage data from multiple sources. The Healthcare Stakeholder Engagement Team uses Salesforce to store and analyze their data: contact information, outreach activities, and engagement metrics. Unfortunately, the use of Salesforce among the Healthcare Stakeholder Engagement Team has varied across users and domains, threatening the accuracy of current engagement metrics.

Engagement metrics for the Healthcare Stakeholder Engagement Team are currently tracked through Salesforce in the form of "two-way conversations." Two-way conversations include emails, phone calls, visits, or any activity that involves an interaction initiated by The MS Society in which general neurologists respond (NMSS General Neurology Engagement Plan, 2024). Engagement data from fiscal year (FY) 2022 and FY 2023 was collected to identify trends and patterns that captured the engagement metric tracking process. The Healthcare Stakeholder Engagement Team separates engagement into Salesforce buckets that include:

1. **New Engagement:** currently classified in Salesforce as closed-converted and defined by any form of two-way conversation that has occurred within the current fiscal year.
2. **Re-engagement:** pertains to general neurologists who were previously coded as closed-converted (newly *engaged*) and is used to measure and give insight into how engagement has been "deepened." Re-engagement is broken into two additional buckets:
   - *Passive* Engaged: Not *re-engaged* during the current fiscal year
   - *Active Engaged: Re-engaged* during the current fiscal year

3. ***Not Engaged:***
   - o *Open:* Not contacted
   - o *Working Contact:* Have contacted but not yet converted (engaged)
   - o *Unable to Reach:* Unsuccessful after three attempts of contact
   - o *Closed-Not Converted:* Contact is unable or unwilling to engage for reasons such as being uninterested, moving, retired, or deceased.

Figure 9

Current NMSS Engagement Conceptual Framework
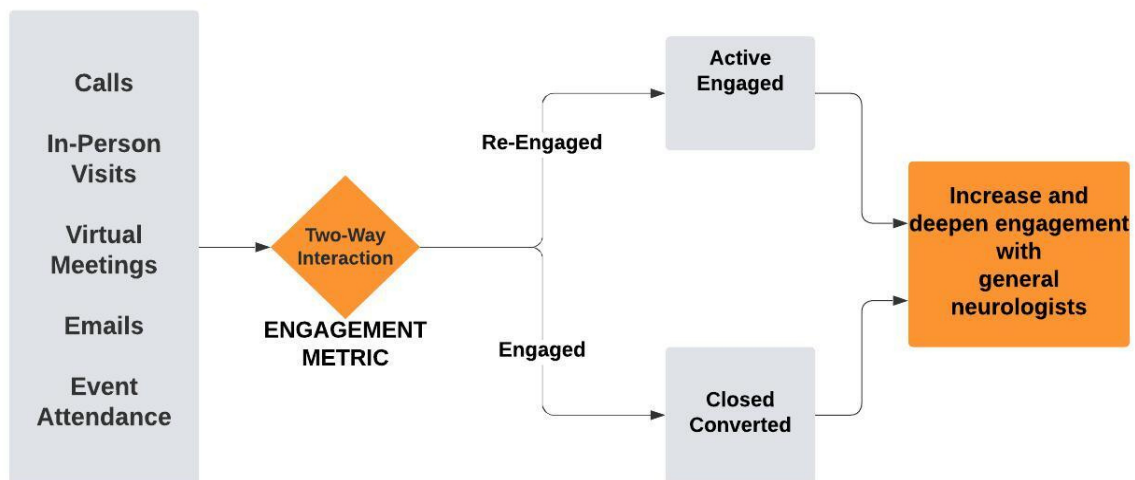
Figure 9 above depicts the current conceptual framework of engagement used by The MS Society's Healthcare Stakeholder Engagement Team.

AMELIORATING ETHICAL CONCERNS

Plan to Increase Validity

Several steps were taken to ensure the validity and credibility of this project. Following best practices in a mixed methods quality improvement project using qualitative and quantitative analysis, raw data was translated into meaningful findings and conclusions. Implementing a mixed methods design enables integration between qualitative and quantitative data to enhance findings and triangulate results. A mixed methods approach

provides a comprehensive understanding of the project questions by combining qualitative and quantitative data, leveraging the strengths of both methodologies to offer deeper insights and a more robust interpretation of results than either method could achieve alone. The qualitative design allows a small sample of participants to share and give context around their lived experiences for a deeper understanding. In contrast, the quantitative design relies on numerical data to identify trends and support data examined from lived experiences.

The strengths of a quantitative project are rooted in standardized numerical data that can be used to produce high-level analyses (Neuman, 2006). The objective nature of quantitative data analysis distinguishes it from the limitations of qualitative analysis due to subjectivity through self-report and interviewer bias (Neuman, 2006). The main difference between qualitative and quantitative methodologies is the need for more contextual information around the interpretation of findings (Neuman, 2006). This project addresses this gap by introducing qualitative data to provide a better understanding of quantitative data.

The strength of a qualitative project is contingent upon participants feeling comfortable sharing candidly, so it is crucial that researchers build upon a foundation of confidentiality, consent, and ethical practice. By employing ethical practices related to recruiting via random selection and ensuring confidentiality, participants were hopefully encouraged to fully share their experiences, knowing that their identity and data were protected (Babbie, 2017). Consent and the assurance of anonymity are integral to ethical research. Verbal and written consent were requested multiple times, and all participants knew that their participation was voluntary and could be withdrawn at any time. They were also under no obligation to answer any question that they did not wish to answer. It was imperative that all participants felt comfortable sharing their honest feedback and experiences.

Building rapport with participants is an essential component of qualitative research and was heavily considered when designing the

interview protocol. Less invasive and more objective questions were posed at the beginning of the interview, so participants could ease into the process. The interview protocol was designed with open-ended questions, and effective probing was utilized to ensure consistent and credible data (Babbie, 2017). Prior to implementing the interview in the field with participants, pilot interviews were conducted with a draft of the interview protocol with individuals that are similar to the participants in our sample. Pilot interviews allow for better probing questions, timing, feedback, and practice with the protocol prior to implementation in the field. Upon completion of the interviews, all participants were also offered the opportunity to participate in member checking.

Member Checking

Member checking is the process in which participants review the accuracy of data (Merriam, 2009). While review of transcripts and raw data can provide accuracy and clarity, this process is particularly beneficial when participants review the researcher's interpretations of their comments and recorded data because it helps mitigate researcher bias and allows participants to clarify their statements (Merriam, 2009). Each participant was asked to perform a member check to enhance the accuracy and validity of this project.

Mitigating Researcher Bias

Qualitative research cannot eliminate, but only mitigate, researcher bias because the researcher is an instrumental tool of this methodology. There are several ways in which researchers actively mitigated this bias throughout the project. The first step was operationalizing variables utilizing current literature and creating an interview protocol with high content validity. Additionally, member checking allowed participants to review their transcript with the coded data for themes, enable researchers to ensure their interpretations were accurate and further mitigate researcher bias (Merriam, 2009). Analysis is highly susceptible to researcher bias, so it is crucial that researchers recognize any assumptions towards the data to minimize the impact on findings (Babbie, 2017). Given that this project was

being conducted by a team using a mixed methods approach, there was an advantage in that team members could review each other's work and qualitative data could be cross checked with quantitative data. Researchers also utilized exercises in reflexivity and closely examined their positionality to highlight potential bias and bring awareness to how this quality improvement project personally and professionally impacted them as individual researchers and as a research team.

Statements of Positionality

Positionality informs the understanding of the research, the relationship between researchers and participants, the quality of data collection, and the researchers' analytical skills (Bhattacharya, 2017). Bhattacharya (2017) explains positionality using two theoretical frames: 1) epistemology and 2) ontology. Epistemology refers to the way the world is experienced and understood, and ontology refers to the way or nature of being (Bhattacharya, 2017). Theoretically, beliefs about a research problem, how research is conducted, and how outcomes are interpreted are all influenced by an individual's positionality. The purpose of the research conducted for this project is to help inform and improve The MS Society's Healthcare Stakeholder Engagement Team's internal data processes around defining and measuring engagement between general neurologists and The MS Society to achieve the overarching mission of bettering the lives of individuals who have been affected by Multiple Sclerosis.

Henderson Statement of Positionality

As a researcher who has experienced the plight of managing an autoimmune disease similar to Multiple Sclerosis and a data professional who has experienced various barriers with data, it is imperative to explore intersectionality as it relates to the identity of an outside researcher and commonalities shared with The MS Society and the problem of practice. It was essential that I consider how my experience managing an autoimmune disease has shaped my identity to mitigate the risk of transposing my experiences of the MS Society's Healthcare Stakeholder Engagement Team's primary constituents. MS patients can often experience a decrease

in their quality of life as symptoms progress (Lex et al., 2018). Depending on the severity of symptoms, MS can cause significant interruptions in the physical and social-emotional lives of patients (Meyer-Mock et al., 2022). The MS Society's overarching mission to empower and better the lives of individuals affected by Multiple Sclerosis makes this project relatively personal. As a researcher who has experienced similar symptoms due to issues related to polymyositis, a common parallel is formed as it relates to physical impediments and the social identity of disability status. Comparable to MS, polymyositis patients suffer from many of the physical symptoms of MS: fatigue, muscle weakness, pain, and the inability to complete everyday tasks. I have personally felt the physical toll that accompanies an autoimmune disease such as Multiple Sclerosis, as well as the mental stigma that follows. As someone who has experienced similar physical and mental deterrents, I understand the importance of organizations like The MS Society that work to eradicate the effects of Multiple Sclerosis. It is for this reason that I strongly advocate for health equity and identify with the mission of accessible quality care for everyone, creating supportive communities, and bettering the lives of individuals afflicted with autoimmune disorders.

The MS Society's Healthcare Stakeholder Engagement Team has encountered data discrepancy barriers that have inhibited their ability to track initiatives that work towards fulfilling the mission of a world free of Multiple Sclerosis. I have worked with data for over ten years and have experienced many of the same barriers that the Healthcare Stakeholder Engagement Team has encountered with their data processes. My data experience spans across many sectors: education, nonprofit, and private entities. Although I have little experience with healthcare data, the structure of the data strongly correlates with data from education, nonprofit, and private entities. Working with a diverse group of entities for over ten years has exposed me to multiple barriers and solutions related to data quality processes. The applicability of my data expertise directly aligns with the goal of the project and allots the opportunity to make better-informed recommendations in correspondence with the literature.

Chachere Statement of Positionality

This project aims to understand how The MS Society's Healthcare Stakeholder Engagement Team builds relationships with providers to fulfill their organizational mission: to empower individuals to live their lives to the fullest in hopes of one day achieving a world free of Multiple Sclerosis (The National MS Society, 2023). This problem of practice is deeply personal. This project is personally applicable as an individual who has had to manage my own health battles with an autoimmune disease and as a nationally board-certified clinical mental health provider who worked closely with this population and this team in a professional capacity. Knowingly occupying these roles, especially during this project, and being mindful of the perception of others was a crucial aspect of the reflexivity of this project.

In exploring my positionality, it was vital to recognize the impact of intersectionality and the perception of others. There is a juxtaposition of privilege and stigma. As much as it pains me, I am constantly aware that the world does not look at me, a young, natural blonde, southern woman, and automatically think "doctoral student" or "entrepreneur." When separated, these aspects of my identity afford me tremendous privilege. Youth is valued in our society. Whiteness, especially as a natural blonde, affords privilege. Being thin and perceived as able-bodied and healthy are additional privileged classes. However, there are preconceived notions about who I am based on these aspects of my identity, which have accompanying stereotypes that conflict with reality. When these identities intersect, objectification, a lack of professional respect, damnation for daring to defy traditional gender norms, and dismissal of my repeated health complaints, often until I assert and identify myself as a healthcare provider, are a few of the personal experiences that have led to my passion and desire to pursue policy change and advocate for health equity. My goal is to work towards systemic reform by empowering others and advocating for the best possible health outcomes for all patients, especially marginalized populations.

As a clinician, having spent the last decade working closely with many patients experiencing chronic illness, and MS specifically, and as someone

having experienced severe health issues myself, this project seeks to solve a problem that is both personal and professional, as well as academic. The physical manifestations of my health conditions are primarily manageable with the proper diet, but the emotional and mental toll has been excruciating at times. Seeking compassion, help, and answers from healthcare providers only to be dismissed without answers was one of the worst symptoms of my autoimmune disease. The diagnosis was a blessing and a curse. Managing an autoimmune disease takes both a physical and emotional toll. Having the training and experiences of a clinical mental health counselor and the personal experiences of managing chronic illness, there is a substantial investment in contributing to enhancing provider knowledge and patient care.

Generalizability

This project aimed to collect a depth of data on a small, relatively homogeneous sample, so the findings will not be generalizable to a larger population. Given the qualitative nature of the project, reliability is less of a concern. Reliability refers to the "quality of measurement methods that suggests that the same data would have been collected each time in repeated observations of the same phenomenon" (Babbie, 2017, p. 149). The open-ended questions and diversity in the sample provided a depth of knowledge and insight into various lived experiences. Since the data collected was specific to a particular team and organization, it was not a goal of this project to generalize results to a broader population.

DATA ANALYSIS PLAN

Qualitative Data Analysis

After interviews were conducted, the interview transcripts were transcribed with Zoom and Microsoft Team's transcription software and then coded electronically, using the google docs comment feature and MAXQDA coding software, utilizing the first cycle method of Initial and Emotion Coding, Focused Coding in the second cycle, and ultimately

Theoretical Coding to create a codebook comprised of categories, subcategories, and their corresponding codes, shown below in *Figure 10*.

Figure 10

Code Book

Category	Subcategory	Codes	Definition
Defining Engagement	**Definition Ambiguity**	"Two-Way Communication"	Interactive communication between The MS Society and Providers.
		Engagement Varies by Provider Type	Engagement levels and communication preferences differ based on the type of healthcare provider.
		Individualized Definitions	Engagement is uniquely defined and measured by each team member.
		Lack of Clarity from Leadership	Unclear guidance & communication from organizational leaders.
		Engagement as a Feeling	Perception of engagement as an emotional state or sentiment.
		Quality versus Quantity	Debate over whether engagement should be measured by its depth or frequency.

	Division Amongst East & West Coast Teams	Lack of Strategic Direction	Absence of clear, purposeful guidance in engagement strategies.
		Lack of Leadership Direction	Insufficient leadership guidance on engagement efforts.
		Lack of Understanding	Confusion due inconsistent processes, definitions, and metrics across regional teams.
		Reporting Inconsistency	Inaccuracies or discrepancies in Salesforce data entry.
Measuring Engagement		Organizational Restructuring	Changes in organizational structure affecting leadership, strategy, and direction on engagement initiatives.
		Definition Inconsistency	Unclear, subjective, individualized definition of engagement within the organization.
		Metric Inconsistency	Inconsistent application of metrics used to evaluate engagement.
		Salesforce Inconsistency	Lack of or incorrect data entry in

			Salesforce affecting engagement tracking.
		Lack of Understanding of the Process and Outcomes	Limited comprehension of engagement processes, tracking in Salesforce, and subsequent results.
		Lack of Accountability	Absence of responsibility or ownership in tracking engagement efforts in Salesforce.
		Lack of Investment	Insufficient resources allocated to engagement initiatives.
	Salesforce	Time Consuming	Salesforce CRM requires excessive time for engagement tracking.
		Inaccessible	Difficulty in accessing engagement-related information or reports.
		Waste of Time	Perceived inefficiencies or unproductive aspects of engagement activities.
		Lack of Strategic Impact	Unclear understanding of the

			impact of engagement efforts; data not being utilized effectively to inform engagement strategy.
		Individual Neurologists vs. Practices	Monitoring engagement of individual neurologists versus entire practices.
Outcome of Engagement Initiatives	**Profile of an Engaged Provider** (Ideal impact)	Actively Connecting MS Patients and The Society	Initiating connections and referrals between MS patients and NMSS.
		Involved	Participating actively in events and initiatives organized by The MS Society.
		Responsive	Promptly reacting to communication or engagement initiatives.
		Inviting	Encouraging others to engage or participate in activities.
		Eager to Learn/Teach	Demonstrating enthusiasm for acquiring new knowledge and sharing knowledge with others.

In aligning the project question with the appropriate coding methods, Saladana (2015) notes that ontological questions like the primary question in this project, "To what extent does The MS Society's Healthcare Stakeholder Engagement Teams definition of provider engagement enhance or inhibit outreach outcomes between the Healthcare Stakeholder Engagement Team and general neurologists?" aims to address the nature of a subject's reality, so it is helpful to utilize coding methods that will allow researchers to explore these personal questions thoroughly.

Initial Coding in MAXQDA was the basis of the coding analysis. Initial Coding provided the freedom and flexibility to highlight the subject's unique perspective. Through the Initial Coding process, Emotion Coding happened naturally as the language and context drawn from the interviews tended to be heavily emotion-focused. The researcher's positionality and professional background influenced this data analysis. The interview questions naturally focused on the following categories: Defining engagement, measuring engagement, and outcomes of engagement initiatives. The overarching categories are in alignment with the interview questions and project questions. Focused and theoretical coding were the best fit for creating a hierarchy of categories and subcategories, which allowed the data to be organized in a meaningful way. The code book, below in *Figure 10*, illustrates a pattern in which the category reflects the project questions, the subcategories reflect the prominent themes and succinct answers to the questions, and the codes provide additional meaning and insight into the themes.

After the data had been coded and the categories, subcategories, and codes were streamlined and defined in the codebook, another round of member checking was performed to confirm that the coded data reflected the subjects' experiences. The process of member-checking was incredibly helpful and beneficial. The first round of member checking ensured the accuracy of the transcript of the audio tapes. The second round provided insight into language unique to The MS Society's Healthcare Stakeholder Engagement Team that better encapsulated and synthesized some of the

data, and the subjects provided suggestions for codes and definitions that were beneficial to the project overall.

Quantitative Data Analysis

Data exported from Salesforce was analyzed using a categorical analysis. The following fields were extracted from Salesforce and examined in Microsoft Excel:

1. Engagement Status
2. Re-engagement Status
3. Activities

Engagement Status

A categorical analysis was conducted to assess the engagement status of general neurologists from fiscal years 2022 to 2023. The dataset categorized engagement based on Salesforce codes: "Closed-Converted" for *engaged* general neurologists who participated in a two-way conversation The MS Society, and "Closed-Not Converted" for general neurologists were *not engaged* due to no interaction. Data from these categories was exported for detailed analysis.

Re-engagement Status

The re-engagement dataset encompasses all general neurology leads coded as "Actively Engaged" or "Passively Engaged" in Salesforce. "Actively Engaged" leads are those currently *engaged* for the fiscal year, having had two or more two-way interactions from the previous fiscal year to the current year. "Passively Engaged" leads were previously engaged in the past but presently lack a current two-way interaction. Data from these re-engagement status categories was exported and analyzed further for insights.

Activities

Once all the engagement and re-engagement categorical data was collected, each of these categories were cross-examined to identify the

frequency in activities recorded in Salesforce across the East Coast and West Coast Teams. All recorded activities were examined using text analysis to identify common themes that link activities to corresponding engagement or re-engagement status.

FINDINGS

Qualitative Findings

Challenges to Defining & Measuring Engagement

1. Leadership vacancies, changes, and organizational restructuring have resulted in inconsistencies regarding the importance of utilizing Salesforce to track and measure engagement initiatives.

2. The organizational restructuring in 2016 divided the East and West Coasts into separate regional teams, resulting in process misalignment and a lack of unity and team cohesion.

3. The degree to which processes and procedures are followed with fidelity is dependent upon individual supervisors holding their teams accountable. There is a lack of consistency and several discrepancies between the East and West Coast Teams.

4. Inconsistencies in funds of knowledge regarding tools and resources depend on each individual's comfort and understanding of the organization's software and processes. There are inconsistencies across teams in understanding how and why Salesforce is utilized. The varying comprehension, investment, and skill sets of team members exacerbate the inconsistencies across regional teams.

5. Commitment levels also vary across teams. Some team members are more committed to the process of documenting engagement activity in Salesforce than others.

6. The main challenge has been establishing clear definitions and standardized metrics to form the basis of a cohesive engagement framework. Engagement stands at the core of their current framework and is pivotal in achieving the goals outlined in their strategic plan. However, their current definition of engagement lacks clarity, is open to interpretation, and is highly subjective. This ambiguity makes it

challenging to measure engagement accurately and to implement an effective data-driven outreach strategy.

Figure 11 below displays a fishbone diagram detailing the challenges faced in pursuing the goal of deepening engagement with general neurologists.

Figure 11

Fishbone Diagram
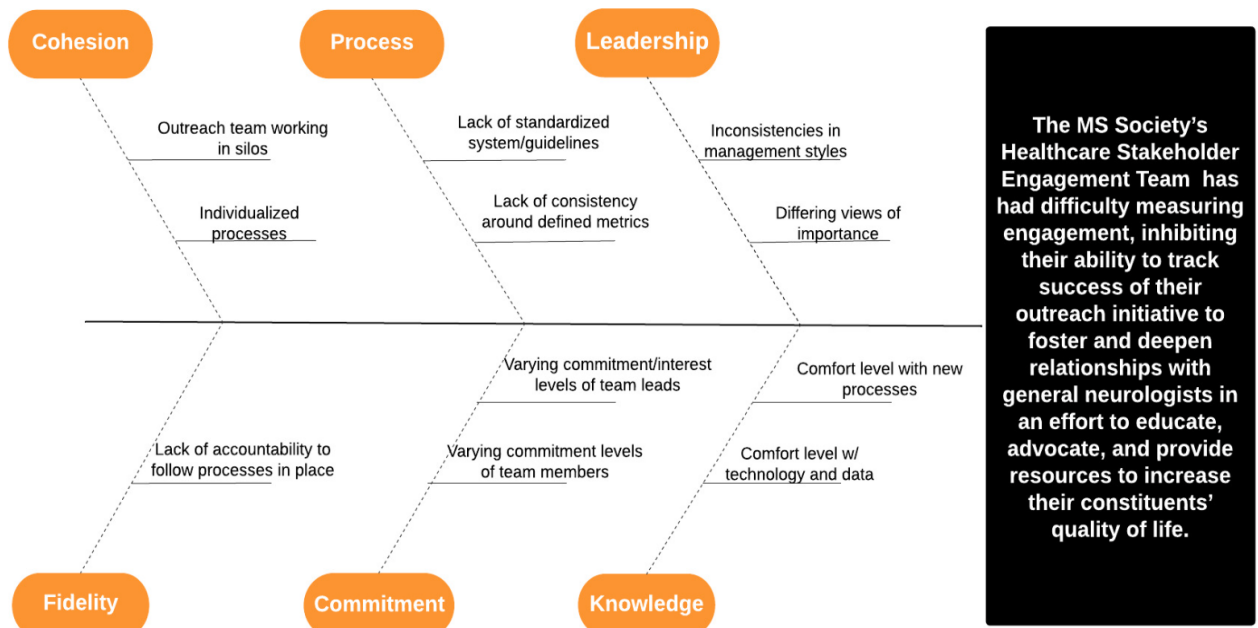
The interviews conducted with The MS Society's Healthcare Stakeholder Engagement Team highlighted the unclear and subjective nature of the organization's current definition of engagement and the general lack of consensus about reporting engagement consistently in Salesforce across the two regional teams. The lack of understanding, consensus, and cohesion across the team was evident across all of the interviews. As one team member reflected, "perhaps engagement can look different to different people." Team members reported a number of obstacles that impeded their ability to clearly define and measure engagement with general neurologists effectively. The qualitative data collection highlighted the numerous challenges which included organizational restructuring, leadership changes and vacancies, the inconsistent utilization of technology, inconsistencies in funds of knowledge, a lack of accountability for completing Salesforce data entry, a lack of team cohesiveness across

regions, varying commitment levels, and the inability to define universal engagement metrics. These challenges directly impacted the team's ability to track and assess the effectiveness of their engagement activities with general neurologists.

Subjective Definitions of Engagement

The MS Society's working definition of engagement is "two-way conversations" with stakeholders. However, there are several issues with this definition. One team member highlighted one of the most significant limitations of this working definition, "I've had two-way communication with a provider who basically said, 'I'm not interested. I don't want to hear from you.' So that is a two-way conversation, but that is Closed-Not Converted, not engaged." To their point, this conversation with the provider does meet the technical criteria of The MS Society's working definition of engagement. However, as they point out, the provider is clearly not interested in engaging or building a relationship with The MS Society. One of the team members noted, "the goal is to have the provider embrace the organization and the resources, so that they are then willing to connect their patients to The Society." Another clarified, "in my mind, engagement really looks like two-way *meaningful* communication." These clarifications and nuances are important to highlight because the individualized definitions lead to a lack of understanding and inconsistencies around the definition, reporting, and measurement of engagement across the team as a whole.

The lack of a concrete internal working definition was the most prevalent theme across interviews. "The biggest challenge is that we're all at different places and understanding: when have we accomplished engagement? And when does that engagement amount to converting a lead from a lead to a contact?" The lack of clarity was a problem from the onset,

> When we first started this general neurology initiative, there was not a concrete definition or actions that we used to determine when we engaged a new general neurologist or not. So that started out with a lot of confusion. People were calling some of their general

neurologists engaged and converted and golden, while others took a more reserved approach. Some people took a more liberal approach, if they looked at you out of the corner of their eye, they might have called them engaged.

Another recurring theme was the feeling of connection as a barometer for successful engagement. Team members were measuring the success of their engagement initiatives based on how they felt about an interaction with a general neurologist. This is difficult to objectively and accurately assess, quantify, and capture in Salesforce. When asked how the Healthcare Stakeholder Engagement Team was defining engagement internally, one team member responded, "It's just a good vibe [...] it's a good feeling. It's a gut feeling. I don't know how else to describe it. I really don't." Several members of the team acknowledged that one of the best indicators of successful engagement was intuitive or a "gut feeling." One of the participants acknowledged this issue on the team, "people who are relationship builders, especially in the nonprofit landscape, we operate in that 'touchy feely.' You know a relationship is a handshake agreement and people like to operate in that way. And thinking about things analytically is not everybody's strength." She continued,

> You could have a meeting with a provider and walk out and have good vibes and feel like the touchy feelies were there because you had a great time. But when you deep dive into the context of that conversation, did it really alter anybody's treatment process, or the way they're going to consider supporting their patients? Or change the way they approach things? Like did that conversation really move the needle?

This point directly correlates with the current working definition's inability to measure impact and progress towards the organization's strategic goals and mission.

Inability to Measure Impact

Another limitation of the organization's current definition is the inability to measure impact or implement key performance indicators (KPIs)

effectively. Several team members noted that measuring engagement activity by sheer volume was not effective because it does not account for the reciprocal nature or depth of connection. It also fails to indicate the subsequent positive impact on the provider or patients, which is the ultimate organizational goal. Various team members gave multiple examples of this issue, "every quarter we'd report the number of emails we sent and the larger the number of emails, the better we did. But we never know if the emails are getting deleted or not read or [go to] junk mail, right?" Another team member noted, "in the past it was like, well, we did so many conferences, but there was no impact data. There was no, 'What does that mean?' So I could go to 10 conferences and be on my phone the whole time, or I could go to 10 conferences and make a hundred new connections at those 10 conferences." There is no way to differentiate in Salesforce, so engagement metrics can easily be manipulated. One of the issues identified through these discussions was that "there isn't currently a way to track deepening engagement." The MS Society's strategic goal is to strengthen the MS movement by increasing and deepening connections, so capturing this information is crucial to an understanding of whether the team is aligned and fulfilling the mission of the organization (The National MS Society, 2024).

Inaccessibility of General Neurologists

The inaccessibility and difficulty the team had in connecting directly with general neurologists was another consistent theme throughout the interviews. Several participants acknowledged that it was often easier to connect with other "gatekeepers" like office managers or nurses, especially in larger practices and hospital settings.

> So in the guide [The 2024 NMSS General Neurology Engagement Plan], I believe it says specifically, two-way engagement, right? A two-way interaction. It can be by email; it can be by phone. It can be in person. It gets a little messy, because sometimes, you connect with the office manager, which is great and a steppingstone to converting the others or getting them on board. But I think people get confused and will sometimes feel like they've converted all the providers in a

practice, because they've got that one person, and it's hard to re-engage if you haven't actually connected in the first place.

The difficulty in reaching general neurologists was a common discussion point, and many participants acknowledged the importance of building relationships with other members of the practice to disseminate information from The MS Society. There was notable confusion about how to accurately record these interactions in Salesforce. This was another way in which data was manipulated to give an appearance of higher engagement. Team members would connect with an office manager at a practice housing five general neurologists and then record that they engaged with five physicians that they had never actually met. This artificially inflated the engagement metrics. It did not appear that there was a clear protocol in place on how to handle this common occurrence. If there is a protocol in place that describes how to accurately capture these interactions in Salesforce, the team members interviewed were unaware of what it entailed and had not taken the initiative to find out. There were many issues with the accuracy and level of investment in Salesforce across the team. One team member noted,

> Salesforce has evolved over time, right, like we've had to change things as teams have onboarded. I think there's confusion about how to do it properly all the time. So people are frustrated with that. I do think there's people that just don't want to do this kind of work. They don't. They see it as administrative, and they don't see the larger picture.

Lack of Investment in Salesforce Utilization

The lack of investment and frustration in utilizing Salesforce was another major theme throughout the interviews. When asked about using Salesforce, several team members echoed the question and sentiment of whether this "was a good use of my time and energy?"

> So, we are still operating in this place where the general consensus is data entry is not the right use of my time. I feel like Salesforce definitely got a little bit of a bad rap on our team. This is just data

entry that takes up my time. They weren't seeing the value of what's coming out of it. They don't care about the numbers and the data; we need to do a better job at telling the stories that are attached to that data.

One team member noted that "it's not clear to me whether the investment of that kind of time (inputting data into Salesforce) really pays off in the quality of my relationship with the providers." When asked how the Salesforce data was impacting the team's outreach strategy, many of the team members expressed uncertainty, "I just don't know how that data is informing things, but I kinda wish I knew more." For the proponents of Salesforce, understanding was key to participation and accurate measurement, "I know our team has varying views around this work. I think that if the team understood, if everybody understood, it wouldn't be such an uphill battle." The lack of understanding is leading to inconsistency across the two regional teams. "They are not following the guides or the definitions, they are vacating (Salesforce) sprints in the very middle because they don't see the value." It was clear that the champions of Salesforce wanted to ensure that the whole team has "the time, the tools, the understanding" of how to accurately utilize Salesforce. All team members expressed frustration in utilizing Salesforce, but there were certainly team members who understood how valuable Salesforce could be to their team and organization and were frustrated because their colleagues were not utilizing such a valuable tool effectively. "I truly see the value in Salesforce and the functionality that it can bring, not just to our team, but The Society as a whole."

> Salesforce is meant so that anybody, at any point, at The Society can interact with a constituent, a provider, a part of our movement, and be able to speak in a knowledgeable way about how they've engaged with us without having to be the one to hold the relationship themselves. Over the many years and transitions, a number of relationships have been lost due to staff transitions. For one reason or another, it is detrimental to our end goal, and Salesforce really steps in to solve that because there's continuity, so

that when I go out on maternity leave, my boss can be like, oh, she last talked to Dr. Hughes about xyz opportunity. I'm going out, but there's a transition plan. I can say all my notes are in Salesforce right there. Our team hasn't seen the value of that yet.

The interviews highlighted several issues and obstacles in defining and reporting engagement activity in Salesforce to create an effective data informed outreach strategy.

Quantitative Findings

Salesforce Engagement Status

Table 1

Engagement Status Percentages for General Neurologists

Status	Count	Percentage
Closed-Converted	872	5%
Closed-Not Converted	504	3%
Not Yet Qualified	8002	49%
Open-Not Contacted	4765	29%
Unable to Reach	196	1%
Working-Contacted	1831	11%
Total	16170	100%

The MS Society's Healthcare Stakeholder Engagement Team has categorized the engagement status of 16,170 general neurology leads from fiscal year 2022 (FY22) through quarter two of fiscal year 2024 (FY24) in Salesforce. Table 1 illustrates the percentage of general neurologists and their current engagement classification. As of May 2024, 1,831 leads (11%) were coded as "Working-Contacted," indicating general neurologists that the team has contacted but does not yet consider engaged with The MS Society. Nearly half are "Not Yet Qualified," denoting contacts that are not yet eligible for engagement. Five percent of leads were "Closed-Converted," indicating *engaged* contacts. The smallest categories, totaling four percent,

include general neurologists who were not successfully engaged or contacted by The MS Society; they are categorized as "Closed-Not Converted" or "Unable to Reach." Additionally, 4,765 leads (29%) remain "Open-Not Contacted" and eligible for future engagement (see Table 1, above).

An additional analysis was conducted to examine the engagement status percentages across the East and West Coast Teams, focusing on qualified general neurology leads that had been contacted and categorized in Salesforce as "Closed-Converted," "Closed-Not Converted," or "Working-Contacted." The breakdown of each category and their respective percentages are as follows:

1. **Closed-Converted → *Engaged*** (27%)
   - Represents leads where meaningful two-way interactions have successfully occurred, signaling active engagement.
1. Closed-Not Converted → *Not Engaged* (15%)
   - Represents leads who have shown disinterest in collaboration with the MS Society and opted out of further engagement.
1. Working-Contacted → *Pending* (57%)
   - Represents leads where initial contact has been made but meaningful engagement is *pending*, reflecting ongoing efforts to establish meaningful two-way communication.

This categorization enables a nuanced analysis of engagement efforts, specifically focusing on leads that have been contacted and qualified, while excluding those that have not yet been contacted or qualified. Each region was allocated leads based on team capacity: the West Coast Team managed 3,891 qualified leads, while the East Coast Team managed 4,277. According to Salesforce data, the West Coast Team engaged with 26% of their qualified leads, whereas the East Coast Team achieved contact with 54%. Table 2 provides a detailed breakdown of the percentages of contacted general neurologists classified in Salesforce as "Closed-Converted" (*engaged*), "Closed-Not Converted" (*not engaged*), or "Working-Contacted" (*pending*) for each regional team. This analysis highlights the critical role of tracking and categorizing engagement status to evaluate the effectiveness of

engagement strategies across regions and to optimize resource allocation and outreach efforts accordingly.

Table 2 illustrates the percentages of general neurologists contacted and coded in Salesforce as "Closed-Converted" (*engaged*), "Closed-Not Converted" (not engaged), or "Working-Contacted" (*pending*) for each region. Percentages were derived through a three-step process:

1. The total number of general neurology leads was separated by region.
2. Leads were categorized into engagement status groups: *engaged, not engaged, or pending*.
3. The percentage for each engagement status category, in each region, was determined by dividing the total number of leads in that category by the region's total qualified leads.

For example, the East Coast Team had 2,311 qualified general neurology leads, 609 were coded as *engaged*, representing 26% of their total portfolio. Conversely, the West Coast Team had 896 qualified leads and 29% were classified as *engaged*. In both regions, leads in the *pending* stage accounted for more than half of the qualified leads, while those categorized as *not engaged* made up the smallest percentage.

Table 2

Engagement Status Conversion of General Neurologists by Region for Qualified Leads

Status	East Coast Team		West Coast Team	
	Count	Percentage	Count	Percentage
Closed Converted (*Engaged*)	609	26%	263	29%
Closed Not Converted (*Not Engaged*)	352	15%	152	17%
Working Contacted (*Pending*)	1350	58%	481	54%
Total	2,311	100%	896	100%

Salesforce Re-engagement Status

Table 3 below outlines the percentages for each re-engagement status category among all eligible leads. The categories are as follows:

- Active Engaged: Converted FY22: Leads converted to *engaged* status in fiscal year 2022 and are currently coded as *re-engaged* in the current year.
- Active Engaged: Converted FY23: Leads converted to *engaged* status in fiscal year 2023 and are currently coded as *re-engaged* in the current year.
- Passive Engaged: Converted FY22: Leads converted to *engaged* status in fiscal year 2022 and are currently coded as *not re-engaged* in the current year.
- Passive Engaged: Converted FY23: Leads converted to *engaged* status in fiscal year 2023 and are currently coded as *not re-engaged* in the current year.

Table 3

Re-Engagement Status Percentages for General Neurology Leads

Status	Count	Percentage
ACTIVE Engaged: Converted FY 22	19	2%
ACTIVE Engaged: Converted FY 23	61	7%
GN Converted This Year	129	16%
PASSIVE Engaged: Converted FY 22	332	40%
PASSIVE Engaged: Converted FY 23	284	34%
Total	825	100%

The May 2024 Re-engaged General Neurology Salesforce Report includes 825 eligible leads from fiscal years 2022 and 2023 categorized as either Passively or Actively Engaged. These leads comprise general

neurologists who attained *engaged* status in previous years as well as newly engaged neurologists for the current fiscal year. In Salesforce, leads classified as Passively Engaged have not been re-engaged, while those classified as Actively Engaged have had at least one re-engagement interaction in the current fiscal year.

Most leads converted to *engaged* status in FY22 and FY23 were coded as *not re-engaged* for the current fiscal year. Re-engaged status for general neurology leads that were first engaged during FY22 and FY23 totaled nine percent of leads as of May 2024. According to the re-engagement report in Salesforce, 16% of general neurologists leads that were coded as newly converted to *engaged* this year. This report shows a 9% increase in general neurologists coded as *engaged* compared to those seen in the report in Table 1.

Table 4

Re-engagement Status Percentages by Region for General Neurologists

Status	East Coast Team		West Coast Team	
	Count	Percentage	Count	Percentage
ACTIVE Engaged: Converted FY 22	6	1%	12	4%
ACTIVE Engaged: Converted FY 23	31	6%	30	9%
GN Converted This Year	74	15%	53	16%
PASSIVE Engaged: Converted FY 22	190	38%	140	43%
PASSIVE Engaged: Converted FY 23	193	39%	90	28%
Total	494	100%	325	100%

Re-engagement statuses were categorized by regional team and analyzed as depicted in Table 4 below. Six leads that could not be attributed to either the East or West Coast Teams were excluded from the dataset. The West Coast Team qualified 395 general neurology leads for re-engagement,

while the East Coast Team qualified 494. During fiscal years 2022 and 2023, the West Coast Team successfully re-engaged 13% of their general neurology leads. In contrast, the East Coast Team achieved a re-engagement conversion rate of 7% for general neurology leads during the same period.

Salesforce Recorded Activities

As of May 2024, 679 activities were logged in Salesforce for general neurology leads. Half of these activities included supporting comments, which were analyzed to discern the types of two-way interactions between general neurologists and members of the MS Society's Healthcare Stakeholder Engagement Team. Table 5 outlines the distribution of activity types across regional teams. Activities were categorized into three types: calls, emails, and tasks. Tasks encompassed activity planning, reminders, or follow-up notes resulting from two-way interactions. The East Coast Team logged 266 activities: 61% emails, 34% phone calls, and 5% were miscellaneous tasks. Comparatively, the West Coast Team logged 147 activities, consisting of 65% emails, 28% phone calls, and 7% miscellaneous tasks.

Table 5

Activity Type Overview by Region

Status	East Coast Team		West Coast Team	
	Count	Percentage	Count	Percentage
Call	91	34%	41	28%
Email	161	61%	95	65%
Task	14	5%	11	7%
Total	266	100%	147	100%

A total of 338 comments were logged for each activity in Salesforce. All activity comments were analyzed and separated into 14 categories for further analysis. The activity categories, comment codes, and their definitions can be found in Table 6 below.

Table 6

Activity Category Comment Codes

Category	Definition
Activity Plan	Reminder notes or scheduled actions to plan and outline specific activities or engagements with general neurologists
Event Interest, Registration, Participation	A general neurologist has expressed interest in, registered, and/or participated in an event
Social Media	A general neurologist has liked or shared a post from the MS Society via social media
Follow-Up/Check-In	Internal reminders to initiate contact with general neurologists to ensure ongoing communication, updates, or support to maintain relationships and active engagement.
Information Exchange	A communication exchange typically involving the sharing, dissemination, or receipt of information relevant to The MS Society or MS care
Meeting Confirmation, Request, Participation	A general neurologist has requested, confirmed, or participated in a meeting with a team member
Invitation	An invitation to attend events, meetings, conferences, webinars, etc. has been extended or distributed to a general neurologist
Referral	Denotes a situation where a general neurologist has recommended another general neurologist lead to be contacted by The MS Society
Scholarship Recipient	A scholarship has been received and accepted by the general neurologist from The MS Society
Volunteer Opportunity	A general neurologist has actively participated and contributed their time, skills, or expertise to support The MS Society's initiatives, such as fundraising events, awareness campaigns, patient support programs, or research activities related to MS
Unable to Reach	Attempts to contact a general neurologist have been unsuccessful
Staff Contact	A team member has interacted with a staff member other than the targeted general neurologist lead.
Email Campaign	Documentation of email chains or messages related to an organized email campaign directed towards general neurologist leads
Miscellaneous	Comments that were technical notes for staff such as duplicate entries or miscellaneous hyperlinks

Table 7

Activity Log by Region for General Neurology Leads Engaged this Year

Status	East Coast Team		West Coast Team	
	Count	Percentage	Count	Percentage
Miscellaneous	2	1%		
Activity Plan	1	<1%		
Event Interest/Registration/ Participation	9	5%	5	5%
Social Media	1	<1%		
Follow-Up	5	3%	2	2%
Information Exchange	31	18%	13	12%
Meeting Confirmation/Request/ Participation	3	2%	11	10%
Invitation			2	2%
Referral			4	4%
Scholarship Recipient			1	1%
Volunteer Opportunity			1	1%
Unable to Reach	1	<1%		
Staff Contact	1	<1%		
Email Campaign	122	70%	71	65%
Total	176	100%	110	100%

The engagement activities of the East Coast Team encompassed information exchanges, email campaigns, social media shares, follow-ups, activity planning, and event participation. The West Coast Team exhibited more variety in their activities and conducted 8% more meetings with general neurologists than the East Coast Team. The West Coast Team's engagement activities primarily included email campaigns, event participation, follow-ups, information exchanges, meetings, invitations, referrals, interactions with scholarship recipients, and volunteer

opportunities. Email campaigns and information exchanges were most predominant for the East and West Coast Teams, accounting for 77% of recorded activities.

Discussion

The mixed methods approach employed in this project offered a comprehensive synthesis of qualitative and quantitative findings, providing nuanced insights into the challenges faced by The MS Society's Healthcare Stakeholder Engagement Team. The qualitative and quantitative analyses jointly highlight significant challenges arising from the ambiguity and subjectivity in defining and reporting engagement within The MS Society. The current lack of a standardized definition for an *engaged* provider contributes to inconsistent and unreliable reporting practices. Quantitative data reveals diligent tracking of engagement and re-engagement with general neurologists, yet qualitative findings expose inconsistencies in reporting practices, particularly concerning provider re-engagement. This lack of alignment further disintegrates the validity and reliability in Salesforce engagement data. These discrepancies raise concerns about the reliability and accuracy of self-reported engagement data, especially across regional teams who are not aligned in their reporting process or procedure.

Effective engagement strategies necessitate clear definitions and measurable outcomes aligned with organizational goals. While the reporting of quantitative metrics such as email volume are objective, their impact remains uncertain without accompanying impact data. The quantitative data reveals that the East Coast Team sent 161 emails, but there is a complete lack of insight, measurement, and thus understanding of their effectiveness or influence on engagement outcomes. The MS Society currently lacks a standardized framework to ensure that engagement activities lead to meaningful outcomes or conversions. Establishing such a framework requires a deeper understanding of whom the team engages with, the purpose of these engagements, and the ultimate impact on stakeholders. The integration of qualitative and quantitative datasets

emphasized the importance of evaluating both the impact of engagement activities and their target audience.

The qualitative findings identified the challenges posed by the limited accessibility of general neurologists. Given their constrained time and capacity, exploring alternative engagement strategies with other stakeholders in the general neurology practice, such as office managers, nurses, and physician assistants, could prove more effective. Identifying optimal points of contact for information dissemination, selecting appropriate communication methods, and identifying the most effective engagement activities to reach these stakeholders are critical steps in enhancing engagement outcomes.

Bridging the gap between qualitative insights and quantitative metrics is essential for refining engagement strategies within The MS Society. By establishing clear definitions and outcome-driven metrics, the organization can enhance the effectiveness and accountability of its engagement initiatives, ultimately advancing its mission.

Redefining & Measuring Engagement with General Neurologists

For The MS Society's Healthcare Stakeholder Engagement Team, defining engagement involves clarifying the components of meaningful interactions with general neurologists and aligning these activities with the organization's strategic goals. The team is currently grappling with challenges stemming from the absence of a clear and objective definition of engagement. This ambiguity hinders their ability to identify meaningful engagement activities that align with their strategic goal of strengthening the MS movement by increasing and deepening connections (The National MS Society, 2024). This ambiguity has also led to inconsistent practices in recording and measuring engagement levels between team members and general neurologists, as evidenced by both qualitative interviews and quantitative data analysis. Interviews highlighted significant disparities between how team members across regions conceptualize engagement and understand the importance of tracking their engagement activity in Salesforce. The lack of understanding and investment directly impacts the accuracy of engagement data captured in Salesforce. Quantitative analysis

of Salesforce data reveals a wide spectrum of activities, ranging from minimal interaction to extensive participation, yet all are currently treated uniformly in measuring engagement levels. This oversimplification fails to recognize the nuanced layers of engagement inherent in different types of activities, thereby hindering the team's ability to effectively gauge the depth and progression of engagement with general neurologists over time. Understanding the impact of engagement activities is crucial to creating an effective engagement strategy. The lack of impact data is a crucial missing piece of this dataset.

Discrepancies in Operationalizing Engagement Strategies

The MS Society's Healthcare Stakeholder Engagement Team faces notable discrepancies between its East and West Coast Teams, particularly in how engagement is operationalized and recorded in Salesforce. Currently, the team's definition of engagement is limited to two-way conversations, which allows for interpretive variability across regions. Although the overall percentages of engaged neurologists were similar between the two regions, notable discrepancies arose in the types of activities that were recorded. The West Coast Team's primary activities, which included virtual and in-person meetings, demonstrate their commitment to active participation, collaboration, and shared objectives (Bodem-Schroetgens & Becker, 2020); their recorded activities for two-way conversations encompassed volunteer opportunities, event participation, referrals, and scholarships. In contrast, the East Coast Team primarily engaged in information exchanges. The focus on information dissemination suggests a more passive approach to engagement compared to the West Coast Team's emphasis on interactive and collaborative activities. These discrepancies highlight the need for standardized definitions and metrics across the entire team to ensure consistency in reporting, measuring, and evaluating engagement efforts. Alignment across the team will facilitate a more cohesive strategy for enhancing engagement with general neurologists and advancing The MS Society's mission effectively.

Limitations

Several limitations were identified in the course of this quality improvement project that may affect the interpretation and application of findings:

1. ***Subjectivity in Definition and Measurement:*** One of the primary challenges identified in this project was the inherent subjectivity in defining and measuring engagement within The National MS Society's Healthcare Stakeholder Engagement Team. The concept of engagement varied significantly among team members and across different regions, leading to inconsistencies in its interpretation and reporting. The implications of this subjectivity extended to data collection and analysis, particularly within Salesforce. Inaccuracies and disparities in how engagement activities were recorded and categorized within Salesforce further complicated efforts to derive consistent and reliable metrics. These challenges underscored the need for clearer guidelines and training to ensure a more cohesive approach to defining and measuring engagement metrics across The MS Society's Healthcare Stakeholder Engagement Team.

2. ***Qualitative Limitations and Sampling Bias***: The qualitative portion of the project relied on a limited number of semi-structured interviews with team members, which, while insightful, may not fully capture the perspectives of all stakeholders involved in general neurology engagement initiatives. The project employed a convenience sampling strategy among the Healthcare Stakeholder Engagement Team members, limiting the generalizability of qualitative findings to broader organizational contexts within The MS Society.

3. ***Data Integrity and Consistency:*** Although Salesforce was essential for data collection and analysis, varying levels of proficiency and usage among team members impacted the comprehensiveness and reliability of data captured. Utilization of Salesforce as a primary data source posed challenges due to inconsistencies in data entry practices and utilization across regional teams. Variations in adherence to data recording

protocols and proficiency with Salesforce undermined the accuracy and completeness of the quantitative dataset.

4. ***Organizational Restructuring:*** Internal restructuring and leadership changes within The MS Society have influenced team cohesion and operational consistency. Differences in managerial approaches and regional autonomy contributed to disparities in engagement strategies and data reporting practices.

5. ***External Factors:*** The broader healthcare landscape, including external policy changes and market dynamics, were not within the scope of this project and were not considered, but could significantly influence the effectiveness of general neurology engagement strategies implemented by The MS Society.

These project limitations highlight areas for future improvement and refinement in The MS Society's approach to defining, measuring, and enhancing engagement with general neurologists. Addressing these challenges will be crucial for strengthening the impact and sustainability of ongoing quality improvement efforts within the organization.

RECOMMENDATIONS

Team Realignment & Restructuring

The layoffs on June 7, 2024, which significantly affected The MS Society's Healthcare Stakeholder Engagement Team by eliminating ten positions on the team, including the two regional Senior Director positions, present a pivotal opportunity for enhancing team alignment and operational consistency. With these structural changes, the new, smaller Healthcare Stakeholder Engagement Team has a renewed chance to establish clearer guidelines and cohesive practices in defining and reporting engagement in Salesforce. Implementing standardized practices within Salesforce and across team operations will not only streamline data collection and analysis but also enhance the team's ability to track engagement metrics accurately. This alignment is crucial for improving outreach effectiveness with general

neurologists and ensuring that engagement efforts align closely with The MS Society's strategic goals and mission. Moving forward, a concerted effort to capitalize on this opportunity for alignment and standardization, where team members are held accountable for adhering to these new standards, will be essential for optimizing the team's performance.

Several discrepancies were evident between the East and West Coast Teams, especially in the accountability and fidelity to the Salesforce process. This organizational restructuring offers leadership a unique opportunity to realign and create a unified approach by establishing standardized measurement practices and clearer definitions of engagement. Leadership can mitigate the inconsistencies that previously hindered effective evaluation and strategic decision-making. It is imperative that leadership remains invested in fostering a collaborative environment and boosting morale.
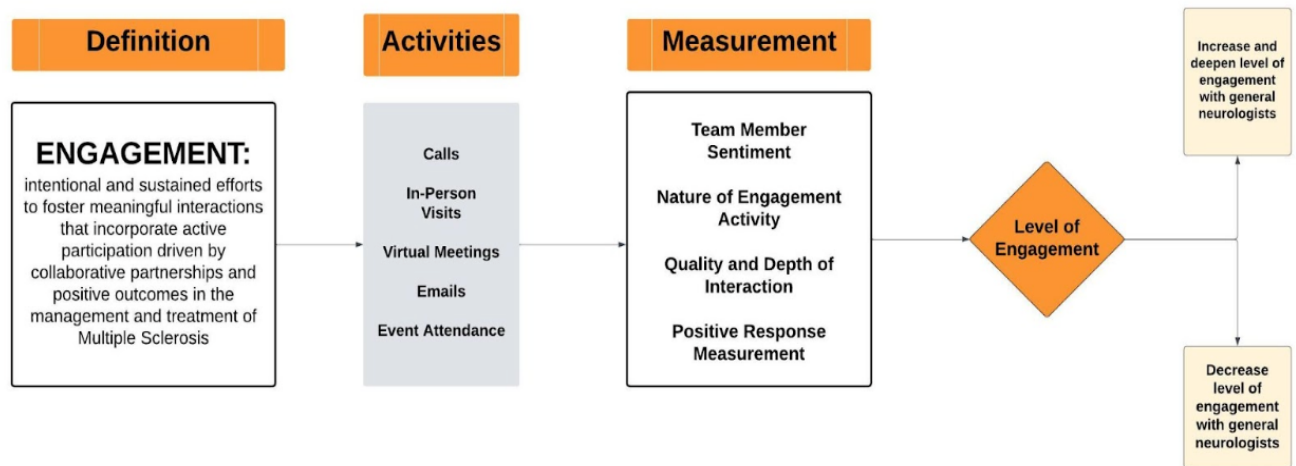
Redefining Engagement

The current definition of engagement used by The MS Society's Healthcare Stakeholder Engagement Team lacks clarity and precision, leaving room for ambiguity. Expanding the definition of engagement beyond a two-way conversation can help streamline activities and create better insights for outreach expansion. The proposed conceptual framework in *Figure 12* below outlines engagement in terms of output, outcome, and impact indicators that Bodem-Schroetgens and Becker (2020) emphasize as an integral component of defining engagement.

Defining and measuring successful engagement with general neurologists is pivotal for The MS Society to achieve its strategic objectives. The organization's current definition of engagement, "two-way conversations," is highly subjective and inadequate. It fails to capture the depth and quality of interactions essential for meeting organizational goals (NMSS General Neurology Engagement Plan, 2024). The limitations imposed by the current definition hinders the team's ability to effectively gauge the impact of their efforts and align with broader mission objectives.

Redefining engagement across the team and organization is imperative to ensure that engagement efforts are robust and outcomes driven.

Figure 12

Proposed Engagement Conceptual Framework

Proposed Definition of Engagement

Engagement, with general neurologists at The MS Society, refers to the intentional and sustained efforts to foster **meaningful interactions** that incorporate active participation driven by collaborative partnerships and **positive outcomes** in the management and treatment of Multiple Sclerosis.

The MS Society's Healthcare Stakeholder Engagement Team needs an expanded definition of engagement that encompasses both the breadth and depth of interactions with general neurologists. According to Snell, Briscoe, & Dickson (2011), engagement with healthcare providers involves active participation that drives meaningful change in healthcare delivery, an approach that closely aligns with The MS Society's mission and strategic vision. Engagement, with general neurologists at The MS Society, refers to the intentional and sustained efforts to foster meaningful interactions that incorporate active participation driven by collaborative partnerships and positive outcomes in the management and treatment of Multiple Sclerosis. This definition encompasses:

1. ***Quality and Depth of Interaction***: Ensuring that interactions initiated by The MS Society are characterized by effective communication channels, clear and relevant content delivery, and a collaborative approach where mutual goals are identified and pursued through joint initiatives.

2. ***Positive Response Measurement***: Assessing engagement success based on the positive response elicited from general neurologists. This includes soliciting feedback to gauge satisfaction levels, monitoring behavioral changes in clinical practices influenced by engagement activities, and evaluating the duration and frequency of sustained involvement and collaboration over time.

This definition aims to move beyond the current limitation of "two-way conversations" by emphasizing the quality, depth, and outcomes of engagements. It aligns with The MS Society's mission to improve outcomes for MS patients through proactive engagement strategies that foster partnerships, drive clinical advancements, and enhance the overall effectiveness of MS care and management.

Key Performance Indicators

A robust framework for evaluating engagement efforts comprehensively includes key performance indicators that measure both the process and the impact of engagement activities. The current definition of engagement used by The MS Society, which focuses solely on "two-way conversations," is highly subjective, presents limitations in accurately assessing the depth of engagement, and fails to recognize the impact the engagement activity has on the provider and their patients. To address these issues, an engagement score that comprehensively evaluates the quality and extent of relationships is being recommended. This score will incorporate parameters from the literature that defines engagement in terms of active participation, collaboration, and commitment to shared objectives that drive meaningful change in healthcare delivery (Bodem-Schroetgens & Becker, 2020). These components are essential for a holistic engagement framework that aligns with best practices in engagement strategies. The engagement score will specifically encompass:

Team Member Sentiment: Team member sentiment measures the subjective evaluation of interactions with general neurologists based on team members' perceptions and experiences. This KPI provides insight into the perceived effectiveness and satisfaction of engagement efforts from the team's perspective and helps to identify areas for improvement and adjustment in effective and positive engagement strategies.

- o 0 → No interaction occurred; the general neurologist was not contacted.
- o 1 → Interaction did not go well.
- o 2 → Interaction was neutral.
- o 3 → Interaction was highly positive and productive.

Nature of Engagement Activities: Quantifying the diversity and frequency of engagement activities initiated by The MS Society with general neurologists in the form of a weighted system. This KPI quantifies the breadth and variety of engagement initiatives undertaken by the Healthcare Stakeholder Engagement Team. It also assesses the proactive efforts in fostering collaborative relationships and achieving mutual goals with general neurologists. In order to assess this metric, activity type will be assessed on a weighted scale proposed below in which each activity will be given a score between one and four.

- o 1 → *Passive Participation:* Incorporates less action-oriented participation such as an email, voicemail, or any activity that requires limited interaction between team member and general neurologist.
- o 2 → *Active Participation:* Incorporates action-oriented participation between team members and general neurologists in the form of attending events or conferences as guests.
- o 3 → *Collaboration:* Incorporates active collaboration between general neurologists and team members in the form of volunteering or speaking at an MS Society event or offering general neurology referrals for patients and or neurologists.
- o 4 → *Commitment to Shared Goals:* Incorporates a general neurologist becoming a MS Society advocate where mutual goals are identified and pursued through joint initiatives.

Quality and Depth of Interaction: This KPI enhances the understanding of how effective engagements are conducted and guides improvements in communication strategies and content delivery to better meet the needs of neurologists and their patients. The quality and depth of interaction evaluates how well engagements initiated by The MS Society meet specific criteria:

- o *Effective Communication Channels:* Rate the clarity and usefulness of communication channels and methods.
- o *Clear and Relevant Content Delivery:* Evaluate the relevance and applicability of information shared during engagements. Ensure that information provided is pertinent and beneficial to neurologists treating MS patients.
- o *Collaborative Approach:* Track the number and success of joint initiatives undertaken with neurologists. Measuring the extent to which mutual goals are identified and pursued through joint initiatives.

Positive Response Measurement: Positive response measurement assesses the success of engagements based on the favorable outcomes and responses elicited from general neurologists. This KPI provides tangible metrics to gauge the impact and effectiveness of engagement efforts. It also facilitates adjustments in engagement strategies to enhance positive outcomes and long-term relationships.

- o *Feedback and Satisfaction:* Measure satisfaction levels through feedback gathered from general neurologists post-engagement.
- o *Behavioral Changes:* Monitor changes in clinical practices influenced by engagement activities.
- o *Long-term Involvement:* Evaluate sustained involvement and collaboration over time.

Strategic Implementation

These key performance indicators aim to broaden the understanding and measurement of engagement beyond the current definition of "two-way conversations" by including team member sentiment, engagement

activities, the quality and depth of interactions, and metrics for positive responses. By utilizing these KPIs to measure engagement, The MS Society aims to:

1. Improve the quality and effectiveness of interactions with general neurologists.
2. Foster collaborative partnerships focused on mutual goals and advancements in MS care.
3. Optimize engagement strategies based on measurable outcomes and continuous feedback.

Implementing these KPIs will enable The MS Society to evaluate engagement efforts rigorously, ensuring alignment with organizational goals and driving continuous improvement in engagement practices.

Enhancing Engagement through Multiple Points of Contact

The qualitative data highlighted that the challenges posed by general neurologists' inaccessibility may require a strategic shift in engagement approaches with general neurology practices. Although general neurologists serve as crucial conduits to patients, their constrained time and capacity suggest that alternative engagement strategies with other healthcare stakeholders, such as office managers, nurses, and physician assistants, might prove more effective. Identifying the optimal points of contact within healthcare teams, determining the most suitable communication methods, and identifying the most effective engagement activities are pivotal steps toward enhancing engagement effectiveness and impact.

Engaging with office managers, for example, could streamline information dissemination within medical practices, ensuring that the pertinent updates and resources The MS Society provides reach clinicians efficiently. Nurses and physician assistants, on the other hand, often play integral roles in patient care coordination, making them strategic allies in reinforcing messaging and facilitating meaningful interactions between The MS Society and healthcare providers.

Understanding the preferences and constraints of these stakeholders can inform tailored engagement strategies that resonate more effectively within general neurology practices. By adapting approaches to suit the dynamics of general neurology practices and leveraging multiple points of contact, The MS Society can broaden its reach, strengthen collaborative relationships, and enhance its overall impact on MS care and management. Diversifying engagement strategies beyond direct engagement with general neurologists acknowledges the realities of healthcare delivery while optimizing opportunities to disseminate information effectively and foster collaborative partnerships that support the strategic goals and mission of The MS Society.

CONCLUSION

This quality improvement project employed a comprehensive mixed-methods exploration aimed at enhancing meaningful engagement between The National MS Society's Healthcare Stakeholder Engagement Team and general neurologists. By integrating qualitative insights from semi-structured interviews with team members and quantitative data extracted from Salesforce, this project strived to offer holistic insights beneficial to all stakeholders involved: The National MS Society, The Healthcare Stakeholder Engagement Team, general neurologists, and patients with Multiple Sclerosis.

This project identified substantial challenges stemming from the current ambiguity and subjectivity in defining engagement within The MS Society. These challenges were reflected in both qualitative and quantitative findings, highlighting inconsistencies between regional teams. Addressing these disparities is crucial for establishing standardized definitions and implementing effective key performance indicators that accurately measure and enhance engagement strategies. A new definition of engagement, rooted in literature, is offered as a result of this project. Engagement, with general neurologists at The MS Society, refers to the intentional and sustained efforts to foster meaningful interactions that

incorporate active participation driven by collaborative partnerships and positive outcomes in the management and treatment of Multiple Sclerosis.

Recommendations arising from this project emphasize leveraging organizational restructuring to realign team dynamics, redefine engagement criteria, and establish clear guidelines within Salesforce. These measures are pivotal in fostering consistency, clarity, and effectiveness in engagement practices across different healthcare contexts within The National MS Society. The proposed expanded definition of engagement encompasses the breadth of interactions, their quality, and impact on providers and their MS patients. It emphasizes active participation, collaborative efforts, and measurable outcomes, aligning closely with best practices in healthcare engagement. The introduction of new KPIs that measure both the process and the impact of engagement activity offer The MS Society a robust framework for evaluating engagement efforts comprehensively. Strategically implementing these KPIs aims to improve the effectiveness of engagement initiatives, strengthen provider networks, and optimize outreach efforts within general neurology healthcare contexts. By fostering collaborative partnerships, with a variety of stakeholders in the general neurology practice, The MS Society can enhance patient outcomes and achieve its overarching mission effectively.

In conclusion, this project contributes valuable insights and practical recommendations to advance engagement practices within The National MS Society. It underscores the importance of clarity, consistency, and strategic alignment in defining and measuring engagement, paving the way for enhanced healthcare delivery and patient care in the management of Multiple Sclerosis.

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APPENDIX

Interview Script & Protocol

Part I: Voluntary Consent to Participate & Record

You have been selected to speak with me today because you have been identified as part of the MS Society's Healthcare Stakeholder Engagement Team. I hope to gain more insight into your experiences with stakeholder engagement, particularly as it pertains to the outreach efforts with neurologists. Hopefully, this will allow me to identify ways in which the MS Society is identifying and reporting effective engagement with neurologists and enhance those efforts. Because your responses are important, and I want to make sure to capture everything you say, I would like to record our conversation today on this Zoom call. Do I have your permission to record this interview?

I will also be taking written notes. I can assure you that all responses will be confidential and only a pseudonym will be used when quoting from the transcripts. My research partner, Raina, and I will be the only ones privy to the tapes, which will be eventually destroyed after they are transcribed.

There are a couple of protocols I want to review before we begin. As already mentioned, (1) All information will be held confidential. It is also important that you know that (2) your participation is voluntary and you may stop the interview at any time. (3) Finally, we do not intend to or expect to inflict any harm. Do you have any questions about the interview process or how your data will be used?

This interview should last about 45 minutes. During this time, I'll have several questions that I would like to cover. But first, do you have any questions before we start?

Part II: Interview Questions

1: Will you describe any personal affiliation or connection to MS or the MS Society?

2: Can you describe your professional role and responsibilities?

2a: How long have you been in your current role on the MS Society's Healthcare Stakeholder Engagement Team?

3: How would you describe a neurologist that is highly engaged versus disengaged?

4. How is the MS Healthcare Stakeholder Engagement Team currently defining stakeholder engagement?

4a. How do you know if a neurologist is engaged with the MS Society?

5: Can you describe your process in reporting neurologists' engagement?

5a: What changes would you make, if any, to this reporting process?

6: How does the engagement data you've collected impact the team's outreach strategy?

7: Is there anything else that's important for us to know?

Part III: Thanks and Follow-Up for Member Checking

Thank you again for your time today. This has been incredibly helpful. Before we wrap up, do you have any questions for me? If you think of anything you would like to add, please don't hesitate to reach out to my research partner or myself. We will be in touch once the transcript of this interview is complete for an opportunity to review.