From the Editor

Brian C. Callaghan, MD, MS, and Kevin A. Kerber, MD, MS

Highlighted articles

Innovations in Care Delivery strives to highlight articles that feature advances in care delivery in both our Latest Articles section and our Editors' Top 5 Recommended Reading section. A recent feature in Latest Articles was a *Neurology*[®] article published on January 24 titled "Outcomes among patients with direct enteral vs nasogastric tube placement after acute stroke" by Joundi et al.¹ The authors sought to "compare complications, disability, and long-term mortality of patients who received direct enteral tube vs nasogastric tube feeding alone after acute stroke." Looking at patients within 30 days of discharge, Joundi et al.¹ discovered that "Patients with DET placement after acute stroke have more severe disability at discharge compared to those with NGT placement alone, and associated higher rates of institutionalization, medical complications, and long-term mortality. These findings may inform goals of care discussions and decisions regarding long-term tube feeding after acute stroke."

Similarly, our Editors' Top 5 Recommended Reading section features an article from *Neurology* titled "National randomized controlled trial of virtual house calls for Parkinson disease" by Beck et al.² The authors sought to "determine whether providing remote neurologic care into the homes of people with Parkinson disease (PD) is feasible, beneficial, and valuable." In this 1-year randomized controlled trial, Beck et al.² concluded that, "Providing remote neurologic care directly into the homes of people with PD was feasible and was neither more nor less efficacious than usual in-person care. Virtual house calls generated great interest and provided substantial convenience."

Recent blog post

In January, we published "It's difficult to use claims databases to measure the value of neurologic care." This piece, by Dr. Neil Busis, discusses health care reimbursement and the move from a volume-based fee-for-service to value-based system. How will neurologists need to adapt within this new model? Readers may find it useful to look over this blog in the weeks before the annual meeting, where further information on this topic will be covered.

Dr. Busis discusses a recent article by Callaghan et al.³ titled "The association of neurologists with headache health care utilization and costs." The authors found that the yearly probabilities of hospitalizations and headache-related costs were higher when neurologists were involved. However, the authors make a compelling argument that the headache patients neurologists care for have more severe disease than those who did not see neurologists. Despite the authors' diligent efforts, the severity of illness of patients in the claims database could not be determined accurately. Dr. Busis proposes that we need prospective studies on the value of neurologic care using databases designed to measure quality, such as the AAN's Axon Registry.⁴

References

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