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Abstracts

Articles appearing in the August 2017 issue

Effect of integrated community neurology on utilization, diagnostic testing, and access

Background The primary care medical home (PCMH) aims to promote delivery of high-value health care. However, growing demand for specialists due to increasingly older adults with complicated and chronic disease necessitates development of novel care models that efficiently incorporate specialty expertise while maintaining coordination and continuity with the PCMH. We describe the effect of a model of integrated community neurology (ICN) on health care utilization, diagnostic testing, and access.

Methods This is a retrospective, matched case-control comparison of patients referred to ICN for a face-to-face consultation over a 12-month period. The control group consisted of propensity score–matched patients referred to a non-colocated neurology practice during the study period. Administrative data were used to assess for diagnostic testing, visit utilization, and patient time to appointment.

Results From October 1, 2014, to September 30, 2015, we identified 459 patients evaluated by ICN for a face-to-face visit and 459 matched controls evaluated by the non-colocated neurology practice. The majority of patients were Caucasian and female. ICN patients had lower odds of EMGs ordered (adjusted odds ratio [OR] 0.64; 95% confidence interval [CI] 0.46–0.89; $p = 0.009$), MRI brain (adjusted OR 0.60; 95% CI 0.45–0.79; $p = 0.0004$), or subsequent referral to outpatient neurology (adjusted OR 0.62; 95% CI 0.47–0.83; $p = 0.001$). ICN was not associated with an increase in emergency department visits, hospitalizations, or appointment wait time.

Conclusion The ICN model in a PCMH has the potential to reduce diagnostic testing and utilization.

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Perspectives on marijuana use and effectiveness: A survey of NARCOMS participants

Background Interest in and use of marijuana by persons with multiple sclerosis (MS) has increased. While potential benefits have been reported, so have concerns about potential risks. Few large studies have been conducted about the perceptions and current usage of marijuana and medical cannabinoids in persons with MS.

Methods Participants in the North American Research Committee on Multiple Sclerosis (NARCOMS) registry were surveyed in 2014 regarding legality and history of marijuana usage, both before and after diagnosis with MS.

Results A total of 5,481 participants responded, with 78.2% female, 90% relapsing disease at onset, and a current mean age of 55.5 (10.2) years. Sixty-four percent had tried marijuana prior to their MS diagnosis, 47% have considered using marijuana for their MS, 26% have used marijuana for their MS, 20% have spoken with their physician about marijuana use, and 16% are currently using marijuana. Ninety-one percent think marijuana should be legal in some form. Men, those with higher disability, current and past nicotine smokers, and younger age were associated with a higher likelihood of current use.

Conclusions The majority of responders favor legalization and report high interest in the use of marijuana for treatment of MS symptoms, but may be reluctant to discuss this with health care providers. Health care providers should systematically inquire about use of marijuana.

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Practice Current

The survey on our latest topic, "When do you suspect autoimmune encephalitis and what is the role of antibody testing?", has received over 900 responses from over 80 countries. Explore this topic and others on our newly redesigned website; compare your practice with peers and see real-time results displayed on an interactive world map.

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