WHAT'S HAPPENING IN

Neurology® Clinical Practice

Neurology.org/CP

Abstracts

Articles appearing in the June 2019 issue

Minding the gap in pediatric headache care: Can a focus on quality measures improve outcomes?

Background The American Academy of Neurology Headache Quality Measures seek to improve care delivery and outcomes by addressing gaps in care. Our practice identified underperformance in 3 of the 7 measures that apply to children and adolescents. We expected that improved performance on these measures would lead to a reduction in emergency department (ED) visits and improvement in the average disability grade of established patients.

Methods An interdisciplinary workgroup used the Institute for Healthcare Improvement's Model for Improvement. Quality improvement (QI) interventions focused on the use of Pediatric Migraine Disability Assessment (PedMIDAS), headache action plans (HAPs), nurse triage, and infusion center order sets.

Results Provider use of PedMIDAS increased from 15% to 55% ($p < 0.0001$) of patient visits during the comparison period. Generation of HAP letters increased from 10% to 15% ($p < 0.0003$), but these gains were not sustained. ED visits for headache decreased by 32% ($p < 0.0001$). The average migraine disability grade remained unchanged.

Conclusions QI efforts using team-based strategies and electronic medical record (EMR) integration can improve performance on headache quality measures, although it may be difficult to demonstrate improved patient outcomes. The project's time frame and disability assessment strategy were likely insufficient to detect a change in disability. Optimization of nurse triage and EMR workflows enabled more patients with status migrainosus to receive their treatment in the infusion center rather than the ED with a favorable revenue benefit for the hospital.

NPub.org/NCP/9418a

Editorial

NPub.org/NCP/9418b

Differences in treatment of epilepsy in pregnancy: A worldwide survey

Background How to safely treat pregnant women with epilepsy is a question for which there are guidelines, but variations in practice exist.

Methods To better characterize how clinicians address this difficult clinical question, we distributed an anonymous survey to neurology practitioners across subspecialties and different levels of training via the *Neurology: Clinical Practice* website. The survey was conducted from May 31 to December 3, 2017. We received responses from 642 participants representing 81 countries. We performed both descriptive and inferential analyses. For the inferential analysis, a multiple logistic regression model was used to analyze the effect of provider characteristics on the constructed binary outcome variables of interest.

Results The results of this survey demonstrate a wide range in the amount of folic acid recommended and the frequency of checking levels of anti-epileptic drugs. Choice of first-line agent varied by the economic development status of the respondent's country, suggesting that access to medications plays an important role in clinical decision making in many parts of the world.

Conclusion This survey highlights several areas where further research would be helpful in guiding practice.

NPub.org/NCP/9418c

Practice Current

We invite neurologists, resident and fellow trainees, and advanced practice providers worldwide to explore controversial clinical topics that do not have sufficient diagnostic or therapeutic evidence. Share your practice with fast online surveys on hot topics, see real-time results displayed on an interactive world map, compare your practice with peers, and access commentary on available evidence and opinions from internationally recognized experts with diverse backgrounds.

NPub.org/NCP/practicecurrent

