



From the Editor

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

Innovations in Care Delivery strives to highlight articles that feature advances in care delivery in our Editors' Blog, Editors' Top 5 Recommended Reading, and Latest Articles sections. Periodically, we also include interviews with leaders in the field of health services research.

Editors' Blog

The Innovations in Care Delivery blog, over the last several months, has discussed articles about the use of optical coherence tomography testing for the diagnosis of a prior unilateral optic neuritis¹ and use of continuous EEG monitoring.² Our goal is to highlight health services research articles published in *Neurology®* or *Neurology® Clinical Practice*, as well as to give opinions by experts in the field.

Editors' Top 5 Recommended Reading and Latest Articles

Check out our collection of *Neurology* articles related to innovations in care delivery. A recent article by Xu et al. analyzed the accuracy of optical coherence tomography for optic neuritis, with the accompanying blog on the Innovations in Care Delivery site by Lindsey De Lott, MD. A high sensitivity, when compared to the control population (in this case the known normal other eye), is only over the first of the 4 phases of diagnostic research, as defined by Drs. Sackett and Haynes.³

Another new addition is an article by Blank et al.⁴ about readmission after seizure discharge in a nationally representative sample. Using the Healthcare Cost and Utilization Project's Nationwide Readmission Database, the authors found that 11% of patients hospitalized for epilepsy or seizures were readmitted within 30 days. Associations with readmission were comorbidities and Medicare or Medicaid insurance. The most common reasons for readmission were epilepsy or seizures (17%) and sepsis (7%).

References

- Xu SC, Kardon RH, Leavitt JA, et al. Optical coherence tomography is highly sensitive in detecting prior optic neuritis. Neurology Epub 2019 Jan 23.
- Hill CE, Blank LJ, Thibault D, et al. Continuous EEG is associated with favorable hospitalization outcomes for critically ill patients. Neurology 2019;92:e9–e18.
- Sackett DL, Haynes RB. The architecture of diagnostic research. BMJ 2002;324:539–541.
- Blank LJ, Crispo JAG, Thibault DP, Davis KA, Litt B, Willis AW. Readmission after seizure discharge in a nationally representative sample. Neurology Epub 2018 Dec 21.



Blog

Read the Innovations in Care Delivery blog for timely posts by the editors and invited guests on *Neurology* articles.

NPub.org/icdblog



What's happening in Innovations in Care Delivery

Neurology 2019;92;662 DOI 10.1212/WNL.000000000007253

This information is current as of April 1, 2019

Updated Information & including high resolution figures, can be found at:

Services http://n.neurology.org/content/92/14/662.full

References This article cites 2 articles, 2 of which you can access for free at:

http://n.neurology.org/content/92/14/662.full#ref-list-1

Permissions & Licensing Information about reproducing this article in parts (figures, tables) or in

its entirety can be found online at:

http://www.neurology.org/about/about_the_journal#permissions

Reprints Information about ordering reprints can be found online:

http://n.neurology.org/subscribers/advertise

Neurology ® is the official journal of the American Academy of Neurology. Published continuously since 1951, it is now a weekly with 48 issues per year. Copyright © 2019 American Academy of Neurology. All rights reserved. Print ISSN: 0028-3878. Online ISSN: 1526-632X.

