

Optimizing resource utilization through timely, targeted neurologic care



Two articles in this issue of *Neurology® Clinical Practice (NCP)* discuss emergency department (ED) burden and access to outpatient clinics. Patel et al. (p. 480) propose an urgent care clinic for children with epilepsy to reduce ED visits and unplanned hospitalizations. Nourazari et al. (p. 498) demonstrate that poor access to specialty outpatient care is related to increased ED visits. An accompanying editorial by Adams et al. (p. 472) concludes that “enhancing outpatient neurology access can decrease costs, reduce unnecessary ED visits, increase patient satisfaction, and most importantly, improve health.” Black et al. (p. 538) offer practical advice on adding an advanced practice provider to your neurology practice to increase revenue, reduce physician burn-out, and improve patient care.

In our Five New Things series, van der Knapp et al. (p. 506) discuss developments in the treatment of leukodystrophies and Deak et al. (p. 523) discuss memory loss. A timely review of Zika virus disease by Smith et al. (p. 515) provides updates on the latest reported neurologic complications, mechanisms of transmission, and testing.

An editorial from Section Editor Luca Bartolini (p. 470) discusses the evolution of our popular Practice Current series. Commentary (p. 530) on the current topic—“When do you stop antiepileptic drugs in patients with genetic generalized epilepsies and in those in focal epilepsies?”—provides a brief overview of the topic and expert commentary from 3 global experts. Go online to participate in our survey or explore the results to date on our interactive map.

As always, we welcome your feedback on this issue and invite suggestions for improving *NCP*.

A handwritten signature in black ink that reads "John R. Corboy". The signature is written in a cursive, flowing style.

John R. Corboy, MD, FAAN

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