In a philosophical essay published over 3 decades ago, Edmund Pellegrino\(^1\) posited that some “would define medicine as the negotiated outcome of the physician–patient relationship.” Today, we might include pharmaceutical and insurance companies as players at the bargaining table. This issue of *Neurology® Clinical Practice* (NCP) examines the ongoing negotiation for better health outcomes in patients with chronic neurologic conditions.

Stern et al. (p. 93) analyze outpatient care conversations between neurologists and their patients with epilepsy in the United States, Spain, and Germany regarding disease identification, shared decision-making, and care planning. Katzan et al. (p. 86) suggest ways to incorporate the electronic collection of patient-reported outcome measures into a workflow that is less time-consuming for providers and may facilitate patient–physician communication.

A review by Kaisey et al. (p. 142) provides a pragmatic guide for general neurologists to treat women with multiple sclerosis at different stages of the reproductive cycle. Sanches Yassuda et al. (p. 120) explore key factors underlying everyday disability in behavioral variant frontotemporal dementia using data from a collaborative effort of specialist centers from Australia, India, England, and Brazil.

An analysis by Bartolini et al. (p. 108) of global survey results regarding antiepileptic drug discontinuation after epilepsy remission reflects the lack of evidence for optimal strategies in most types of epilepsy and highlights inconsistencies in practice. A commentary by Whittington et al. (p. 148) and an accompanying editorial by Satya-Murti discuss the intentions of the 340B benefit program and the consequences for our ability to deliver quality care for all patients.

We welcome your feedback on this issue and invite suggestions for improving NCP!

John R. Corboy, MD, FAAN

Reference
Partners in enhancing functional ability and well-being
John R. Corboy

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