We are in an era where medical knowledge is in constant
escalation and patients are investigated with more sophisticated
tools than ever before. However, it is also an era of budget
restrictions in which healthcare policies pressure physicians to
have a more efficient and economic way to provide services.
Although organizing healthcare is a time consuming effort for
the already overwhelmed physicians, it does seem to pay off by
increasing control of the way outpatient care is provided, where
targeted patients may obtain expedited investigation at the right
time and place as shown in Wile DJ, et al.1

In this ten year retrospective study, the authors reviewed the
advantages of having created an Urgent Neurology Clinic in
their catchment population area of close to two million. Over
that time frame, 12,460 referrals were accepted and seen on
average within 3.8 working days. With 44.6% of these patients
ending up with significant change in their neurological
diagnosis, not only was patient management improved but the
availability of this clinic also decreased the pressure load on the
on-call neurology team with a 35.7% reduction of emergency
room neurologist’s workload. A very significant reduction of
in-hospital admission for neurologist investigation of 50% was
also achieved.

In our center (Hôpital de l’Enfant-Jésus du CHU de Québec),
another kind of outpatient emergency clinic was created three
years ago: “la Clinique d’ICT” – (the Transient Ischemic Attack
Clinic), where a different population was referred (a population
not directly assessed in the Calgary Study by Wile since their
transient ischemic attack patients are already referred to their
Stroke Prevention Clinic). During the first three years, 672
patients were referred mostly by neurologist on-call, after
discussion with either ER physician or physician in an outpatient
clinic, that number nearly doubled between the first and the third
year. Patients were assessed on average 1.3 days after their
referral. They had same day access to imaging (CT or MRI),
carotid Doppler, echocardiogram and Holter. Hospitalization
was required in only 7% of these patients, most of them for
carotid revascularisation. Before the existence of this clinic, the
majority of those patients required rapid evaluation in
emergency room or in-hospital usually lasting three to four days
since regular outpatient delays in investigation were judged
inappropriate. Patients usually reported positively about their
experience as information on risk factors management, nutrition
and smoking cessation recommendations are also part of the
“kit”.

Other examples of specialized neurology clinic reported in
the scientific literature are scarce. Some models, like the unique
Lariboisière Emergency Headache Center in Paris, France
(directioned by a neurologist) are quite innovative.2 Other ones are
nearer to the Calgary model, like at the Royal Prince Alfred
Hospital in Sydney, Australia. There, 311 patients were referred
over a one year period at the “ED Rapid Access Neurology
Clinic”. Data analysis demonstrated that this clinic prevented 83
unnecessary admissions and 188 out-of-hours neurology
consultations, associated once again with high-level of patient
satisfaction.3 However, there is still insufficient data about these
clinics in the medical literature, probably because they are under
reported.

Despite a strong adhesion and will from neurologists to
investigate patient in an ambulatory setting, they can hardly
achieve this goal alone. Without efficient staffing including
nurses and clerical support, it is difficult and time-consuming to
organise the investigations and follow up. Since the efficiency of
such clinics is proven, organisations should support and facilitate
such initiatives. For example, access to imaging and other
investigation should be negotiated and guaranteed in an
appropriate time frame. It is essential to stay patient-focused and
provide adequate support and information through the
investigations to avoid having patients feeling disappointed
without any resource in favor of a cost-efficient service.

In conclusion, this article gives us the opportunity to rethink
the way we can improve the availability of daily outpatient
service for specialized neurological care in Canada. Not only
would resources be more wisely directed, but we could expect
improved patient care in terms of quality of life, morbidity and
even mortality. Isn’t that the noblest goal we all had when we
decided to become health care providers?

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