The value of comprehensive primary care follow-up

Steven Kirshblum

Spinal Cord Injury Rehabilitation, Kessler Institute for Rehabilitation, West Orange, NJ, USA

There are approximately 273 000 people living with traumatic spinal cord injury (SCI) in the USA,¹ with as many as 1.275 million people in the US living with SCI-related paralysis.² This represents a significant number of individuals who have SCI-related medical needs, and there is evidence that these are often being unmet.³

The importance of follow-up by specialized clinicians and primary care physicians has been previously reported for persons with SCI.^{3–6} The most common secondary complications presenting over time include bowel and/or bladder dysfunction, pain, skin, cardiac, and bone-related issues, depression, and sexual and reproductive health issues. Few primary care physicians have exposure to SCI-specific related medical issues in their training as well as exposure from within their practice; as each primary care physician has a limited SCI patient population.

This commentary by Dr Michael Stillman presents important aspects regarding the need for and value of comprehensive primary care follow-up for persons with SCI.⁷ The program established at their center should be commended and represents a model that can be modified based upon the specifics of other healthcare centers, emphasizing collaboration between the primary care and SCI specialists.

For decades, the issue of who should care for patients with SCI as they age has been examined. While many patients may prefer that their physiatrist or SCI physician assume primary care responsibilities,^{4,5} some physiatrists reportedly have not been willing or feel unable

to assume the primary care role.⁶ Further study in this area is important.

As we enter a new age of healthcare reform in terms of which services are covered, accountable care organizations being developed, and merging healthcare systems, it is critical that as professionals in the field of SCI we have the patient experience as our priority. Collaboration between primary care physicians and SCI specialists is critical. Physician offices need to be accessible; with a development and exchange of protocols for the commonest of medical complications post-SCI, sharing of information (e.g. electronic medical records), and open dialog between the clinicians. Hopefully, we will see this type of collaborative effort, as discussed in Dr Stillman's program, be advanced at other centers so that our patients' care will be optimized.

References

- 1 Spinal cord injury facts and figures at a glance. *J Spinal Cord Med* 2013;36(5):568–9.
- 2 [Accessed 2013 Nov 27]. Available from: https://www.kintera.org/site/c.mtKZKgMWKwG/b.5184189/k.5587/Paralysis_Facts_Figures.htm?kntaw35479=4850CF23247848D8AEAFAB2797F5296A.
- 3 McColl MA, Aiken A, McColl A, Sakakibara B, Smith K. Primary care of people with spinal cord injury: scoping review. *Can Fam Physician* 2012;58(11):1207–16.
- 4 Bockenek WL. Primary care for persons with disabilities. A fragmented model of care for persons with spinal cord injuries. *Am J Phys Med Rehabil* 1997;76(3 Suppl):S43–6.
- 5 Warms CA. Health promotion services in post-rehabilitation spinal cord injury health care. *Rehabil Nurs* 1987;12(6):304–8.
- 6 Francisco GE, Chae JC, DeLisa JA. Psychiatry as a primary care specialty. *Am J Phys Med Rehabil* 1995;74(3):186–92.
- 7 Stillman M, Williams S. A more perfect union: Reports from an interdisciplinary primary care clinic for patients with spinal cord injury. *J Spinal Cord Med* 2014;37(4):368–9.

Correspondence to: Steven Kirshblum, Spinal Cord Injury Rehabilitation, Kessler Institute for Rehabilitation, 1199 Pleasant Valley Way, West Orange, NJ 07052, USA. Email: skirshblum@kessler-rehab.com