

7th Annual
Neurology on the Hill

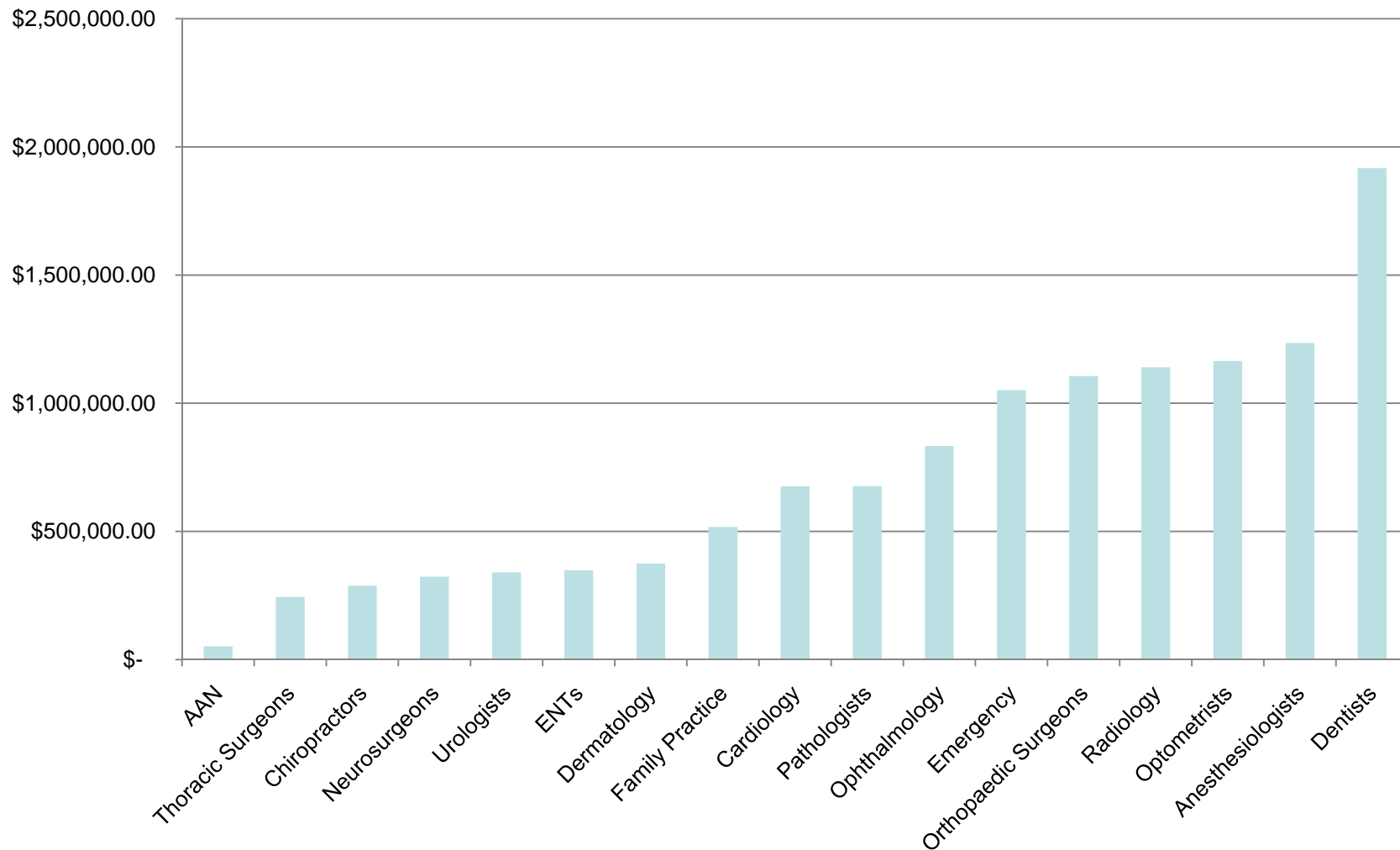
March 23-24, 2009

The Academy Presence in DC

- Annual Neurology on the Hill
- Full time Academy employee in Washington, DC office since 2005
 - Legislative Counsel, Mike Amery
- Federal Political Action Committee started in 2007

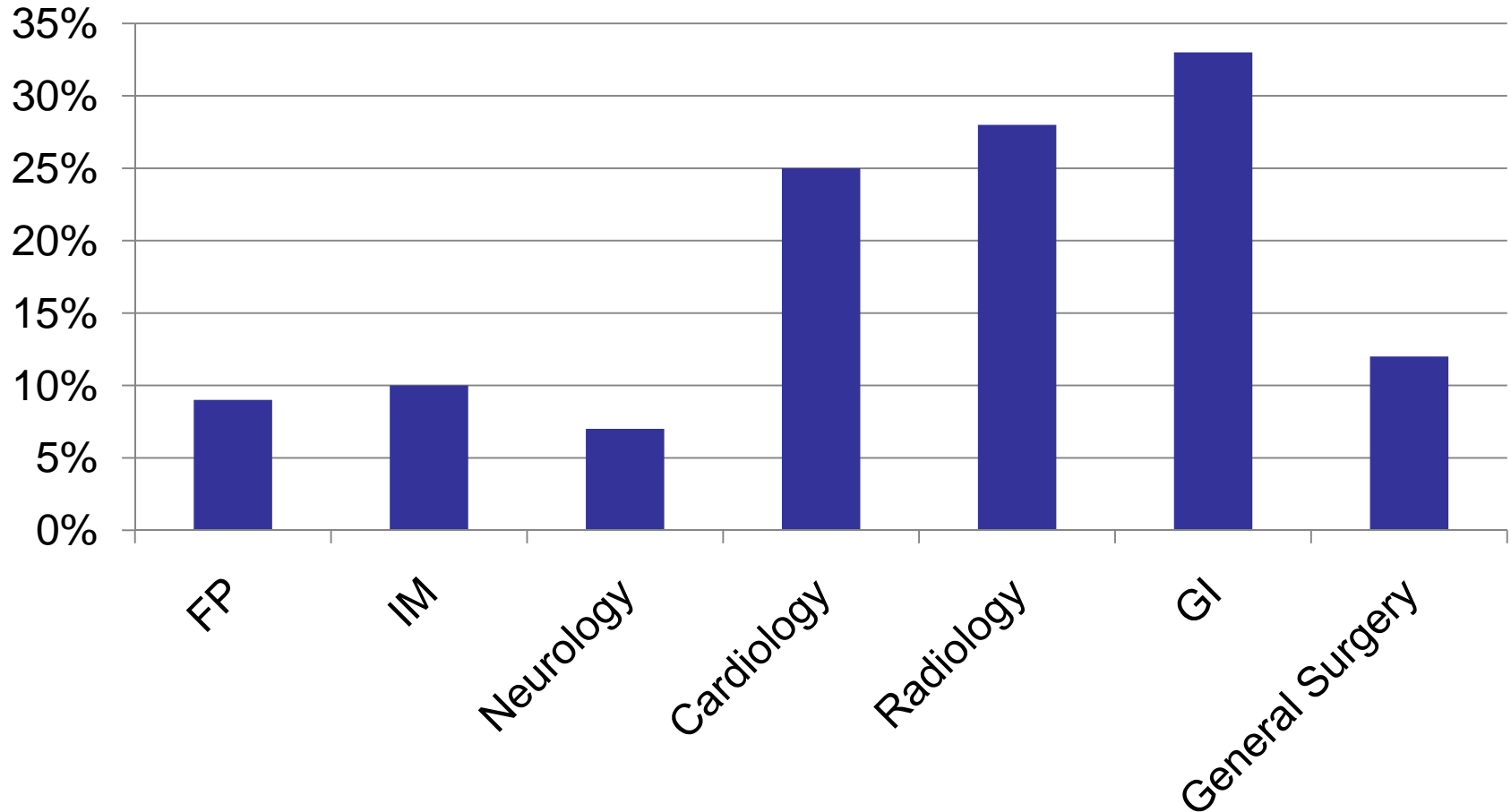
Brain
P · A · C

2008 Election Cycle – Contributions by Medical Specialties



MGMA Growth Income

1999-2003



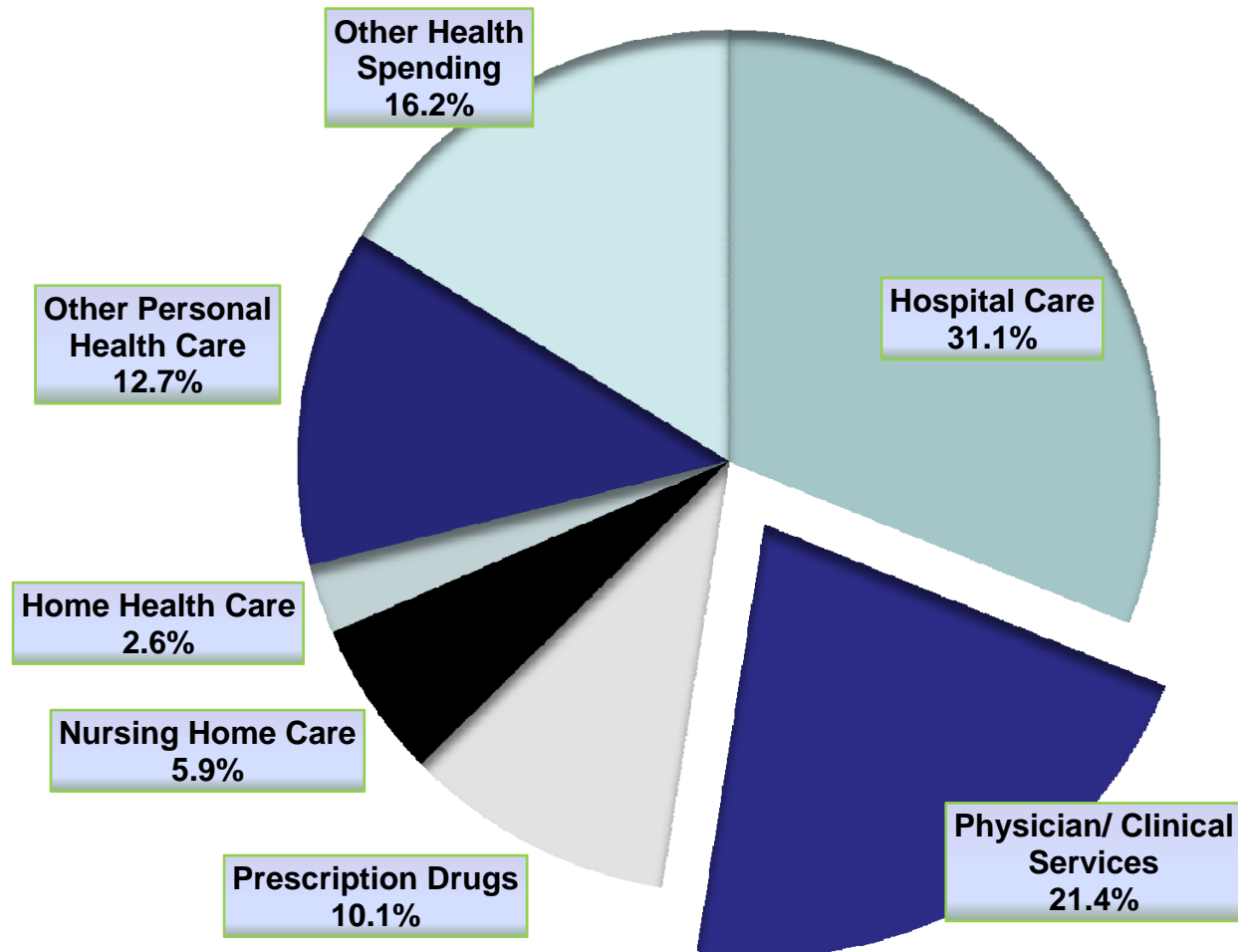
2009 NOH Hill Issues

- Health Reform
 - Education
 - Role of Neurologists in Health Care System
 - Neurology's Commitment to Quality
 - What Congress can do
- National Disease Registries for Parkinson's & MS

Health Reform: Background

- **National Health Care Expenditures:**
- \$2.5 trillion
 - Amount US govt. is expected to spend this year
- 17.6% of GDP
 - Expected for 2009
- \$8,160/person
- The US spends more on health care than *any* other developed country
 - US outcomes are *not* better than other countries

Natl. Health Expenditures ('07)



Why is Health Reform Timely?

- 45.7 million people without insurance (2007)
 - Additional 16 million underinsured
- In every age group, approximately 10% of population accounts for 60%-70% of costs
 - Chronically ill, disabled, poor
- Wide variation in cost, utilization, quality and access to care
- Aging population; changing disease prevalence

Medicare

- 16% of Federal Budget
 - \$440 billion annual expenditures (2006)
 - \$477 billion annual expenditures (est. 2009)
- Covers 45 million Americans
- Chronically ill patients account for disproportionate share of costs
- Physician payment facing a 21% cut January 1, 2010

Perception

- High cost
- Mediocre quality
- All physicians are well compensated

Current State of Affairs

- Cognitive specialists are undervalued
- Pressure to do more with less
- Physician reimbursement has not kept pace with practice costs since 2001
- More red tape than ever before

Lessons from Capitol Hill

- The 111th Congress and new Presidential Administration are pursuing substantial health reform
- Ratio of health care lobbying groups in DC to members of Congress: **3:2**
- Most members of congress and staff do not know what neurologists do, even if they are familiar with major neurologic diseases
 - *Frequent confusion with neurosurgery and/or psychiatry*

First Objective

Educate members of Congress
& staff about:

**The Critical Role of
Neurologists
in our Health Care System**

Role of Neurology

- **Who is a Neurologist?**
 - Emphasize specialized training, what disorders are treated, long-term nature of conditions, complexity of diagnosis & management
- **What is the Practice of Neurology?**
 - Majority of care provided through E/M
 - Time-intensive specialty
 - Value not adequately recognized currently
 - Face similar problems as Primary Care

Role of Neurology

- **Why are Neurologists important for the future?**
 - 1 in 6 people affected by neurological disease
 - Aging population
 - Increasing incidence of neurological conditions: Alzheimer's and Parkinson's disease, dementia, stroke, and epilepsy

Second Objective

**Educate members of Congress
& staff about:**

**Neurology's
Commitment to Quality**

AAN's Commitment to Quality

- **Strong Evidence Base**
 - Fully evidence-based recommendations

- **Overcoming Information Overload**
 - Clinical Practice Guidelines
 - Patient Safety Tips & Tools
 - Education on Evidence-Based Medicine

AAN's Commitment to Quality

- **Accountability & Improvement**

- Performance Measures

- Qualitative basis for improving outcomes & care processes
 - AAN taken leadership role in PQRI measure development

- MOC & Quality Improvement Programs

- Pay-for-Performance

Final Objective

Educate members of Congress
& staff about:

**How they can address the
unique concerns of
neurologists & their patients
in health reform efforts**

The Ask

When replacing the flawed Medicare SGR Formula, replace it with a new system that:

- Rewards provision of E/M services to certain high cost patients
- Focuses on patient-centered care
- Rewards high quality evidence-based care
- Provides incentive for best & brightest to go into specialties treating these patients

Making Your Case

- **Approximately 10% of Medicare beneficiaries account for 2/3 of costs**
- Most have 5 or more chronic conditions
- The least expensive half of the Medicare population accounts for only 4% of costs

Making Your Case

- Medical Home Proposal
 - Primary Care
 - \$34/month/patient
 - More likely to attract management of Medicare patients of least complexity (ie. least expensive half of Medicare population)
 - Not likely to save money over long term
- However, paying physicians to focus on higher cost patients (the most expensive 10%) could

Making Your Case

- Today high cost chronically ill patients strain Medicare resources:
 - Duplicative services
 - Unnecessary care
- Incentive for care coordination of these specific patients should not be limited to type of practice
- Should be focused on type of patient

Making Your Case

- **Care coordination of “high cost” patients would:**
- Save money
- Improve quality of care
- Recognize value of specialized care for complex patients
- Even out physician work force by allowing students to pursue specialty of interest, not compensation potential

National Disease Registries

- > 1 Million Americans with Parkinson's
- 400,000 Americans with MS
- No current national disease registry for either
- Lack of data prevents potential research gains

National Disease Registries

- **HR. 1362 would:**
- Create separate MS & PD registries in the CDC
- Streamline data
- Provide insight about incidence & prevalence
- Allow analysis of genetic & environmental risk factors
- Increase chances for new therapies

National Disease Registries

- Your Ask to House Members:
- **Please co-sponsor HR. 1362 & work to support its passage**
- Thank sponsor: Rep. Van Hollen
- Thank current cosponsors: Reps. Burgess, Maloney, Upton, Carnahan, and Pete King