

While there is consensus on the problems within the current healthcare system, agreement has not yet been reached on a solution. To achieve significant savings in the Medicare program, individuals likely to incur high costs such as those with chronic illness must be identified, incentives in the current payment system must be realigned, and high-quality, patient-centered care must be rewarded. Fundamental reform of the payment system is needed.

The Academy supports the immediate institution of a separate non-procedural bonus payment as a temporary measure for a period of three to five years until studies establish the effectiveness of alternative payment systems. To recognize the most complex face-to-face patient care, the proposed bonus payment would apply to evaluation and management (E/M) services performed on patients with chronic, disabling conditions as identified by the 2008 Special Needs Plan Chronic Condition Panel (SNCCP). E/M services can best be described as physicians using their training and expertise to spend time meeting face-to-face with patients to provide care. Many of the conditions neurologists treat fall into this category. The additional payment would be contingent upon adhering to quality measurement and reporting and care coordination. There are quality measures for many of the conditions on the list. The Academy has quality measures for stroke and epilepsy and will be developing measures for Parkinson's disease and dementia this year. The Academy would look to CMS to define criteria for care coordination.

By using a patient-centered approach to determine eligibility, all physicians treating patients with the chronic conditions identified by the SNCCP would be rewarded for the provision of focused, ongoing care. Focusing solutions based on patient need is likely to bring added care management to these high cost, chronically ill patients.

As a cognitive specialty, where physicians primarily provide face-to-face care rather than procedures, neurology shares many of the same issues that have led to the current crisis in primary care. If any reform proposal is limited in such a way that it is applied strictly to primary care providers, the Academy has strong concerns about offsetting the bonuses with payment reductions for all other services, as this would further harm specialties such as neurology that are also heavily reliant on E/M services for income. Certain specialties and primary care physicians spend considerable time managing chronic conditions that account for an overwhelming proportion of health care expenditures. Congress must not implement reform that helps primary care only to the detriment of other cognitive physicians who provide principal care to patients with highly complex conditions. This proposal will cover primary care specialties as well as other specialties that devote a large portion of their practice to E/M services.

Adopting the non-procedural bonus payment will immediately begin to correct the misaligned incentives that reward procedure-based care at the cost of patient-centered care. Further, this shift will realign incentives to deliver truly patient-centered care, enhance patient access, improve quality, and immediately lower costs. This plan provides temporary relief while further analyses of comprehensive alternatives to the payment system are completed and new payment models are implemented.

2010 Medicare Special Needs Plans Chronic Conditions

1. Chronic alcohol and other drug dependence
2. Autoimmune disorders, limited to: polyarteritis nodosa, polymyalgia rheumatic, polymyositis, rheumatoid arthritis, systemic lupus erythematosus
3. Cancer excluding pre-cancer conditions or in-situ status
4. Cardiovascular disorders, limited to: cardiac arrhythmia, coronary artery disease, peripheral vascular disease, chronic venous thromboembolic disorder
5. Chronic heart failure
6. Dementia
7. Diabetes mellitus
8. End-stage liver disease
9. End-stage renal disease requiring dialysis (any mode of dialysis)
10. Severe hematologic disorders: aplastic anemia, hemophilia, immune thrombocytopenic purpura, myelodysplastic syndrome, sickle-cell disease (excluding sickle-cell trait), chronic venous thromboembolic disorder
11. HIV/AIDS
12. Chronic lung disorders: asthma, chronic bronchitis, emphysema, pulmonary fibrosis, pulmonary hypertension
13. Chronic and disabling mental health conditions: bipolar disorders, major depressive disorders, paranoid disorder, schizophrenia, schizoaffective disorder
14. Neurologic disorders: amyotrophic lateral sclerosis (ALS), epilepsy, extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia), Huntington's disease, multiple sclerosis, Parkinson's disease, polyneuropathy, spinal stenosis, stroke-related neurologic deficit
15. Stroke