



POSITION STATEMENT

Stroke Medical Director Reimbursement

BACKGROUND INFORMATION

The American Academy of Neurology is a professional organization of nearly 24,000 practicing neurologists and neuroscientists with a deep and abiding interest in assuring the best possible care of patients with all types of neurologic disorders, including stroke. The Academy is very much interested in the ability of hospitals to deliver efficient, modern and high quality care to patients with acute neurologic illness.

DESCRIPTION OF ISSUE

The key figure in delivering hospital-based stroke care is the Stroke Medical Director, who directs a team that provides resuscitation, stabilization, assessment and initiates treatment or makes decisions to transfer patients to get treatment.

RATIONALE

There must be a single Stroke Medical Director with authority and accountability for the operation of the hospital-based stroke program. Neurologists receive specific training in stroke care, its organization and delivery. If a neurologist is available, this Director should be a neurologist. Neurologists may decrease length of stay and reduce the mortality rates of stroke patients compared to other specialists.^{1,2} Neurologists are the medical directors at the majority of hospitals with vascular neurology fellowship training programs.

The Stroke Medical Director responsibilities and duties should include:

- Intimate involvement in the delivery of stroke care
- Organization of stroke care and develop treatment protocols, management standards and expectations
- Earn and maintain Joint Commission certification for primary stroke centers and other certifications as indicated
- Educational and medical support of nursing care
- Meet educational needs of stroke patients, and their family
- Coordinate and supervise a quality measures program, including performance improvement, quality initiatives and peer review



- Build a system with goals and objectives to identify deficiencies in stroke care and correct them with the aim to improve outcomes
- Constantly re-evaluate care maps to provide cost-efficient care
- Participate in a leadership role in the hospital and community

Benefits, effort and compensation:

- Hospitals benefit financially and qualitatively from reduced length of stay, lower complication rates and improved outcomes seen with expert, organized and dedicated stroke care.³
- Patients benefit from organized stroke care as a result of lower mortality and greater thrombolytic use.⁴
- Directorship of the stroke program is time consuming and takes the neurologist away from other revenue-generating activities. The American Academy of Neurology believes that patients, communities and hospitals will benefit when the Stroke Medical Director is adequately reimbursed for his or her time.
- Compensation of the director should take into consideration:
 - Administrative responsibilities
 - Size of hospital
 - Number of inpatients with stroke and stroke related syndromes
 - Number of outpatient visits with stroke and stroke related syndromes
 - Hospital network established
 - Quality, outcomes and improvements achieved
 - Growth and success of the stroke activity
 - Educational, administrative and leadership training
- The Stroke Medical Director and neurologists providing call coverage for acute stroke care provide a service to hospitals that is above and beyond usual care. Such services should be recognized and reimbursed separately from payment for patient care.
- The sponsoring institution should provide funding for the Stroke Medical Director and for call coverage support for neurologists providing acute stroke care either in person or by telemedicine.

POSITION STATEMENT HISTORY

Reviewed by the Stroke Section Executive Committee, Stroke Systems Work Group, and the Practice Committee; approved by the Stroke Section Executive Committee on July 22, 2011; approved by the Stroke Systems Work Group on July 19, 2011; approved by the Practice Committee on October 2, 2011; approved by the AAN Board of Directors on December 21, 2011. AAN Policy December 21, 2011.



References

¹ Newell SD Jr, Englert J, Box-Taylor A, Davis KM, Koch KE. Clinical efficiency tools improve stroke management in a rural southern health system. *Stroke* 1998; 29:1092-1098.

² Mitchell JB, Ballard DJ, Whisnant JP, Ammering CJ, Samsa GP, Matchar DB. What role do neurologists play in determining the costs and outcomes of stroke patients? *Stroke* 1996; 27: 937-943.

³ Newell SD Jr, Englert J, Box-Taylor A, Davis KM, Koch KE. Clinical efficiency tools improve stroke management in a rural southern health system. *Stroke* 1998; 29:1092-1098.

⁴ Xiang Y, Holloway RG, Chan PS, et al. Association between stroke center hospitalization for acute ischemic stroke and mortality. *Journal of the American Medical Association* 2011; 305:373-380.