Preserving Patient Access to Neurologists

Background
Neurologists care for individuals with chronic diseases that consume substantial health care resources. The estimated annual cost of neurologic disorders is $400 billion. It takes significant time and skill to provide ongoing cognitive care to manage complex chronic conditions for people with neurologic diseases like ALS, Alzheimer’s, multiple sclerosis, epilepsy, traumatic brain injury, Parkinson's disease, headache, and stroke. These diseases often represent the highest need, highest cost Medicare beneficiaries making access to neurologic care all the more critical as the US population ages.

Neurologists have years of specialized training in the diagnosis and treatment of neurologic disease. Such care involves extensive care coordination and face-to-face time with patients, also called evaluation and management (E/M) services. In fact, neurologists on average receive more than 60 percent of their Medicare payments from providing E/M services. While much attention is being paid to the plight of primary care physicians, who also rely heavily on E/M reimbursement, it is vital that cognitive specialties are not ignored. Recent legislative and policy decisions, such as the elimination of payment for consultations and the exclusion of neurology from the 10-percent E/M bonus in the Patient Protection and Affordable Care Act, only place a heavier burden on struggling neurologists.

Problem
Neurology faces a looming shortage as its workforce ages, fewer US medical students choose to go into neurology, and financial disincentives continue to undervalue cognitive care.

Consequences
Continuation of current payment policies that undervalue cognitive care services will irreparably damage the neurology workforce and result in fewer patients having access to physicians with the appropriate training to provide high-quality patient-centered neurologic care.

Legislative Solutions
• Support legislation to add neurology as an eligible specialty in the primary care incentive program established by the Patient Protection and Affordable Care Act
• Provide stability in the Medicare program by permanently replacing the broken sustainable growth rate (SGR) formula with a payment system based on actual practice costs
• Address the current shortage of pediatric neurologists by supporting $5 million in the FY 2011 Omnibus Appropriations package to implement the Health Care Workforce Loan Repayment Programs authorized by Section 5203 of the Patient Protection and Affordable Care Act