Preserve Patient Access to Neurologists: Protect Cognitive Care

Background
Neurologists care for individuals with chronic diseases that consume substantial health care resources. Neurologic disorders of the brain and central nervous system cost an estimated $400 billion annually. 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. Their patients require extensive care coordination and face-to-face time with neurologists, work which is known as evaluation and management (E/M) services. On average, neurologists receive over 80 percent of their Medicare payments from providing E/M services. But now their practices—indeed, the neurology profession—are threatened by an acute economic disadvantage.

Congress has acted to address a crisis in recruiting adequate numbers of primary care providers (PCPs) to care for Medicare beneficiaries by offering a 10-percent bonus to listed eligible providers. And recent proposals to improve the practice climate for PCPs continue to focus on specialty designation rather than on the care provided to patients. But Congress has yet to recognize the same recruiting crisis also is faced by neurology. And now neurologists and other cognitive care specialists are receiving lower reimbursements for performing the same E/M services and billing the same E/M codes used by PCPs.

The 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.

The 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
- As payment reforms are considered, consider the needs of Medicare beneficiaries with complex chronic and acute conditions that require medical expertise beyond primary care and support efforts to realign payments in a meaningful way:
  - Recognize the critical role of cognitive care by more appropriately valuing these services
  - Support incentives for essential services such as cognitive care
  - Oppose proposals that rely on specialty designation to assign differential payment rates
- 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