

2023 Neurology on the Hill *Priority Issues & Asks*

Reform the Medicare Payment System

- Impact on Patients
 - Budget neutrality turns the Medicare physician fee schedule into a zero-sum game in which payment for patient care, including evaluation and management services, can degrade over time as any increase in payment for a particular service necessitates cuts to all other services.
 - Cuts to reimbursement exacerbate long-standing challenges associated with shortages in the physician workforce, especially for neurology, impacting patients' ability to receive timely, high-quality care
- Lack of Inflationary Update
 - Medicare Physician Fee Schedule lacks an annual inflation update for physicians
 - Adjusted for inflation in practice costs, the value of Medicare physician pay fell 22% from 2001-2021
- Cognitive specialties like neurology are unique in the way that they provide care
 - Distinct challenges to ensure that there is adequate reimbursement
 - Neurologists receive a majority of their payments from evaluation and management services, although variations exist across the specialty
 - Uniquely impacted by changes in the Medicare Physician Fee Schedule that devalue complex cognitive care, due to time-intensive nature of neurologic care
- Characteristics of a Rational Payment System
 - Ensuring Financial Stability and Predictability
 - Promoting Value-Based Care
 - Safeguarding Access to High-Quality Care

Support Legislation to Alleviate Burdensome Prior Authorization (PA) Processes and Barriers to Care .

- Patients deserve PA reforms that will protect them from the harms associated with PA requirements.
 - PA delays lead to worse health outcomes
 - 82% of physicians report that patients have abandoned treatment due to authorization struggles with health insurers
 - 34% of physicians surveyed reported that PA has led to a serious adverse event (e.g. hospitalization, disability, or death)
 - 51% physicians surveyed reported that PA interfered with a patient's ability to perform their job functions
- PA places significant burden on physician practices
 - Physicians and their staff spend an average of almost two business days completing PAs

- 79% of practices reported that prior authorization requirements increased in a 12-month period
- The pain of PA
 - It can take up to 14 days or more to receive authorization from the payer
 - Many physicians report that 90% of their PA requests are eventually approved

Support Medical Research and Care in FY24

National Institute of Neurological Disorders and Stroke

- The NINDS is one of the institutes within NIH and is the leading funder of research on the brain and nervous system. Funding for NINDS and the BRAIN Initiative is essential to promote neuroscience discoveries and cures for neurologic disease.
- NINDS aims to reduce the burden of neurologic disease by supporting and conducting various types of research to aid in understanding, diagnosing, and treating neurologic disorders.
- According to a recent poll conducted by Research!America, over 80% of Americans agree that the federal government should support basic scientific research that advances the frontiers of knowledge
- Investments in NINDS stimulate private investment. Each \$1 the public spends on basic research stimulates an \$8.38 increase in industry R&D spending.

BRAIN Initiative

- The BRAIN Initiative was launched by President Obama in 2013 to research “how individual brain cells and complex neural circuits interact at the speed of thought.” The BRAIN Initiative has seven main priority areas, all revolving around discovery, mapping, and applying neuroscience as it relates to the human brain.
- One in three Americans will have a brain or nervous system disorder sometime in their life and the cost of treating neurological disorders is nearly \$800 billion each year.
- The original BRAIN 2025 report recommends \$4.9 billion in lifetime funding for the BRAIN Initiative. To stay on track and keep on pace with scientific discovery, it is necessary to fund the program at \$740 million in FY24
- Useful Example: The BRAIN Initiative is already being used to advance clinical research by developing technologies to target cells with various agents to provide precise and local control of therapeutic delivery. Deep brain stimulation (DBS) has been a well utilized tool for movement disorders. The BRAIN Initiative should allow for research that creates new knowledge of connections and circuit functions that will make DBS more successful.
- Useful Example: The BRAIN Initiative has led to the most detailed “digital brain atlas” to date as a result of high-resolution neuroimaging combined with genetic-based cell mapping. This tool has been made available to both scientists and the public.

VA Neurology Centers of Excellence

- Congress established four Neurology Centers of Excellence (NCoEs) whose missions are to improve the health and well-being of Veterans with neurologic diseases through the integration of clinical care, education and research. The first was for Parkinson’s Disease in FY01, MS in FY02, Epilepsy in FY08, and Headache in FY18.
- The four Centers collaborate locally, regionally, and nationally. In FY22, VA Neurology had all four CoE directors of the different subspecialties meet monthly to continue this collaboration. These opportunities exist in clinical care, research, and education
- Veterans with neurologic diseases have specialized needs requiring interdisciplinary care, highly specialized diagnostic tools, and expertise in the clinical management of complex cases. The NCoEs are the best way to provide this care
- The aggregate amount of funding requested combines the needs of all four Centers and would allow money to be shifted among the Centers to provide for further collaboration. Our funding ask has been compiled with the input of all four patient groups.