



# Adaptation of neurological practice and policy to a changing US health-care landscape

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*Lancet Neurol* 2016; 15: 444–50

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Health care in the USA is undergoing a drastic transformation under the Patient Protection and Affordable Care Act. The Patient Protection and Affordable Care Act is driving major health-care policy changes by connecting payment for traditional health-care services to value-based care initiatives and emphasising population health and innovative mechanisms to deliver care. Under the Patient Protection and Affordable Care Act, neurological practice will need to adapt and transform. Therefore, neurological policy should consider employing a new framework for neurological residency training, developing interdisciplinary team approaches to neurological subspecialty care, and strengthening the primary care–neurological specialty care interface to avoid redundancies and other medical waste. Additionally, neurological policy will need to support a more robust review of diagnostic and care pathway use to reduce avoidable expenditures, and test and implement bundled payments for key neurological diagnoses. In view of an anticipated 19% shortage of US neurologists in the next 10 years, development of new neurological policy under the Patient Protection and Affordable Care Act is paramount.

## Introduction

The passage and implementation of the Patient Protection and Affordable Care Act is leading to a substantial transformation of the US health-care system. During the past 20 years or more, the US health-care system has been the focus of criticism for spending a greater share of gross domestic product (GDP) than other countries, while lagging behind these countries in life expectancy at birth and other key health indicators.<sup>1</sup> The US Medicare programme faces challenges regarding its effectiveness and sustainability.<sup>2</sup> Medicare spending will increase from 3.0% of the US GDP in 2013 to an estimated 3.8% in 2030, accounting for an increase in the federal budget from 14.4% to 15.8%.<sup>2,3</sup> Costs could be even higher because the GDP for national health-care spending is estimated to be as high as 25% by 2037.<sup>3</sup> The Patient Protection and Affordable Care Act provides expansion of health-care coverage to many more Americans, and an opportunity to shape health-care delivery to improve quality and reduce growth of health-care costs.<sup>3</sup>

To achieve such reform, the US Department of Health and Human Services is focusing on three interdependent health-care policy opportunities: tying payment to higher-value care (ie, improved cost and quality); provision of better coordinated care across settings and attention to

population health; and use of advanced information systems to improve care.<sup>4</sup> The US Department of Health and Human Services is in the process of transitioning traditional Medicare fee-for-service payment to quality-based reimbursement. The goal is to have 85% of all traditional Medicare fee-for-service payments tied to quality or value by 2016, and 90% by 2018.<sup>4</sup>

Neurologists are a small (roughly 2% of resident physicians) but highly specialised component of the US physician workforce.<sup>5,6</sup> The scope of work of US neurologists ranges from diagnosis and management of routine neurological disorders to that of more complex ones. Neurological care has changed over time from providing primarily cognitive and electrophysiological diagnostic services to providing sophisticated diagnostic, management, and prevention services in areas such as cerebral endovascular intervention, modification of neurological disease, and diagnosis and treatment of complex and rare genetic and molecular-based disorders. Although about 80% of US neurologists have sought fellowship training and subspecialisation,<sup>7</sup> practice patterns have not changed substantially, despite the many advances in the specialty.<sup>8</sup> However, it should be noted that the report concluding this covered the time period 2000–10, and therefore did not take into account the most recent diagnostic and therapeutic advances.

The primary aim of this Policy View is to discuss the need for change in neurological practice under the Patient Protection and Affordable Care Act to help prepare policy makers to enact proper planning decisions and achieve successful change. The major aims of this Policy View are listed in panel 1.

### Panel 1: Aims of this Policy View

The aims of this Policy View are to provide the following:

- Background information about key aspects of the transformation of the US health-care system under the Patient Protection and Affordable Care Act
- Relevant background information about neurological practice and training in the USA since the early 1950s and up to the pre-Affordable Care Act period
- Recommendations for neurological practice and training adaptations for policy makers to consider under the Affordable Care Act

## US health-care system in transformation and effect on neurological practice

### Academic health centres and associated challenges

Academic health centres educate the next generation of health-care professionals, undertake high-level basic and clinical research, and provide advanced medical care.<sup>9</sup>

However, academic health centres have become increasingly fragile under the pressure of shrinking clinical reimbursements, scarcity of growth in funding agency budgets, and competition in the marketplace from larger national health-care systems.<sup>9</sup> Thus, academic health centres should adapt to new economic realities, a need for interprofessional or team practice, and a newly developed relationship between medicine and technology.

Additionally, a new type of leadership is being called for to replace traditional academic lead managers.<sup>9</sup> Important characteristics of such individuals are no longer narrowly focused on academic achievements, but rather include emotional intelligence, a broad knowledge base, institutional motivation and results-based emphasis, and ability to manage at many levels. As academic health-care centres are pressured by consumerism and cost pressures to achieve the triple aim (better patient experience, health care, and affordability at the population and individual patient level), the demands of high-value, patient-centred, and population-based care are challenging academic health centres to apply their ingenuity and scientific prowess to translational and implementation science to improve health care.<sup>10</sup>

A key component of the transformation of traditional academic health centres will be strategic development.<sup>11,12</sup> In the past, operational effectiveness, including working hard, using best practices, and marketing reputations to attract patients, was emphasised. In the new US health-care environment, a strategic approach, which takes into account distinguishing the organisation in relation to meeting customers' needs, has become a central focus.<sup>11</sup>

#### *Effect on neurological practice*

Neurological practice at academic health centres will be challenged to generate revenue but maintain teaching and research productivity. Unfunded or poorly funded research or quality improvement projects could come under scrutiny and faculty may face the threat of financial penalty for being involved in such projects. Careful business case planning and assessment of the potential value of such unfunded projects at academic health centres will need to be considered, because these initiatives could lead to major future research funding opportunities or improvement of patient care regardless of their initial funding status. Researchers who have limited independent funding will need to prepare to work in inpatient or outpatient clinics to generate funds. Panel 2 lists the top ten US clinical and research academic health centres in neurology.<sup>13,14</sup>

#### **Population health**

Population health is a major focus of the US health-care transformation. It refers to a clinical perspective emphasising delivery of care to groups of people enrolled in a health system; and a broad view including the health of people in a geographic area, emphasising multisector approaches and non-clinical interventions to address

social determinants of health.<sup>15</sup> Since the passage of the Patient Protection and Affordable Care Act, population health has had a rebirth in the USA, although many of the principles of population health are well known.<sup>16,17</sup> Reduction of disparities in health and health care is a major target of US population health practices since social, economic, and cultural factors are being interwoven into the health-care delivery equation. Additionally, use of a wider range of community services is being attempted.<sup>15,18</sup> One important linkage for better understanding of the role of community and local services is a partnership opportunity between community organisations through the Centers for Medicare and Medicaid Services Health Care Innovation Awards programme.<sup>19–21</sup>

#### *Effect on neurological practice*

New health-care structures have arisen to support population health initiatives. For example, accountable care organisations are charged with improving population health, driving forward quality health care, and controlling health-care costs.<sup>22</sup> Since neurologists manage some of the most prevalent population health problems—eg, dementia, stroke, and headache<sup>8</sup>—neurologists will play an important part in accountable care organisation population management. However, accountable care organisations are typically built around primary care

#### **Panel 2: Top ten clinical and research academic medical centres**

##### **Top ten clinical neurology and neurosurgery academic medical centres in the USA (2015)<sup>13</sup>**

- 1 Mayo Clinic (Rochester, MN)
- 2 Massachusetts General Hospital (Boston, MA)
- 3 Johns Hopkins Hospital (Baltimore, MD)
- 4 University of California San Francisco (San Francisco, CA)
- 5 New York-Presbyterian University Hospital of Columbia and Cornell (New York, NY)
- 6 Brigham and Women's Hospital (Boston, MA)
- 7 University of California Los Angeles (Los Angeles, CA)
- 8 Cleveland Clinic (Cleveland, OH)
- 9 New York University Langone Medical Center (New York, NY)
- 10 Northwestern Medical Center (Chicago, IL)

##### **Top ten funded US National Institutes of Health clinical research departments in neurology (2014)<sup>14</sup>**

- 1 University of California San Francisco (San Francisco, CA)
- 2 Washington University (Saint Louis, MO)
- 3 Johns Hopkins University (Baltimore, MD)
- 4 Columbia University Health Sciences (New York, NY)
- 5 University of California Los Angeles (Los Angeles, CA)
- 6 Yale University (New Haven, CT)
- 7 University of Rochester (Rochester, NY)
- 8 Northwestern University (Chicago, IL)
- 9 Emory University (Atlanta, GA)
- 10 University of Virginia (Charlottesville, VA)

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