Neurology Health Policy Curriculum

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ABSTRACT

Neurology has specific needs and issues with regard to health policy in the United States. While there have been many calls to increase education in health policy at the medical school level, it is done haphazardly at best, and does not focus on the specifics of neurology. There is no curriculum available for neurology residency education, despite the need for systems based education in health policy. A focus group approach was used to query neurologists and staff of the American Academy of Neurology with expertise and involvement in health policy as to what should be included in a neurology residency specific health policy curriculum. A Neurology Health Policy Curriculum was developed based on the results of this process. A survey reviewing the results of the focus group for relevance was given to a larger group of neurologist health policy advocates, as well as methods to teach health policy. Questions were scored on a Likert scale of 1 – 5 (least important to most important). Fifty neurology advocates replied, average age of 46 years with an average year of graduation from residency in 1995. In general all topics were well received, with the range of mean scores being between 4.33 for reimbursement for evaluation and management to 3 for advocacy issues in other countries. There was no clear preference in terms of curriculum format.

INTRODUCTION

There have been several calls for integration of Health Policy education into the curriculum of medical education (Agrawal 2005,Allan 2004, Commonwealth 2002, Halpern 2001, Institute of Medicine 2004, Lurie 1996, Rabinowitz 2001, Riegelman 2006, Wood 1998, Yedidia 2000). One of the five core competencies mandated for ACGME accredited programs is systems based practice (ACGME 2005), under which Health Policy would fall. However, anecdotal experience suggests this core competency is poorly understood by the faculty responsible for teaching and evaluating this competency, and that most residents come out of training with little to no understanding of systems based practice beyond their own hospital's practices and resources, nor of the deep and monumental health policy issues of the day that shape the present and future of systems based practice. In 2009, the Obama Administration and Congressional leaders from both parties have designated health care reform as a vital issue that must be addressed this year. Efforts have been made in some medical schools to implement general medical health policy curriculum, either electively or as part of a core curriculum, using a variety of methods (Finkel 2004, Cox 2004). There is little consistency in how, how long, when, or even if health policy is taught in medical school. The American Academy of Neurology Professional Association has noted that the specialty of Neurology is in jeopardy and that health care reform this year can make or break the profession (AANPA 2009). The proper appreciation and engagement of systems based practice is doubly vital for students of neurology. Thus it is of especially fitting this year to work to develop a curriculum that specifically addresses health policy for neurology.

METHODS

A variation on the focus group was used to identify de novo what a neurology specific health policy curriculum should encompass. An open ended query, "What do you think should be included in a health policy curriculum for neurology residents?" was given to two expert groups via their listserves: the Government Relations Committee and the Medical Economics and the Management Committee of the American Academy of Neurology (AAN). The Government Relations Committee was formed in May 2009 by the merger of two venerable AAN committees on health policy, the State Affairs Committee which had jurisdiction over health policy at the level of state government, and the Legislative Affairs Committee, which had oversight over health policy at the level of federal government. The merged committee will handle oversight of health policy at both state and federal levels. The Medical Economics and Management Committee has oversight of health systems payment issues. This committee consists of neurologists with extensive experience and interest in health policy. In addition, the listserves also include a select number of senior leaders in the American Academy of Neurology as well as the members of the AAN Center for Health Policy. There is some limited overlap between these two listserves, mostly in Center for Health Policy Staff. Answers to this question were reviewed and common themes extracted and resubmitted to the listserves for further comment for a period of two weeks.

A survey composed of the proposed components of a neurology resident health policy curriculum was derived from this focus group approach. Each item was rated on a five point Likert scale of importance (1 = Least Important, 5 = Most Important). As there is some overlap between the focus groups and the survey group, they will also be questioned as to whether they participated in the focus group activity. The survey will also include demographic questions including age, handedness, sex, ethnicity, nationality, years since graduating neurology residency, area of subspecialization (if any), type of practice (academic, private, industry). Survey Monkey will be used for the survey.

RESULTS

Health Policy Components:	1	2	3	4	5	Didn't Know	Mean Rating	Response #
Follow a line of development from:								
therapy innovation	0.0% (0)	15.6% (7)	20.0% (9)	40.0% (18)	15.6% (7)	8.9% (4)	3.61	45
how new therapies are financed before acceptance	4.3% (2)	14.9% (7)	23.4% (11)	31.9% (15)	19.1% (9)	6.4% (3)	3.5	47
acceptance and codification (ICD & CPT)	2.0% (1)	18.4% (9)	12.2% (6)	34.7% (17)	22.4% (11)	10.2% (5)	3.64	49
valuation (RUC)	2.1% (1)	4.2% (2)	14.6% (7)	37.5% (18)	22.9% (11)	18.8% (9)	3.92	48
value decision (CMS, Medicare, Medicaid, private payers)	0.0% (0)	8.7% (4)	23.9% (11)	32.6% (15)	19.6% (9)	15.2% (7)	3.74	46
whether to pay	0.0% (0)	10.6% (5)	21.3% (10)	19.1% (9)	40.4% (19)	8.5% (4)	3.98	47
when to pay	0.0% (0)	6.3% (3)	20.8% (10)	27.1% (13)	33.3% (16)	12.5% (6)	4	48
cost-efficacy analysis of therapy	0.0% (0)	14.3% (7)	12.2% (6)	24.5% (12)	42.9% (21)	6.1% (3)	4.02	49
role of 'unseen' players (pharma, device manufacturers, patient groups)	0.0% (0)	2.1% (1)	25.5% (12)	36.2% (17)	34.0% (16)	2.1% (1)	4.04	47
Prescription Pricing	0.0% (0)	18.4% (9)	24.5% (12)	34.7% (17)	20.4% (10)	2.0% (1)	3.58	49
Compliance:	2.1% (1)	2.1% (1)	21.3% (10)	31.9% (15)	29.8% (14)	12.8% (6)	3.98	47
HIPAA	8.3% (4)	16.7% (8)	25.0% (12)	31.3% (15)	14.6% (7)	4.2% (2)	3.28	48
Stark	2.1% (1)	4.3% (2)	17.0% (8)	19.1% (9)	31.9% (15)	25.5% (12)	4	47
Fraud & Abuse	2.1% (1)	14.9% (7)	23.4% (11)	25.5% (12)	27.7% (13)	6.4% (3)	3.66	47
practice compliance plan development	0.0% (0)	14.6% (7)	18.8% (9)	37.5% (18)	22.9% (11)	6.3% (3)	3.73	48
coding	2.1% (1)	6.3% (3)	12.5% (6)	35.4% (17)	37.5% (18)	6.3% (3)	4.07	48
documentation	0.0% (0)	6.1% (3)	18.4% (9)	36.7% (18)	38.8% (19)	0.0% (0)	4.08	49
Medical Liability	0.0% (0)	0.0% (0)	17.0% (8)	38.3% (18)	42.6% (20)	2.1% (1)	4.26	47
Scope of Practice	0.0% (0)	2.0% (1)	20.4% (10)	36.7% (18)	32.7% (16)	8.2% (4)	4.09	49
Health Care Structure (Medicare, Medicaid, VA, Private)	2.0% (1)	0.0% (0)	26.5% (13)	20.4% (10)	44.9% (22)	6.1% (3)	4.13	49
CMS:								
how CMS works	0.0% (0)	4.2% (2)	18.8% (9)	31.3% (15)	33.3% (16)	12.5% (6)	4.07	48
how CMS policies made	0.0% (0)	12.2% (6)	12.2% (6)	32.7% (16)	32.7% (16)	10.2% (5)	3.95	49
CMS & Neurology	2.1% (1)	0.0% (0)	14.9% (7)	23.4% (11)	44.7% (21)	14.9% (7)	4.28	47
Insurance:								
how Insurers work	0.0% (0)	0.0% (0)	18.4% (9)	30.6% (15)	40.8% (20)	10.2% (5)	4.25	49
dealing with Insurer policies	0.0% (0)	0.0% (0)	20.8% (10)	41.7% (20)	33.3% (16)	4.2% (2)	4.13	48
learning where Insurance advocacy needed & effective	0.0% (0)	12.8% (6)	10.6% (5)	25.5% (12)	46.8% (22)	4.3% (2)	4.11	47
Reimbursement for E&M (Medicare, Medicaid, Private)	0.0% (0)	2.0% (1)	14.3% (7)	28.6% (14)	49.0% (24)	6.1% (3)	4.33	49
Uninsured and Underinsured	0.0% (0)	4.1% (2)	16.3% (8)	30.6% (15)	42.9% (21)	6.1% (3)	4.2	49
Quality Improvement:	0.0% (0)	4.1% (2)	20.4% (10)	44.9% (22)	30.6% (15)	0.0% (0)	4.02	49
Practice measures and improvement	0.0% (0)	6.1% (3)	18.4% (9)	44.9% (22)	30.6% (15)	0.0% (0)	4	49
PQRI & P4P	0.0% (0)	8.5% (4)	8.5% (4)	36.2% (17)	19.1% (9)	27.7% (13)	3.91	47
Quality dashboards	4.1% (2)	4.1% (2)	26.5% (13)	30.6% (15)	14.3% (7)	20.4% (10)	3.59	49
financial performance indicators	2.1% (1)	10.4% (5)	25.0% (12)	27.1% (13)	29.2% (14)	6.3% (3)	3.76	48
Quality measure types (processes, outcomes)	0.0% (0)	2.1% (1)	22.9% (11)	41.7% (20)	29.2% (14)	4.2% (2)	4.02	48
Evidence-based medicine	0.0% (0)	8.2% (4)	10.2% (5)	34.7% (17)	46.9% (23)	0.0% (0)	4.2	49
Guidelines	0.0% (0)	4.3% (2)	6.5% (3)	45.7% (21)	37.0% (17)	6.5% (3)	4.23	46
Patient Safety	2.0% (1)	4.1% (2)	12.2% (6)	28.6% (14)	51.0% (25)	2.0% (1)	4.25	49
Health Information Technology	2.2% (1)	10.9% (5)	6.5% (3)	43.5% (20)	37.0% (17)	0.0% (0)	4.02	46
Preventive care	2.1% (1)	6.4% (3)	14.9% (7)	31.9% (15)	40.4% (19)	4.3% (2)	4.07	47
Palliative care	0.0% (0)	16.7% (8)	22.9% (11)	29.2% (14)	29.2% (14)	2.1% (1)	3.72	48
overutilization of "rescue medicine"	4.2% (2)	12.5% (6)	31.3% (15)	33.3% (16)	12.5% (6)	6.3% (3)	3.4	48
Health Privacy	4.3% (2)	17.4% (8)	21.7% (10)	34.8% (16)	15.2% (7)	6.5% (3)	3.42	46
Micro-policy versus macro-policy:	0.0% (0)	10.6% (5)	25.5% (12)	36.2% (17)	10.6% (5)	17.0% (8)	3.56	47
micro-policy issues	4.1% (2)	10.2% (5)	28.6% (14)	26.5% (13)	14.3% (7)	16.3% (8)	3.44	49
billing	2.2% (1)	8.7% (4)	21.7% (10)	32.6% (15)	32.6% (15)	2.2% (1)	3.87	46
collection	0.0% (0)	10.6% (5)	40.4% (19)	19.1% (9)	17.0% (8)	12.8% (6)	3.49	47
practice management	0.0% (0)	0.0% (0)	28.6% (14)	28.6% (14)	40.8% (20)	2.0% (1)	4.13	49
macro-policy (issues that affect the health system in general)	0.0% (0)	6.3% (3)	20.8% (10)	31.3% (15)	39.6% (19)	2.1% (1)	4.06	48
public option	0.0% (0)	6.4% (3)	19.1% (9)	31.9% (15)	34.0% (16)	8.5% (4)	4.02	47
ACOs	2.1% (1)	4.2% (2)	20.8% (10)	14.6% (7)	6.3% (3)	52.1% (25)	3.39	48
SGR/MEI	0.0% (0)	6.7% (3)	15.6% (7)	17.8% (8)	26.7% (12)	33.3% (15)	3.97	45
teaching macro-issues knowledge improves neurology standing	0.0% (0)	2.1% (1)	14.6% (7)	33.3% (16)	45.8% (22)	4.2% (2)	4.28	48
Government and Health Policy:	0.0% (0)	2.2% (1)	15.2% (7)	34.8% (16)	45.7% (21)	2.2% (1)	4.27	46
Research Funding (NIH, VA):	4.2% (2)	16.7% (8)	25.0% (12)	35.4% (17)	14.6% (7)	4.2% (2)	3.41	48
Executive Branch and Health Policy:	2.0% (1)	6.1% (3)	24.5% (12)	22.4% (11)	30.6% (15)	14.3% (7)	3.86	49
HHS	0.0% (0)	8.5% (4)	17.0% (8)	27.7% (13)	21.3% (10)	25.5% (12)	3.83	47
HRSA	2.0% (1)	4.1% (2)	16.3% (8)	22.4% (11)	8.2% (4)	46.9% (23)	3.58	49
NIH	8.3% (4)	12.5% (6)	31.3% (15)	14.6% (7)	27.1% (13)	6.3% (3)	3.42	48
VA	4.3% (2)	10.6% (5)	31.9% (15)	25.5% (12)	12.8% (6)	14.9% (7)	3.38	47
Congress and Health Policy:	0.0% (0)	6.1% (3)	20.4% (10)	30.6% (15)	36.7% (18)	6.1% (3)	4.04	49
How Federal bills become laws	0.0% (0)	16.3% (8)	22.4% (11)	22.4% (11)	34.7% (17)	4.1% (2)	3.79	49
Federal Committees of Jursidiction	0.0% (0)	12.5% (6)	25.0% (12)	20.8% (10)	22.9% (11)	18.8% (9)	3.67	48
Federal Member structure	0.0% (0)	17.0% (8)	17.0% (8)	27.7% (13)	10.6% (5)	27.7% (13)	3.44	47
Congressional Offices and Staff Roles	4.2% (2)	2.1% (1)	22.9% (11)	31.3% (15)	29.2% (14)	10.4% (5)	3.88	48
Capitol Offices versus District Offices	4.3% (2)	17.0% (8)	21.3% (10)	19.1% (9)	23.4% (11)	14.9% (7)	3.48	47
State Legislatures:	0.0% (0)	16.7% (8)	16.7% (8)	39.6% (19)	16.7% (8)	10.4% (5)	3.63	48
how State bills become laws	2.1% (1)	10.4% (5)	25.0% (12)	31.3% (15)	29.2% (14)	2.1% (1)	3.77	48
State Committees of Jursidiction	0.0% (0)	18.4% (9)	24.5% (12)	22.4% (11)	12.2% (6)	22.4% (11)	3.37	49
Staff structure	2.1% (1)	17.0% (8)	17.0% (8)	25.5% (12)	21.3% (10)	17.0% (8)	3.56	47
State Legislative Offices and Staff Roles	2.0% (1)	6.1% (3)	28.6% (14)	22.4% (11)	34.7% (17)	6.1% (3)	3.87	49
State Capitol versus District Offices	0.0% (0)	15.2% (7)	19.6% (9)	32.6% (15)	17.4% (8)	15.2% (7)	3.62	46
International Neurology Advocacy:	10.4% (5)	16.7% (8)	25.0% (12)	27.1% (13)	18.8% (9)	2.1% (1)	3.28	48
state of neurology around the world	8.3% (4)	20.8% (10)	22.9% (11)	25.0% (12)	18.8% (9)	4.2% (2)	3.26	48
advocacy issues in other countries	10.2% (5)	30.6% (15)	22.4% (11)	22.4% (11)	14.3% (7)	0.0% (0)	3	49
AAN tools to affect health policy:	0.0% (0)	6.4% (3)	14.9% (7)	25.5% (12)	51.1% (24)	2.1% (1)	4.24	47
NOH	0.0% (0)	6.3% (3)	22.9% (11)	20.8% (10)	18.8% (9)	31.3% (15)	3.76	48
PALF	2.2% (1)	4.3% (2)	17.4% (8)	32.6% (15)	39.1% (18)	4.3% (2)	4.07	46
State Society Roundtable	0.0% (0)	14.3% (7)	26.5% (13)	24.5% (12)	18.4% (9)	16.3% (8)	3.56	49
PALF exercises:	0.0% (0)	10.4% (5)	18.8% (9)	35.4% (17)	25.0% (12)	10.4% (5)	3.84	48
mini-PALF action plan session	0.0% (0)	8.3% (4)	25.0% (12)	45.8% (22)	12.5% (6)	8.3% (4)	3.68	48

Health Policy Curriculum Survey Demographics:

50 people
Average age 46 years old
Average year of graduation from residency 1995
88% Right Handed, 12% Left Handed
76% Men, 24% Women
60% Academic, 44% Private, 4% Industry
72% PALF, 28% GRC or MEM member

Health Policy Components:	1	2	3	4	5	Didn't Know	Mean Rating	Response #
curriculum formats:								
lecture	2.0% (1)	6.1% (3)	30.6% (15)	36.7% (18)	18.4% (9)	6.1% (3)	3.67	49
action plan exercise	0.0% (0)	8.5% (4)	23.4% (11)	38.3% (18)	23.4% (11)	6.4% (3)	3.82	47
weekend retreat	4.2% (2)	22.9% (11)	22.9% (11)	20.8% (10)	14.6% (7)	14.6% (7)	3.22	48
semester-long seminar	4.3% (2)	13.0% (6)	26.1% (12)	34.8% (16)	10.9% (5)	10.9% (5)	3.39	46
computer courses:	2.1% (1)	14.6% (7)	22.9% (11)	37.5% (18)	18.8% (9)	4.2% (2)	3.59	48
powerpoint	2.2% (1)	6.5% (3)	32.6% (15)	32.6% (15)	19.6% (9)	6.5% (3)	3.65	46
podcast	6.3% (3)	20.8% (10)	22.9% (11)	33.3% (16)	10.4% (5)	6.3% (3)	3.22	48
video	4.1% (2)	10.2% (5)	22.4% (11)	32.7% (16)	14.3% (7)	16.3% (8)	3.51	49
webinar	8.5% (4)	10.6% (5)	27.7% (13)	29.8% (14)	8.5% (4)	14.9% (7)	3.23	47

CONCLUSIONS

The participation from the two Neurology Health Policy Expert groups was good and their comments provided enough information to develop an extensive and mostly coherent outline for a Neurology focused Health Policy Curriculum. The subsequent rating of the importance of the recommended elements from our separate group of neurology advocates was generally positive, with certain areas in particular standing out as valued. High rated items included how items of health care are valued and reimbursed, insurance, coding and billing, preventative care, quality improvement and patient safety, and scope of practice. Government health policy and structure appears to be valued as an overview, but the individual components of such were less clearly valued. Also highly valued was learning AAN tools to perform advocacy as a general category, but only the Palatucci Advocacy Leadership Forum was rated equally high. There was no clear curriculum format favored by the neurology advocates, which may be due to the group not being an educationalist group specifically.

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