

Plan Crafted to Accredite Neurology Subspecialties

Behavioral neurology, neuropsychiatry standards are expected to be available early this year.

BY MARY ELLEN SCHNEIDER
Senior Writer

A new organization is moving forward with plans to provide accreditation and certification services for neurology subspecialties.

The United Council for Neurologic Subspecialties (UCNS) is currently working on accreditation and certification standards in the area of behavioral neurology and neuropsychiatry. Accreditation standards for behavioral neurology and neuropsychiatry are expected to be available early this year and certification standards are expected to be available in 2006.

In addition, the group is reviewing applications from five other neurology subspecialties that are seeking to pursue accreditation and certification through UCNS. Officials at UCNS are keeping the names of the subspecialties that have applied for membership confidential until the process is complete.

UCNS was launched in 2003 to provide accreditation and certification of neurology subspecialties that are at an early stage in their development process. The group was established by the American Academy of Neurology, the American Neurological Association, the Association of University Professors of Neurology, the Child Neurology Society, and the Professors of Child Neurology.

The new body provides an alternative pathway for subspecialties that are established enough for accreditation and certification but are not large enough to go through the traditional routes—accreditation through the Accreditation Council for Graduate Medical Education (ACGME) and certification through the American Board of Medical Specialties (ABMS).

For example, the vascular neurology subspecialty recently succeeded in getting a certification exam for its subspecialists through ABMS; however, the subspecialty of behavioral neurology and neuropsychiatry is much smaller and requires more developmental support to navigate the process.

The ACGME and ABMS criteria have been used as models for the UCNS requirements.

"We felt we needed to offer this," said Stephen Sergay, M.D., chair of UCNS and a clinical neurologist in Tampa, Fla.

For more than a decade, subspecialties have been a major part of neurology, Dr. Sergay said, but there has not been a recognition of the extra time and train-

ing that neurologists have invested in their subspecialty area.

Accreditation and certification for these subspecialties will help to ensure high-quality patient care, he said.

The activities of UCNS will also have a positive impact on the cohesiveness of the approach to training for various subspecialties, Dr. Sergay said. Currently, there may be five training programs in a given subspecialty, and they will all be slightly different. Now, the sponsoring organizations for a new subspecialty will have to come to a consensus on a core curriculum and training requirements before they apply for membership in UCNS.

That made the subspecialty of behavioral neurology and neuropsychiatry a good fit for UCNS since so much

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DR. SERGAY

work had already been done on establishing a core curriculum in the field, said David L. Bachman, M.D., president of the Society for Behavioral and Cognitive Neurology, one of the groups that sponsored the subspecialty for membership with UCNS. Dr. Bachman chairs the behavioral neurology section for the American Academy of Neurology and is director of the division of adult neurology at the Medical University of South Carolina in Charleston.

UCNS recently finished a draft of the application form that will be used to accredit training programs in behavioral neurology and neuropsychiatry. The application form was developed according to the training requirements provided by the subspecialty.

Currently, nine training programs have agreed to pilot the form. These programs will review the form and provide comments to UCNS.

"We want the programs to feel comfortable that these are reasonable criteria that people can live with," said Dr. Bachman, who now sits on the UCNS board of directors as a representative of his specialty.

It's likely that the training programs will be able to begin applying early this year and UCNS plans to begin accrediting programs in the fall, said Mari Mellick, UCNS manager, in St. Paul.

Certification for physicians will run on a parallel track to accreditation, Dr. Bachman said. There are a number of people who have already been trained in behavioral neurology and neuropsychiatry. As a result, leaders from the subspecialty and officials at UCNS are also working to develop grandfathering criteria for those physicians who have already been training in this field. ■



Consumer-Driven Health Plans Have Yet to Gain Momentum

BY JENNIFER SILVERMAN
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WASHINGTON — Consumer-driven health care plans have yet to catch on with most patients.

These high-deductible spending accounts were designed to empower patients to make informed choices about their health care and provide them with more options regarding providers and treatments.

The large deductibles in consumer-driven plans may be too burdensome for some people to handle, Paul Ginsburg, Ph.D., said at a meeting sponsored by the Alliance for Health Reform. "People are going to go into debt. Some are going to declare bankruptcy because of the burdens of paying for medical care under this different benefits structure."

"What if it just causes a barrier to people getting care that they really need?" asked Dr. Ginsburg, president of the Center for Studying Health System Change (HSC). In his opinion, these problems are going to limit the extent to which these plans can be used.

Enrollment in consumer-directed health plans continues to grow steadily, but it remains "a tiny fraction" of all employer-sponsored coverage, according to a study in the journal HSR: Health Services Research. Dr. Arnold Milstein of Mercer Human Resource Consulting and Meredith Rosenthal, Ph.D., assistant professor of health economics and policy at the Harvard School of Public Health, found that patients in consumer-directed plans were more likely to enroll in tiered-benefit model plans or networks than in employer-funded health reimbursement accounts.

Tiered plans, which categorize hospitals or physician groups by price and quality and assign lower premiums or cost-sharing to patients who opt for a preferred tier, may offer more flexibility and choice to consumers.

But as an HSC study indicated, employers seem to have doubts about the cost-saving value of any of these plans. In site visits to 12 nationally representative metropolitan communities, HSC found that few of the employers in these areas planned to adopt consumer-driven plans or tiered provider networks. One employer surveyed said that 70% of the firm's covered employees had health care costs of less than \$1,000 per year. Giving workers a \$1,000 spending account would encourage workers to use more services and raise costs, the employer estimated.

The biggest concern employers have about tiered plans "is that most of the tiering is occurring on cost information—not quality," HSC spokeswoman Alwyn Cassil told this newspaper. "Employers need more evidence that the tiering is going to result in their workers being cared for by high quality, lower cost providers."

One type of consumer-driven plan, health savings accounts (HSAs), does seem to be gaining popularity. America's Health Insurance Plans, an industry group, surveyed 500 privately insured individuals

and found that 71% said they had a favorable opinion of HSAs as a new approach to financing health care.

HSAs combine individually owned savings accounts with traditional medical insurance, giving patients the opportunity to use tax-free funds to pay for routine medical bills. Under the Medicare Modernization Act, the plans must be established in combination with insurance coverage through a qualifying high-deductible health plan. Many consumers lack details about how the plans work, the survey said. But when educated about HSAs, most consumers react positively to the opportunity to play a more active role in seeking health care coverage, according to America's Health Insurance Plans' president and CEO, Karen Ignagni.

Consumers specifically favor the rollover of unused balances and the tax-free nature of the accounts, the survey said.

The problem with HSAs is "there's no flexibility for employers or insurers to design products," because they have such a rigid structure, Ms. Cassil said, adding that concerns also exist that a low-income person might not have the money to invest in these accounts.

To use consumer-driven plans and other patient cost sharing tools more effectively, "we have to think of ways to refine it," Dr. Ginsburg said.

One type of incentive for the patient would be to choose more efficient providers. As an example, "you could pay more if you go to an inefficient provider or pay less if you go to efficient providers." In the same line of thinking, a plan could employ incentives to use more effective treatments, such as higher cost sharing for treatments that are more discretionary, "that are seen as luxuries," he said.

Consumer-driven plans shouldn't be the sole solution for medical care. Technology assessments, effectiveness research, information technology, and innovation in provider payments are also needed, Dr. Ginsburg said. ■

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"From January to May, I work for the government to pay for my income tax and from May to October to pay for my malpractice insurance."