

The American Academy of Neurology supports the following principles for health care delivery:

- Guarantee access for all to timely and affordable high-quality neurologic care, including preventative services to optimize brain health, particularly for those most vulnerable to health care disparities and regardless of pre-existing conditions.
- Appropriately value work related to all components of care, including counseling and coordination of care, and non-face-to-face activities associated with evaluation and management (E/M) services.
- Grow a diverse neurology workforce of physician-led care teams to improve patient access to care.
- Support medical practices' ability to promote a community's access to high quality neurologic care.
- Support efforts to reduce spending on pharmaceuticals and other key drivers of health care expenses through evidence-based methods and Medicare negotiation.
- Minimize documentation and administrative burdens to optimize time for direct patient care, ensure timely access to recommended treatments, and reduce burnout.
- Maximize electronic health record (EHR) interoperability to streamline clinical care coordination and minimize barriers to participate in qualified clinical data registries.
- Improve patient access and physician reimbursement for technology-assisted delivery models with demonstrated value such as telemedicine, virtual care, and remote monitoring.
- Increase rapid evaluation and implementation of specialty specific value-based care models.
- Support medical liability reforms to ensure and enhance access to care.
- Support culturally competent care, which promotes patient-centered care in all settings, including small and solo practices, and enhance the relationship between the medical care team and the patient.
- Support public health initiatives that improve and protect brain health.
- Support innovative neurologic research, the dissemination and implementation of findings into clinical practice, and promotion of diversity in neurologic clinical trials.

Position Statement History

Originally drafted in 2017, updated by Larry B. Goldstein, MD, FAAN, FAHA; Kara Stavros, MD, FAAN; Babar Khokhar, MD, FAAN; Nuriel Moghavem, MD; Christine Doss Esper, MD, FAAN, FANA; Thomas R. Vidic, MD, FAAN; Daniel J. Ackerman, MD, FAAN; Madeline Turbes, MPH (AAN Staff). Reviewed by Health Policy Subcommittee, Care Delivery Subcommittee, Medical Economics and Practice Committee, and Advocacy Committee. Approved by the Board of Directors January 5, 2024.