

POLICY & PRACTICE

NIH Stroke Funding

The American Academy of Neurology is urging Congress to increase funding for the National Institutes of Health for stroke prevention and treatment. The cost of ischemic stroke in the United States will exceed \$2.2 trillion by 2050, according to a study published in the academy's journal, *Neurology*. "It is essential the NIH have the resources to halt this impending epidemic," Catherine M. Rydell, CEO and executive director of AAN, said in a statement. "The NIH has the ability to perform the research that can save countless lives

and billions of dollars in health care costs if Congress would adequately fund its mission." AAN is urging Congress to increase the FY 2007 NIH budget by 5%, bringing the total agency budget to around \$30 billion. Under the current bill being considered by the Senate (S. 3708), NIH would be funded at approximately \$28.5 billion in FY 2007. The House is considering legislation (H.R. 5647) that would fund the agency at about \$28.3 billion.

Diagnosing Alzheimer's Disease

Members of the Congressional Task

Force on Alzheimer's Disease have introduced a resolution to encourage Americans to seek evaluation of the disease. A resolution (H. Res. 964), introduced in the House by Rep. Christopher Smith (R-N.J.) and Rep. Edward J. Markey (D-Mass.), encourages anyone who may be experiencing memory impairment to contact their physician to seek an evaluation and diagnosis. The Alzheimer's Foundation of America had been pushing for the resolution as part of a national strategy to raise awareness of the importance of early detection. Fear of stigma, denial, lack of knowledge, and concern about health care costs can all delay diagnosis, accord-

ing to the Alzheimer's Foundation of America. "We hope that this resolution will give Americans that extra push to take action if they notice signs of dementia," Eric J. Hall, the group's CEO, said in a statement.

Medicare Risk Reduction Demo

Officials at the Centers for Medicare and Medicaid Services are seeking proposals for a new demonstration project that will test the effectiveness of health promotion programs in the Medicare population. The Medicare Senior Risk Reduction Demonstration will target multiple risk factors for chronic diseases including physical inactivity, obesity, smoking, depression, high blood pressure, high cholesterol, and high blood sugar. Officials will also look at underuse of Medicare preventive benefits. CMS officials plan to select up to five organizations to participate in a 3-year demonstration project; participants will be announced next spring. Officials plan to invite about 85,000 Medicare fee-for-service beneficiaries to take part. Beneficiaries will complete a risk assessment, receive information on their specific health risk factors, and receive referrals to community resources that can help them to make lifestyle changes. They will have the option of sharing the information with their physicians. "This demonstration can support doctors and other health professionals by providing support in their efforts to help seniors make important changes, such as starting an exercise program and using recommended preventive care," Dr. Mark McClellan, CMS administrator, said in a statement.

Fueling the Rise in Medicare Costs

The rapid growth in spending for Medicare beneficiaries is largely because of the increasing portion of those beneficiaries receiving treatment for five or more conditions in a year, according to a study published in an online edition of *Health Affairs*. Between 1987 and 2002, the number of beneficiaries who sought care for five or more conditions rose from about 9 million to 19.8 million. In 2002, beneficiaries with five or more conditions accounted for more than 75% of health spending, according to the study. And Medicare beneficiaries with three or more conditions accounted for 92.9% of health care spending in 2002. The researchers analyzed the total health care spending for Medicare beneficiaries across all sources of payment including Medicare, private insurance, and out-of-pocket spending. "One of the biggest challenges we face is that the Medicare system makes it very difficult for physicians to effectively treat people with multiple chronic illnesses," Kenneth E. Thorpe, the study's lead author and chair of the department of health policy management at Emory University, Atlanta, said in a statement. "Medicare's fee-for-service structure does not reimburse for services critical to medically managing chronic illness—preventative measures, monitoring medication intake and blood sugar," he said. The researchers of the study received support from the Pharmaceutical Research and Manufacturers of America.

—Mary Ellen Schneider

Win a Video iPod

Tell us about one or more of your cases in which imaging made the difference.



Courtesy Dr. Franklin G. Moser

Did neuroimaging lead to the correct diagnosis when the clinical signs and symptoms were not definitive?

Did you use imaging to monitor a patient's response to therapy?

Did imaging play a role in guiding neurosurgery in one of your patients?

To enter, submit a case description and the relevant images with captions to **Clinical Neurology News**. Please do not submit a case that has been published elsewhere.

E-mail: clinicalneurologynews@elsevier.com

Mail: Imaging Contest
Clinical Neurology News
5635 Fishers Lane, Suite 6000
Rockville, MD 20852

Responses must be sent by December 1, 2006. Multiple submissions are permitted. Dr. Steven Schonfeld, an interventional neuroradiologist who is chief of the division of neuro-radiology at the Robert Wood Johnson Medical School, will review all entries and select what he considers to be the most clinically interesting and useful cases. Starting in January 2007, watch issues of *Clinical Neurology News* to see the winner in Image of the Month.

Download This: Podcast of Clinical Neurology News
at www.clinicalneurologynews.com