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1 in 5 patients travel long distances to see a neurologist

Researchers found that about one in five patients who visited a neurologist had to travel outside their home region for care, and the median travel distance was approximately 68 miles round trip.



Chun Chieh (Anna) Lin

“Previous studies showed that neurologists were unevenly geographically distributed in the U.S.,” **Chun Chieh (Anna) Lin, PhD, MBA**, an assistant research scientist in the department of neurology at the University of Michigan Medical School, told Healio Neurology.

Median distance traveled to see a neurologist:



68 miles round trip

Among 105,687 patients who had to travel outside their hospital referral region in 2015

Lin and colleagues examined data from a 20% sample of adult Medicare patients from 2015. They identified more than half a million beneficiaries with a neurologist evaluation and management visit that year. Of these patients, 105,687 (20.6%) traveled outside their hospital referral region for care, with an average distance 148.7 miles (95% CI, 147.1-150.2). Among those who saw a neurologist inside their region, the average travel distance was 12.4 miles (95% CI, 12.4-12.5).

However, the median travel distance outside the patients' home region was around 34 miles, or 68 miles round trip.

“The average was much higher because of a small number of extreme values,” Lin said. “Many of these likely are people with multiple homes (eg, snowbirds). Therefore, we should focus on the median travel distance instead of the average travel distance.”

According to the researchers, the most common neurological conditions among patients who traveled outside their home region for care were Parkinson's disease (11.8%), epilepsy (11.4%) and dementia (11.4%). The proportion of patients who traveled longer distances varied depending on their condition — ranging from 17.8% of patients with sleep disorders to 26% of patients with MS.

Patients who lived in areas with the lowest density of neurologists were the likeliest to travel longer distances to see one, the researchers said. For example, 34.9% of patients in the quintile with the lowest density of neurologists had to travel outside their home region vs. 18.3% of patients in the quintile with the highest density.

“We don't know how much of a problem the travel distance we identified is for patients, or what is the best fix — but we hope to get more information about this in the future,” Lin explained.

The researchers also identified several factors that predicted whether patients would have to travel long distances to see a neurologist. Among others, these included being in the quintile with the lowest density of neurologists in the region (OR = 2.28; 95% CI, 2.23-2.33), and having no primary care (OR = 1.82; 95% CI, 1.79-1.86) or non-neurologist specialist visit within the patient's home region for their neurological condition (OR = 1.97; 95% CI, 1.91-2.03). Also, white patients were more likely to travel outside their region than Black patients (OR = 1.13; 95% CI, 1.1-1.16). Lin explained that, based on previous findings, Black patients may have less opportunity to take time off work and fewer options for transportation.

Although recruiting more neurologists to improve access to care is the “ultimate goal,” Lin said, “it may not be easy for rural or remote areas to attract or retain specialists.”

However, expanding telehealth services for patients — for example, lifting restrictions on interstate visits — “may help patients who live in areas with limited neurologist availability to have easier access to neurologist care and save time and cost to seek care,” she added.

CMS has [eased restrictions on telehealth services](#) because of COVID-19, like making [audio-only visits](#) reimbursable, but whether those rule changes will be rolled back after the pandemic is unknown.

“We hope that policymakers would reconsider the regulation or reimbursement policy for telemedicine in the post-pandemic period,” Lin said.

PERSPECTIVE



Justin C. McArthur, MBBS, MPH

The point of this study was to highlight the fact that Medicare recipients in underserved areas have to travel an average of 150 miles to get to another area — perhaps a larger, more urban area — that has neurologists. There were differences in white and nonwhite Medicare recipients and how likely they were to travel, highlighting health care disparities.

There are a couple of implications of this work. One is, theoretically, that a lot of these neurological consultations could be done by telemedicine visits. Of course, in the COVID-19 pandemic, we are doing a lot of telemedicine visits, but that may not stick. It depends on whether CMS allows it moving forward. And second, there are nonmedical implications — having patients travel for visits that could be done by telemedicine is an enormous waste of time and a contributor to global warming, as well as the transportation costs and the inefficiencies of patients and families taking time off work to travel.

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travel
neurologist
multiple sclerosis