



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

August 24, 2005

Naomi Aronson, PhD
Executive Director
Technology Evaluation Center
BlueCross and BlueShield Association
225 North Michigan Avenue
Chicago, IL 60601

Dear Dr. Aronson:

This letter is a response to previous correspondence regarding the position of BlueCross and BlueShield Association stating that cognitive rehabilitation is “investigational.” Consumers across the country with cognitive deficits from brain injury and disease are receiving inappropriate denials for cognitive rehabilitation due to the position of BlueCross and BlueShield health plans. The American Speech-Language-Hearing Association (ASHA), on behalf of consumers, has provided support for cognitive rehabilitation services in a previous letter, and in this letter offers arguments about why the assessment conducted by your association is erroneous.

BlueCross and BlueShield Association Technology Evaluation Center (TEC) Assessment Flawed

The Blues TEC assessment selected a total of four studies for which it concluded that cognitive rehabilitation is investigational (ignoring the 177 studies available—see section on *Evidence Supporting Cognitive Rehabilitation*). The reliance on 4 studies is simply too low a number to draw conclusions about a health “technology” procedure. Accepted standards in evidence-based practice dictates that you start a review of the literature by looking at systematic reviews and randomized controlled trials (RCTs). If RCTs are either too few in number or lack a consensus of findings, then studies using other methodologies are included.

The Blues TEC used only four studies and they were not in agreement with each other. Yet, the BlueCross and BlueShield Association stopped there without explanation. In addition, the Blues raised methodological concerns about some aspects of the studies, but never revealed what quality criteria they used. The Blues updated its search from 2002 to 2004 with five new studies, still an inadequate number.

Additionally, the Blues TEC assessment criteria states that the “technology must have final approval from the appropriate governmental regulatory bodies”. Your report observes that “cognitive rehabilitation is a procedure and, therefore, is not subject to U.S. Food and Drug Administration (FDA) regulation.” Why is it being reviewed against this criteria? Cognitive rehabilitation is a procedure that is recognized by the Centers for Medicare and Medicaid Services (CMS), and cognitive rehabilitation treatment techniques are routinely taught in accredited professional training programs for clinicians working in rehabilitation settings.

Evidence Supporting Cognitive Rehabilitation

Cognitive rehabilitation has been endorsed by a National Institutes of Health Consensus Panel, which notes that **studies exist that support this treatment** even though research in this area is “exceedingly difficult to conduct,” (NIH Consensus Statement, 1998; 16:1-41).

A 2000 literature review in the Archives of Physical Medicine and Rehabilitation identified 177 studies on cognitive rehabilitation that reported “clear evidence supporting the effectiveness of cognitive rehabilitation for subjects with acquired TBI or stroke.” In this review, 29 studies were identified as Class I research, the most rigorous form of research design. This scientific review supports cognitive remediation for impairments of attention, functional communication, memory, problem solving, and visual scanning.

The ASHA National Outcomes Measurement System (NOMS) shows that a large percentage of patients with traumatic brain injury (TBI) who received speech-language pathology services made significant gains on the Functional Communication Measures (FCMs) in four key areas of cognitive-communication skills: attention (82%), memory (81%), pragmatics (83%), and problem solving (80%).

New data from ASHA’s NOMS show that for patients with cerebrovascular disease (right-hemisphere) who received speech-language pathology services, 73% improved in problem solving, 80% increased attention, 74% improved in memory, and 77% improved for pragmatics.

For patients with encephalopathy who received speech-language pathology services, 79% improved in attention, 77% improved in memory, 79% improved in problem solving, and 75% improved pragmatics.

Summary

Given the body of evidence supporting cognitive rehabilitation, and the extremely limited assessment conducted by the Blues TEC, it is hard to understand how the BlueCross and BlueShield Association can conclude that cognitive rehabilitation is “investigational.” ASHA urges the BlueCross and BlueShield Association to reconsider its position on cognitive rehabilitation, to recognize the scientific support for this treatment, and cover this vital procedure for individuals experiencing the profound impact of neurological insult. We would be happy to discuss the NOMS data with you so that you may have access to the additional positive results due to cognitive rehabilitation.

Sincerely,

Janet McCarty
Private Health Plans Advisor

cc: Allan Korn, M.D.
Sr. Vice President, BCBS Association
State Insurance Commissions: Massachusetts, Illinois, Missouri, Kansas, North Carolina, Hawaii, Montana, Oklahoma, New Hampshire, Oregon, Virginia
Rob Mullen, Director, National Center for Evidence-Based Practice in Communication Disorders