

NAEC Activities and Accomplishments – 2014

Membership Activities

In 2014, 18 new centers joined NAEC, giving NAEC a total of 216 members. Annual reports were completed by 210 epilepsy centers, resulting in 167 centers being recognized as level 4 and 40 as level 3. NAEC reported the names of hospitals with level 4 epilepsy centers to *US News and World Report*, which recognizes level 4 epilepsy centers as a component of its national ranking of hospitals with top Neurology/Neurosurgery services.

NAEC Adopts Board Policies Related to Surveying NAEC Members and Release of NAEC Data - NAEC periodically gets requests for data on epilepsy centers as well as requests to survey member centers for information. In addition in 2013, NAEC converted its historic data into a searchable database with the thought that interested individuals could access the data for studies that further the advancement of epilepsy care. In April 2014, the NAEC Board adopted several policies to guide staff in determining how to handle data requests, the release and publication of NAEC data, and requests to survey NAEC centers. NAEC's Board Policies are attached to this document.

NAEC Proceeds towards Accreditation of Epilepsy Centers

NAEC focused its efforts in 2014 on determining how best to move forward to strengthen its process of evaluating and recognizing level 3 and 4 epilepsy centers with the goal of implementing a center accreditation system over the next several years.

This effort began with the Institute of Medicine's (IOM's), 2012 published report, *Epilepsy across the Spectrum: Promoting Health and Understanding*, which recommended that "NAEC and AES establish criteria and a process with independent external review mechanisms for the accreditation of epilepsy centers and that accredited centers should form a network that includes data sharing, clinical trial and other research networking, professional education and other activities." Since the publication of the report, NAEC reviewed multiple models for accrediting other specialized centers, met with colleagues at ABRET and ASET, and secured a legal memo on the legal and liability issues related to accreditation.

The NAEC Board formulated its plan to implement the new process during a retreat in May 2014, followed by several Board calls. The new process gained the support of the American Epilepsy Society (AES) Board at its June meeting. The new requirements were sent to NAEC members in July and were open for comments for 30 days. NAEC held two webinars on this topic to further explain the changes and to respond to questions. Refinements were made based on comments received and are reflected in the final list of criteria and process that will be presented at the 2014 NAEC Annual Meeting for implementation in 2015.

Currently, NAEC bases the determination of a center's level on its published guidelines, "*Guidelines for Essential Services, Personnel, and Facilities in Specialized Epilepsy Centers*;" the most recent version published in *Epilepsia* (2010). On an annual basis, centers respond to questions on center personnel, services, and infrastructure and attest to the veracity of their responses. As the first step in moving toward accrediting centers, the NAEC Board decided to expand the number of criteria from NAEC's existing Guidelines to determine a center's level and will require centers to submit source information so that their responses can be verified.

NAEC intends to give centers ample notice to adjust to the new criteria and accreditation system. 2015 will be a transition year: member centers will be required to report and submit documentation on the expanded criteria, but centers will be designated based on the existing NAEC criteria. NAEC will inform centers of how they would fare under the new criteria. In 2016, centers will be required to meet the expanded criteria to be recognized as a level 3 or 4 center. Centers not meeting the new criteria in 2016 will be given a provisional status for one year to come into compliance.

Concurrent to these steps to accredit centers, NAEC is considering developing a patient care registry. The NAEC Board foresees center participation in the registry as a means to provide patient-level data to support what the centers report and validate center activity on a patient level.

Analysis and Advocacy on Reimbursement Changes

Medicare Provides Additional Payment for NeuroPace RNS – The Medicare Inpatient PPS Proposed Rule for 2015 included a proposal to provide hospitals with an additional new technology payment beyond the MS-DRG for patients receiving the NeuroPace RNS. NAEC submitted written comments to the Centers for Medicare and Medicaid Services (CMS) in support of this proposal. The new technology payment was included in the final Medicare rule and became effective on October 1, 2014. According to NeuroPace, hospitals can receive an additional payment of up to \$18,475 for the RNS insertion for Medicare patients.

Medicare Considers CPT Code 95957 – Digital Analysis for EEG (for epileptic spike analysis) Misvalued – The 2015 Medicare Physician Fee Schedule Proposed Rule identified CPT Code 95957 as a mis-valued code because of increased spending for the service in recent years and the fact that it had not been evaluated by the AMA/RUC since the '90's. NAEC staff and reimbursement committee chairs, Drs. Barkley and Nuwer, coordinated efforts with American Academy of Neurology (AAN) staff to respond to the RUC with an action plan to survey providers of this service and to present any changes to the RUC. NAEC also contracted for an analysis of Medicare data to see the frequency of CPT Code 95957 being provided on the same day as CPT Code 95951, which is a common mis-use of the code. In November, AAN was informed by the RUC that it will need to focus its efforts on CMS's decision to change the global surgery codes, which has postponed plans for the survey of CPT Code 95957.

Analysis of EEG monitoring with video (vEEG) – NAEC spearheaded an effort along with ACNS and AAN to survey NAEC members to better understand the use of vEEG (CPT Code 95951) in the ICU vs. the EMU. The survey asked questions on how frequently centers are providing 95951 in the ICU and whether there is a difference in the level of physician work when the service is provided to an ICU patient. Over 70 individuals from distinct NAEC centers participated in the survey. NAEC staff tabulated the results and held a conference call with an AAN, ACNS, and NAEC workgroup to discuss and determine next steps in seeking coding changes. Based on the survey's findings, the group decided that creating a distinct code for vEEG provided in the ICU did not appear to be warranted.

The major findings of the survey were:

- Most centers provide significantly fewer vEEG testing in the ICU than in the EMU with the median number of services reported over 3 months being 223 in the EMU and 85 in the ICU.
- Inpatient EMU vEEG services are mostly attended services - for approximately 57 of the 70 respondents, EMU vEEGs were attended by a nurse or technologist for 100% of the services provided.

- When asked to describe the level of professional work effort in providing vEEG in the ICU compared to the EMU 27 respondents said the work was the same, 25 respondents said the work for ICU testing is less intense, and 18 said the professional work was more intense in the ICU.

Analysis of Medicare Regulations - NAEC provides its members with analysis of the major Medicare regulations on the physician fee schedule and the hospital inpatient and outpatient prospective payment systems annually. In addition, NAEC has provided legislative and regulatory updates related to the implementation of the Affordable Care Act (the health reform legislation) and other issues of importance to epilepsy centers. NAEC staff responds to coding and reimbursement questions raised by member centers throughout the year.

Collaborative Activities:

Vision 20/20 - NAEC has been an active participant in the collaborative activities of the Epilepsy community under the umbrella of Vision 20/20. This effort has been important to furthering the recommendations of the 2012 IOM Report, *Epilepsy across the Spectrum*. In 2013, NAEC in collaboration with other members of Vision 20/20 took the lead in developing a communications tool – www.myseizuresknowmore.com - to encourage individuals having uncontrolled seizures to seek specialized care at an epilepsy center. In May 2014, NAEC's Executive Director served on the planning committee and participated in a meeting of Vision 20/20 members hosted by the Institute of Medicine with grant money from the Kellogg Foundation to assist the epilepsy community in developing common messages to engage individuals living with epilepsy and inform the general public.

AAN Quality Epilepsy Measures – NAEC was actively engaged in the AAN's efforts to revise its epilepsy quality measures. The AAN panel on Epilepsy Quality Measures was chaired by NAEC Vice President, Nathan Fountain, MD and former board member, Paul Van Ness, MD and Ramon Bautista, MD served as NAEC's official representative on the panel. Once the panel's recommendations were made public, NAEC wrote in support of the proposed measures, but urged AAN to undertake the reliability and validity testing of the measures as recommended by the National Quality Forum.

CDC and Managing Epilepsy Well Network (MEWN) – Following Rosemarie Kobau's (CDC Epilepsy Program) presentation at NAEC's 2013 annual meeting NAEC has continued to participate in network calls and has supported the networks efforts to obtain grants from CMS and the newly formed Patient-Centered Outcomes Research Institute (PCORI).

North American SUDEP Registry – On behalf of NASR, Orrin Devinsky, MD reached out to NAEC to develop a relationship between the two organizations. NASR would like to work through NAEC to reach out to epilepsy centers for participation in the registry. NAEC will sponsor a webinar for its members in 2015 to learn more about NASR and how to participate.

Epilepsy Foundation Walk – NAEC sponsored a booth at EF's Annual Walk on the National Mall in DC. It provides an excellent opportunity to talk to people from across the US about specialized epilepsy centers.

NAEC BOARD POLICY
Adopted April 16, 2014

Board Policy Related to Surveying NAEC Members and Release of NAEC Data to Individuals and Outside Organizations for Research and/or Publication

Background: NAEC periodically gets requests for data on epilepsy centers as well as requests to survey member centers for information. These requests come from NAEC members, academics involved in research, sister non-profit organizations interested in information on epilepsy care and from device and drug manufacturers. Our current practice is to only release the data presented at the annual meeting by request and we have provided NAEC members with email addresses for conducting new surveys if the topic is complementary to NAEC's mission to improve and promote the quality of specialized epilepsy care.

In 2013, NAEC developed a memorandum of understanding with one of its member centers to convert NAEC's historic data into a searchable database with the thought that interested individuals could access the data for studies that further the advancement of epilepsy care. It is expected that requests for data will increase. The policies below will guide NAEC staff and leadership in determining access to, the release and publication of NAEC data and requests to survey NAEC centers.

Section 1 – Access to NAEC data: Access to NAEC data will be determined on a case-by-case basis outlined in Sections 2 - 5. All members of the NAEC are eligible to apply for access to NAEC data. Members of academic organizations (such as universities, foundations, and think tanks), advocacy groups (such as the Epilepsy Foundation and other Vision 20/20 groups) and other not-for-profit/non-governmental organizations are eligible to apply. Applications from for-profit companies will require a two-thirds positive majority vote of the full NAEC Board prior to release of NAEC data.

Section 2 – Procedure for applying to access NAEC data

- The application for access to NAEC data must include:
 - Cover letter describing specific NAEC data being requested and purpose of request
 - Written proposal to include Research Question, Introduction of Problem, Proposed Methodology and Data Analysis. No more than 5 pages, double-spaced, 11-size font.
 - 1-page NIH-style biosketch of the applicant

Section 3 – NAEC data to be released: Only aggregate data from NAEC members can be released. All data will be de-identified in terms of site of origination. No center-specific data will be released. Applications may conceivably request information from specific regions or states. In those circumstances, in order to maintain the goal of de-identification, those regional data released must include, in aggregate form, data from at least four (4) centers.

Section 4 – Procedure for publication of NAEC data

- The applicant will allow NAEC access to all analyses and findings which used NAEC data
- Manuscripts containing NAEC data or analyses derived from NAEC data must be reviewed and approved by the NAEC prior to submission for peer review?
- Manuscripts containing NAEC data or analyses of NAEC data must specifically attribute NAEC.

Section 5 – NAEC Publications Review

- The NAEC President will designate a Board Member in addition to himself/herself to review all applications requesting access to NAEC data.
- Unanimous decisions are final. In the event of opposing opinions, a third Board Member will review the application, and the majority opinion should be adopted. If the dissenting member feels strongly about the significance and impact of the proposal, he/she may request a discussion by the full Board. The majority opinion of the full Board will be final.
- The designated Board Member will serve as a liaison with the applicant in obtaining the appropriate data and in working through all phases of manuscript preparation and review.

Section 6 – Requests to Survey NAEC Centers: NAEC will consider requests to survey member centers on a case-by-case basis following the parameters outlined in sections 1 - 5 related to accessing NAEC data.