



## NAEC Activities and Accomplishments – 2016

### NAEC Operational Activities

#### Membership Update

As of November 30, 2016, membership in NAEC reached a total of 236 centers, with 184 centers accredited as level 4 centers and 41 as level 3 centers. Eleven centers joined NAEC after the 2016 accreditation cycle was completed and are applying for accreditation in 2017.

*US News and World Report* continues to recognize level 4 epilepsy centers as a component of its national ranking of hospitals with top Neurology/Neurosurgery services. Each year, NAEC reports the names of hospitals with accredited level 4 epilepsy centers to *US News*.

#### NAEC Launches New Website

In November 2016, NAEC launched its renovated website, which includes the following new features:

- **Find an Epilepsy Center.** This new locator tool makes it easier to locate all NAEC member centers. Users may search by zip code or state and get directions to a center via Google Maps. Please check your center's listing and contact NAEC if any changes are needed at [info@naec-epilepsy.org](mailto:info@naec-epilepsy.org).
- **For Patients.** This new section provides information for patients and their families on what an epilepsy center is, what to expect at a center, and provides other patient resources.
- **NAEC Updates and Resources.** This regularly updated section contains resources for centers; information about NAEC upcoming meetings, webinars, and other activities; NAEC analyses of Medicare regulations and other reimbursement updates; and much more.
- **For Members.** This section includes information and resources that only NAEC members can access, including webinar slides and copies of NAEC data presentations. This section also provides detailed information about the 2017 accreditation process and access to the Center Annual Report.

All NAEC center Medical Directors, Co-Medical Directors, and Administrators received access to the For Members section with the 2017 accreditation instructions. Other professionals at NAEC member centers may request log-in credentials to access this section via [the NAEC website](#).

#### NAEC Develops First Strategic Plan

In March, the NAEC Board of Directors and staff met to develop the Association's first formal strategic plan. NAEC drafted a new vision and mission statement and established general goals with specific objectives and

initiatives to guide the Association's work over the next three to five years. NAEC's [strategic plan](#) is consistent with the Association's desire to be transparent, action-oriented, and rapidly responsive to the needs of member centers. NAEC will focus its attention on three goals: standard setting, advocacy, and member center support:

- Standard setting objectives commit NAEC to updating the "Guidelines for Essential Services, Personnel, and Facilities in Specialized Epilepsy Centers" to be more comprehensive and evidence-based and aligning the center accreditation program with the guidelines. A longer term objective is to examine how accreditation can better represent center expertise.
- Advocacy objectives concentrate on maintaining support for and patient access to epilepsy centers at all levels of government and throughout the practice of medicine.
- Member center support objectives continue the current practice of addressing needs of individual centers as they arise but also commit to providing tools and resources to support the operation of a comprehensive epilepsy center.

The NAEC Board also discussed NAEC's infrastructure needs to ensure that these objectives can be achieved. With a timetable of implementation tasks laid out, the NAEC Board set a clear strategic direction that is proactive and forward-thinking and will strengthen the value and importance of NAEC membership. The NAEC Board also set metrics for monitoring progress and will re-examine the objectives and initiatives annually to ensure NAEC is on track to achieve its goals. NAEC's strategic plan is available on [the NAEC website](#).

#### NAEC Hires Dedicated Accreditation and Programs Manager

In 2016, NAEC increased staffing to increase its accreditation expertise and to be able to respond to NAEC member inquiries more quickly. Jen McCrindle was hired to serve as the Accreditation and Programs Manager, where her work will include managing the accreditation process among other NAEC initiatives. Jen can be reached at [jmccrindle@dc-crd.com](mailto:jmccrindle@dc-crd.com) or [202-524-6767](tel:202-524-6767). Jen joins Ellen Riker, NAEC's Executive Director and Johanna Gray, Deputy Director in the NAEC office in Washington, DC.

#### NAEC Collaborative Activities

*Epilepsy Leadership Council* - NAEC has been an active participant in the collaborative activities of the epilepsy community under the Epilepsy Leadership Council (ELC). NAEC's ELC representative is former board member, Dr. Christi Heck, who was named the first chair of the organization. ELC seeks to develop and coordinate shared projects that will benefit individuals with epilepsy, focusing on areas where working together produces greater efficiency and impact than working independently. There are three main areas of activity: research, advocacy, and public awareness.

*Epilepsy Foundation Walk* – NAEC supported EF's Annual Walk on the National Mall in DC, which provides an opportunity to promote specialized epilepsy centers to participants.

*Partners Against Mortality in Epilepsy Conference* – NAEC was proud to support the 2016 Partners Against Mortality in Epilepsy (PAME) Conference held in June 2016. This biennial conference focuses exclusively on increasing the understanding of mortality in epilepsy, including SUDEP.

## **NAEC Standard Setting Activities**

### **NAEC Completes First Accreditation Cycle for Epilepsy Centers**

In 2016, NAEC fully implemented its more rigorous epilepsy center accreditation program. The move from self-designation to accreditation followed 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 a more formal accreditation process for epilepsy centers. In 2014, the NAEC Board recommended expanding the number of criteria for determining a center's level and required centers to submit source information to NAEC to validate responses on the Center Annual Reports.

The new accreditation process and criteria took effect in 2016. Centers were required to meet all criteria for their desired level to receive two-year accreditation and centers with any deficiencies were given provisional accreditation for one year to come into compliance. A total of 170 centers received two-year accreditation (26 level 3 centers and 144 level 4 centers) and 55 received one-year accreditation (15 level 3 centers and 40 level 4 centers).

There will be two pathways to center accreditation in 2017: an abbreviated one for centers that received two-year accreditation in 2016 and the full process for centers with one-year accreditation in 2016, first-time applicants, and level 3 centers applying for level 4 accreditation. More information may be found on the [Get Accredited page of the For Members section of NAEC's website](#).

## **NAEC Advocacy Activities**

### **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. Summaries of these rules and charts showing payment rates for epilepsy center services may be found in the [Policy Analysis page in the NAEC Updates and Resources section](#) of the NAEC website.

NAEC has also provided a summary of the regulations implementing the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). MACRA repealed the sustainable growth rate (SGR) formula for calculating updates for physician payment and replaced it with a system focused on paying for value, rather than individual services. The final rule established the Merit-based Incentive Payment System (MIPS), which replaces the Physician Quality Reporting System (PQRS), the EHR Incentive Program (meaningful use), and the Value-Based Payment Modifier, and provides incentives for physicians to participate in alternative payment models (APMs) focusing on coordinated, higher quality care at lower costs. This analysis may be found in the [Policy Analysis page in the NAEC Updates and Resources section](#) of the NAEC website.

## NAEC Collaborates with American Academy of Neurology (AAN) on CPT Coding, Code Valuations and Quality Programs

NAEC works closely with the AAN on coding and public and private insurance policy issues related to epilepsy care. This is done both through formal member involvement – NAEC leaders, Drs. Nathan Fountain and Paul Van Ness co-chaired the panel that developed and updated the epilepsy quality measures – and more informally when the NAEC staff is contacted on coding and reimbursement issues. This year, NAEC held discussions and provided formal comments to AAN on its Alternative Payment Model for Patient-Centered Epilepsy Care. AAN plans to seek CMS recognition of the epilepsy model, which could become a means for neurologists to participate in the Medicare quality programs.

NAEC is also working closely with AAN on several coding issues that have come up this year. A coding request has been made of the CPT Editorial Panel for a new code for the review and interpretation of electrocortigram data collected under the RNS system (NeuroPace). NAEC provided AAN with subject matter experts in developing the new code and will join AAN at the CPT Panel meeting next year when the code will be presented. NAEC leaders and staff have also been in discussion with AAN on coding issues related to long term video EEG monitoring, which will be reviewed next year.

## **NAEC Member Center Resources:**

### Webinars

In addition to multiple webinars on its accreditation program, NAEC held two educational webinars for member centers in 2016. The first was entitled “Overcoming Barriers to Ensure Safety in the EMU.” This webinar discussed ways to advocate with hospitals to ensure that EMU patients are continuously monitored and other safety practices are followed. Experts presented resources and background information to overcome hospital barriers to provide continuous observation of video EEG and other safety practices.

The second webinar concerned the implementation of MACRA, which leaves physicians at risk for significant penalties if they do not participate in Medicare's new quality reporting programs. NAEC partnered with AAN on this webinar, which discussed MACRA and how participation in AAN's Axon Registry can assist physicians in meeting its requirements. This webinar was specifically targeted for epilepsy center physicians in private practice or in smaller community hospital settings, since physicians in academic settings, health systems or those who are hospital employees are likely to receive direction from their institution or practice plan regarding meeting MACRA requirements.

Slides from both webinars may be found on the [Helpful Information page of the For Members section](#) of the NAEC website.

### NAEC Infographic on Specialized Epilepsy Care

NAEC works with member centers to help educate the public and other healthcare providers about the critical role that epilepsy centers play in caring for people with epilepsy across the country. To assist centers in this effort, we developed a [one-page infographic on specialized epilepsy care](#). This infographic

introduces the four levels of epilepsy care, the comprehensive team approach adopted by centers, and the services offered at epilepsy centers. NAEC encourages centers to share this infographic with staff and patients.

#### Coding Information for Centers

Beyond its analysis of Medicare regulations distributed to all centers, NAEC staff also responds to coding and reimbursement questions raised by member centers throughout the year. Centers with questions about coding or reimbursement for epilepsy center services should email [info@naec-epilepsy.org](mailto:info@naec-epilepsy.org).

### **NAEC Activities in 2017**

NAEC will undertake a number of operational, advocacy, standard setting and member support activities in 2017. This work will include completing the 2017 accreditation process, developing additional member resources and holding educational webinars. One of the largest activities next year will be related to advocacy.

**The big news for our community is that CPT Code 95951 was recently identified by CMS as a high volume service that will need to be reviewed by the AMA Relative Value Update (RUC) Committee in 2017.** CMS considers a service “high volume” if its Medicare utilization equals 10,000 or more claims annually and has increased by at least 100% from 2009 through 2014. CPT Code 95951 exceeded these thresholds as its utilization has increased from 53,000 claims in 2009 to 128,000 claims in 2015.

NAEC is actively developing a coding strategy with our colleagues at AAN and ACNS. **We will need your help!** Physicians will be asked to participate in a survey of the work involved in 95951 and potentially other long term monitoring codes. This will likely occur next summer for presentation at the October 2017 RUC Meeting. More information will become available over the next six months, but we encourage your participation in the physician work survey as providers of this service.