



August 6, 2024

Dear Epilepsy Center Medical Directors,

The NAEC Board and Accreditation Committee met in June 2024 to discuss and approve NAEC's accreditation criteria for 2025. The changes we are announcing in this letter respond to center questions and concerns and begin to incorporate the 2023 NAEC Guidelines into the accreditation process. Please see below for information about criteria and process clarifications and changes that will be implemented for the 2025 and 2026 accreditation processes.

Changes and Clarifications for the 2025 Accreditation Process

- **Board Certification of Epileptologists and Medical Directors:**
 - **Physician Certification:** NAEC requires that center medical directors and epileptologists have at least one of the following board certifications: ABPN epilepsy, ABPN clinical neurophysiology, ABCN clinical neurophysiology or ABCN epilepsy monitoring. Pediatric epileptologists must have one of the previous board certifications and ABPN child neurology (for pediatric centers). NAEC will verify that physicians are certified by ABPN and ABCN.
 - **Second Epileptologist:** The second epileptologist at level 4 centers may be “board-eligible” or board certified, however NAEC will only accept board eligibility for 7 years after completion of training. For purposes of NAEC center accreditation, a board-eligible second epileptologist will be required to become board certified within 7 years after completing training.
 - **Centers that changed medical directors in 2024:** Several centers changed their medical director in 2024 because of NAEC's accreditation criteria, which required maintenance of certification. If any center wants to change back to their prior medical director, they will just need to demonstrate that their medical director is listed as “certified” by ABPN or ABCN on the date when they email NAEC.
- **Neuromodulatory Devices:** For 2024, NAEC changed the neuromodulatory device criteria and required all level 4 centers to have at least 1 case of VNS implantation. NAEC reevaluated this criterion after many centers expressed concerns. For 2025, NAEC will return to the former standard: all level 4 centers must list 1 case of implantation of VNS, DBS, or RNS in their Center Annual Report and submit one VNS/DBS/RNS de-identified patient report in their full accreditation year. A VNS battery change case is not sufficient to count for this criterion.
- **Case Minimums:** NAEC is clarifying that all level 4 centers will be required to have at least one resective or ablative surgery and one VNS/DBS/RNS implantation case in their Center Annual Report in their interim accreditation year, just as they are required to have at least 100 admissions to their EMU.
- **EMU Policy:** For centers in their full accreditation year in 2025 and years following, the EMU Policy meeting NAEC criteria must be dated and be signed by the center medical director, EMU administrative nurse manager or equivalent, and lab EEG manager. NAEC sees this as the best way to ensure that the EMU Policy provided for accreditation is current and in use by the center.
- **Protocols:** For centers in their full accreditation year in 2025 and years following, all centers will be required to upload a letter that is dated and signed by the center medical director, EMU administrative nurse manager or equivalent, and lab EEG manager indicating that they have reviewed the protocols, they are current, and they are being followed by the center. NAEC will provide a template letter for centers to use. NAEC plans to

also update the checklist of the required elements for center protocols; any updates to the criteria will be included in the accreditation instructions distributed this fall.

- **EMU Caring:** NAEC will continue to require centers have one physician and a center nurse or technologist take the existing AES/NAEC EMU Caring Course, which is available on the AES website at no cost to NAEC members. NAEC and AES are in discussions about updating EMU Caring and are working on a modular training program for physicians, residents, nurses, techs and other members of the epilepsy center multi-disciplinary team; this revised course will likely not be available until June 2026.
- **AANN Certificate Program for the Seizure and Epilepsy Healthcare Professional in a Comprehensive Epilepsy Center:** For the 2025 accreditation cycle, NAEC will not require that either new applicant centers or currently accredited centers show that an additional nurse has completed the AANN 8-module epilepsy course. NAEC continues to require that centers provide training to their EMU nurses and document this in their EMU policy. NAEC continues to support this important nurse training and certificate program and also acknowledges that many centers have raised concerns about the costs of having one additional nurse complete the program each year. NAEC is in discussions with AANN to develop a new process where centers can have nurses complete the epilepsy center modules of the course without incurring additional costs.
- **ABRET LAB-LTM-EM+ Recognition:** NAEC will phase out its recognition of LAB-LTM-EM+. For several years, NAEC has recognized the value of the ABRET-LAB-LTM-EM+ credential in supporting centers in providing high-quality care. NAEC has identified centers with this credential on the NAEC website and has also excused them from submitting scalp and intracranial video EEG reports for NAEC accreditation. As NAEC's accreditation program has evolved, we now recognize that these are independent accomplishments.
 - All centers that currently have LAB-LTM-EM+ or who have filed their letter of intent with ABRET by July 1, 2024 and successfully achieve it, will not have to submit the required video EEG patient reports during their current 5-year accreditation period. Once their current ABRET accreditation period is over, these centers will have to submit all relevant patient reports.
 - NAEC is also continuing conversations with ABRET about ways to coordinate our activities and accreditation programs in future years.
- **Extending Accreditation to a 3-Year Cycle:** NAEC will transition to a three-year accreditation cycle both to mitigate the burden of completing the process for members and to more evenly balance the number of members completing the full accreditation process in any given year. This means that fully-accredited centers will receive accreditation for 3 years and only need to submit documents every 3 years, instead of every other year. Centers that receive conditional accreditation will continue to have to complete the full process in the following year.
 - To begin the rebalancing process, when centers next complete the full accreditation process in either 2025 or 2026, those that receive full accreditation will be randomly assigned to either receive 2- or 3-year accreditation.
 - Then, the next time that centers go through full accreditation, they will have 3 years if fully accredited.
- **Surgical Criteria for Level 3 Centers:** In recent years, level 3 centers that perform epilepsy surgeries or implant VNS devices have been required to meet some level 4 center surgical criteria. This has been confusing for centers and raised concerns about fairness. Accordingly, NAEC is revising its requirements to have just one set of criteria for level 3 centers that does not include any surgical requirements. While level 3 centers will still be required to submit the number of surgeries that they provide annually in their center annual report, there will be no other surgery-related criteria for them to meet.
- **Referral Arrangements between Level 3 and Level 4 Centers:** To encourage meaningful partnerships, NAEC is strengthening the criteria for referral arrangements between level 3 and 4 centers. NAEC will add questions

to the Center Annual Report and ask both level 3 and 4 center partners how many patients the level 3 center referred to the level 4 partner in the last year and how many multi-disciplinary conferences the teams have participated in together. NAEC will also identify elements that should be included in the referral arrangement document uploaded by level 3 centers in their full accreditation year. More information will be released in the accreditation instructions.

Anticipated Changes for the 2026 Accreditation Process

- **Requirement to Submit Patient-Level Surgical Data:** For the last three years, NAEC has had a pilot program to explore whether and how centers can submit de-identified patient-level data and track outcomes for their surgical patients. Based on this successful pilot, NAEC will require all centers to participate in this process:
 - Starting in the 2026 Accreditation Process, NAEC plans to require all level 3 and 4 centers to enter de-identified patient data for all of their epilepsy surgeries, including neuromodulator implants and battery changes, performed in 2025.
 - Data will be submitted via a new portal on the NAEC website and NAEC will provide the data dictionary and other tools to support centers in this new process.
 - We are notifying centers now so that they can prepare to submit prospective data as surgeries occur in 2025, if interested. Centers can also submit retrospective data when completing the 2026 accreditation process.
 - Also, centers who choose to begin the process early and submit data for their 2024 surgeries prior to January 31, 2025 will not have to complete the aggregate surgical data chart in the 2025 Center Annual Report.
 - More information will be released this fall.

- **Criteria from the 2023 NAEC Guidelines:** Additional criteria stemming from the new Guidelines will be incorporated starting in 2026. New criteria will be phased in over several years and NAEC will survey members to assess their compliance before they are implemented fully. More information will be released in the coming months.

Conclusion

A webinar on these accreditation changes will be held in September 2024 and additional information will be released this fall when the 2025 Accreditation Process launches. Please contact NAEC with any questions about this information at info@naec-epilepsy.org.

Thank you for continued membership in NAEC and your commitment to providing high-quality care to your patients.

Sincerely,



Fred Lado, MD, PhD
President