



NAEC Activities and Accomplishments – 2015

Membership Activities

Membership of NAEC reached a total of 224 centers in 2015, with 179 centers recognized as Level 4 Centers and 33 as Level 3 Centers. Seventeen Centers were new to NAEC in 2015 and 10 centers were deactivated. 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.

The NAEC launched its new logo at the 2015 Annual Meeting in Philadelphia.

NAEC Elects New Board and Recognizes Outgoing President David Labiner for his Service

The Nominations Committee, chaired by Susan Arnold, MD and including Fred Lado, MD, PhD, and David Wheeler, MD, PhD, recommended the slate of Officers and Board Members for 2015, which the membership supported by an online vote. The 2016 NAEC Board is:

- **Nathan Fountain**, MD, University of Virginia Health Sciences Center, Charlottesville, VA – President
- **Susan Herman**, MD, Beth Israel Deaconess Medical Center, Boston, MA - Vice President
- **Jerry Shih**, MD, Mayo Clinic, Jacksonville, FL – Secretary /Treasurer
- **Susan Arnold**, MD, UT Southwestern Medical Center, Dallas, TX
- **Anto Bagic**, MD, Ph.D., University of Pittsburgh Comprehensive Epilepsy Center, Pittsburgh, PA
- **Fred Lado**, MD, Ph.D., Montefiore Medical Center, Bronx, NY
- **Mary Zupanc**, MD, Pediatric Comprehensive Epilepsy Program/CHOC Children’s, Irvine, CA

At NAEC’s Annual Meeting on December 7, 2015, Dr Fountain recognized the work of outgoing NAEC President, David Labiner, MD. Dr. Labiner served as President of NAEC from 2011 – 2015, taking over for Robert J. Gumnit, MD, NAEC’s founder and President since the organization’s establishment in 1988. Dr Labiner was credited with the expansion of NAEC’s epilepsy accreditation program, the most recent update of the NAEC Guidelines and a re-write of the NAEC By-laws. Dr Labiner will continue to serve on the Board as an ex-officio member.

NAEC Proceeds towards Accreditation of Epilepsy Centers

This year, NAEC continued its efforts to enhance the accreditation of epilepsy centers. This initiative 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." In 2014, the NAEC Board decided to expand the number of criteria for determining a center's level and to require centers to submit source information so that their responses could be verified. All criteria for accreditation are based on NAEC's published guidelines, "*Guidelines for Essential Services, Personnel, and Facilities in Specialized Epilepsy Centers*," *Epilepsia* (2010).

To give centers ample time to adjust to the new system, 2015 was considered a transitional year, where member centers were required to report and submit documentation on the expanded criteria, but centers were accredited for one year based on the existing NAEC criteria. All centers were provided with "report cards" showing them how they fared under the new accreditation requirements and benchmark information so centers would know how they fared compared to other centers at the same level. In 2016, centers are 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.

Based on the center performance in 2015, the NAEC Board made several changes to the required criteria, timelines and process, which were highlighted at NAEC's annual meeting and in the materials distributed for the 2016 accreditation process:

- The board moved up by a month the timeline for distribution and submission of centers' documents and annual reports. All accreditation materials were sent out the first week of November and the due date for submission is now February 1, 2016. The new timeline allows for a "review and revise period" in February to allow centers to resubmit any missing documents or criteria. The final deadline for all centers' accreditation materials is March 1, 2016.
- Beginning in 2016 NAEC will recognize the ABRET LAB-LTM Accreditation program. Centers with LAB-LTM Accreditation will indicate this on their center's annual report and will not need to upload scalp or intracranial video EEG reports.
- NAEC has instituted an internal HIPAA compliance program. While NAEC does not collect protected health information (PHI) we wanted to make sure our IT structure, policies and procedures were adequate if any center submitted PHI unintentionally. NAEC hired a consultant to set its HIPAA security system and to train staff. Based on the consultant's recommendation, NAEC also switched its cloud-based storage system for centers to upload patient reports, CVs and protocols to a company called Box, which is a HIPAA-compliant environment and will be easier for centers and NAEC staff to use. Finally, NAEC staff has engaged the services of an attorney specializing in HIPAA

to explore whether to begin collecting PHI and whether NAEC would have a standard business associate agreement (BAA) with each center's hospital or if NAEC could sign each hospital's BAA.

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. Research into the development of a registry is on-going.

Analysis and Advocacy on Reimbursement Changes

NAEC Provides Members with ICD-9/ICD-10 Crosswalk – To assist NAEC members in the switch to ICD-10 diagnoses codes effective October 1, 2015, NAEC worked in partnership with the American Academy of Neurology to develop a pocket guide showing the crosswalk of epilepsy diagnoses codes from ICD-9 to ICD-10. Each center was sent multiple copies of the guide and more were distributed at the annual meeting. In addition, NAEC held a webinar highlighting the changes in the diagnosis codes with presentations made by Drs. Jeff Buchhalter and David Labiner.

Medicare Seeks Review of CPT Code 95957 – Digital Analysis for EEG (for epileptic spike analysis) – The Centers for Medicare and Medicaid Services (CMS) identified CPT Code 95957 as a misvalued code in the 2016 Medicare Physician Fee Schedule Rule. The code is considered misvalued 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. Greg Barkley and Marc 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 members also participated in a short survey of staff time during the annual meeting on the code. Any proposed changes in the relative values for the code must be adopted by CMS and would not take effect until January 1, 2017.

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 also responds to coding and reimbursement questions raised by member centers throughout the year.

Collaborative Activities:

Epilepsy Leadership Council - NAEC has been an active participant in the collaborative policy and advocacy activities of the epilepsy community under the umbrella of Vision 20/20 and now under the newly formed Epilepsy Leadership Council. This effort has been important to furthering the recommendations of the 2012 IOM Report, *Epilepsy across the Spectrum*. NAEC's representative to the ELC is former board member, Dr. Christi Heck, who was named the first chair of the organization. The mission of the Council is to develop and coordinate among its members shared projects that will have a positive impact on the lives of individuals

with epilepsy, focusing on those areas where working together produces greater efficiency and impact than working independently. The three major areas of focus are research, advocacy and public awareness.

CDC and Managing Epilepsy Well Network (MEWN) – NAEC continues to discuss ways to partner with the MEWN and the CDC Epilepsy Program. NAEC has had several discussions with CDC on Project ECHO, a grant program with the University of New Mexico, which educates and mentors primary care providers regarding the diagnosis and treatment of epilepsy patients.

North American SUDEP Registry/Center for SUDEP Research – On behalf of NASR, Orrin Devinsky, MD reached out to NAEC to develop a relationship between the two organizations. NAEC sponsored a webinar in 2015 on SUDEP and how centers can participate in NASR. NAEC was asked to participate in the Center for SUDEP Research (CSR) in 2015. The Co-Principal Investigators of the Center are Drs. Samden Lhatoo and Jeffrey Noebels.

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