

NAEC Annual Meeting

December 3, 2018

New Orleans, LA



Agenda

1. Welcome and President's Update
 - a) NAEC Operations Update
 - b) 2018 Activities and Accomplishments
 - c) 2019 Activities

2. NAEC Center Data Update

3. Epilepsy Center Accreditation Update



President's Update

Nathan Fountain, MD, President



Outgoing Board Member



Anto Bagic, MD, PhD

University of Pittsburgh Comprehensive Epilepsy Center

NAEC At-Large Board Member



NAEC Board for 2019

President	Nathan Fountain, MD, University of Virginia
Vice President	Susan Herman, MD, Beth Israel Deaconess Medical Center
Secretary/ Treasurer	Jerry Shih, MD, University of California, San Diego
At-large	Meriem Bensalem-Owen, MD, University of Kentucky
At-large	Kevin Chapman, MD, Children's Hospital of Colorado
At-large	Robert Wechsler, MD, PhD, Idaho Comprehensive Epilepsy Center at St. Luke's
At-large	Mary Zupanc, MD, CHOC Children's
Past President	David Labiner, MD, Banner – University Medical Center Tucson



NAEC Epilepsy Center Accreditation

Center Demographics - 2018

	Adult	Adult/Pediatric	Pediatric	Total
Level 4	68	78	42	188
Level 3	33	13	6	52
Total	101	91	48	240

NAEC Accredited Centers Over Time

	2016	2017	2018
Level 4	184	181	188
Level 3	41	52	52
Total	225	233	240



2019 Accreditation Timeline

November 2018

- Instructions distributed

January 31, 2019

- Deadline to pay dues, complete Center Annual Report, and upload required documents

February 1-15, 2019

- Review and revise period

March 1, 2019

- Final deadline for revisions/additions
- **No materials accepted after this date**



2019 Accreditation Webinars

- NAEC will hold two identical webinars on the 2019 accreditation process, criteria and timeline:
 - Tuesday, December 18, 2018 12-1 PM EST
 - Thursday, January 10, 2018 12-1 PM EST
- Please share with your administrators/staff who help with process!



Accreditation Committee

- Piloted in 2018 to create a more independent governance structure for accreditation.
- NAEC Board defines accreditation criteria and policies, with input from the Accreditation Committee.
- The Accreditation Committee assesses center compliance with criteria and notifies Board of the accreditation decisions before notifications are distributed.
- NAEC plans to formalize Committee in 2020 with By-laws change.



ABRET LAB-LTM Accreditation

- NAEC recognizes ABRET's LAB-LTM accreditation
- Centers with LAB-LTM are exempt from requirement to upload VEEG reports when going through the full accreditation process
- NAEC will be listing LAB-LTM centers on a page on the NAEC website



NAEC By-Laws Revision

- NAEC Board has voted to recommend changes to the NAEC By-Laws
 - Minor edits to reflect current practices and MN nonprofit law
 - Codification of Accreditation Committee
 - Shortening of officer terms from 4 to 3 years
- Requires approval of NAEC membership
 - Revised document and electronic ballot will be sent to Center Medical Directors after AES



2018 Activities and Accomplishments

Standard Setting

- Completed 2018 Accreditation cycle
- Established Accreditation Committee
- Guideline update initiated
- Drafted center survey to identify best practices/benchmarks

Advocacy

- CPT/RUC process for new long-term EEG monitoring codes
- Advocacy with insurers re: coverage of LITT
- Analysis of Medicare rules
- Advocacy re: E/M code changes
- Collaborations with AAN, AES, ELC, and EF

Member Center Support

- Supporting Epilepsy Learning Health System
- Continuous website enhancements
- NAEC/center educational and marketing video completed
- Respond to center-specific questions

Assuring quality epilepsy care by supporting strong specialized epilepsy centers



Coding Changes in Epilepsy



VEEG, Code 95951, Identified by Medicare as High Volume

- 2017 Medicare Physician Fee Schedule final rule (published in Nov 2016): 95951 identified as a “high volume service”
 - Total Medicare utilization of 10,000 or more claims
 - Volume growth in claims increased by at least 100% from 2009-2014
 - 95951 Medicare claims data: from 53,000 (2009) to 115,000 (2014)
 - Likely reasons – increased use in ICU and coding of 95951 for home studies
- CMS asks AMA Relative Update Committee (RUC) to review code.



Long Term EEG Code Proposals Considered by AMA CPT Editorial Panel

- AAN, ACNS, and NAEC agree to update codes before RUC review.
- Coding proposal considered by CPT Panel at 4 meetings – June, Sept 2017 and Feb, May 2018.
- Reasons for delay:
 - Significant industry (ambulatory EEG testing companies) presence at CPT meetings and medical societies were directed to develop a proposal with corporate partners and the technologists.
 - Difficult to differentiate services provided to hospital inpatients and patients tested in their homes
 - Industry wanted no site of service differential for technical service
 - Code set difficult for other specialists on CPT panel to understand



New Long Term EEG Codes Approved by CPT Panel in May 2018

- Deletion of CPT Codes 95950, 95951, 95953, and 95956.
- 10 codes established for the professional component of Long Term EEG services – differentiated by video w/ and w/o video, length of testing, and when physician accesses data.
- 13 codes for the technical component services billed for office-based and home studies (not billed for hospital inpatients) - differentiated by length of monitoring time and level of monitoring.



Valuing New Code Set

- Professional Codes were surveyed summer 2018 – physicians asked to provide time and intensity of new codes by comparing codes with reference codes.
- EEG Techs also surveyed for Technical Codes
- AMA RUC makes recommendations on Physician Work RVUs and Practice Expense Inputs (labor, supplies, equipment) at Oct 2018 meeting, which are sent to CMS.
 - Physician survey drove the assignment of values for professional codes



Timeline for New Code Adoption

- July 2019 – CMS proposes values for new codes in Medicare Physician Fee Schedule (MPFS) Proposed Rule for 2020
- Aug 2019 – AMA publishes CPT Book for 2020 with new codes
 - Code language and CPT Book instructions on the use of the codes is embargoed until CPT Book release
- Nov 2019 – Final Medicare values published in MPFS Rule for 2020
- Aug 2019 – Jan 2020 – NAEC/AES/AAN/ACNS educate members regarding new codes
- January 1, 2020 – New codes take effect



CMS E/M Proposals for New or Established Patients for 2021

- Physicians bill level 2 – 4 codes, but receive consolidated rate.
- Neurologists can bill specialty care add-on code with level 2-4 codes.
- Extended services add-on code billed with level 2 - 4 codes when face to face time is:
 - 34 – 69 minutes for established patients
 - 38 -89 minutes for new patients
 - If time exceeds these parameters a level 5 visit can be reported
- CMS did not implement its multiple procedure payment reduction when E/M and procedure reported together.



CMS E/M Proposals and Payment Chart for 2021

	Complexity Level under CPT	Visit Code (2018 Payment Rates)	Visit Code (2019 Payment Rates)	Visit Code with Either Primary Care or Specialized Care Add-on	Visit Code with Add-on and New Extended Services Code	Current Prolonged Service Code Added
New Patient	2	\$76	\$130	\$143	\$197	\$344 (at least 90 min)
	3	\$110				
	4	\$167				
	5	\$211	\$211			
Established Patient	2	\$45	\$90	\$103	\$157	\$281 (at least 70 min)
	3	\$74				
	4	\$109				
	5	\$148	\$148			

Changes to Neurology Services in 2019

- ECoG for RNS (95836) – report for non-face-to-face review of 30 days or more stored data from patients on RNS – (\$113)
- Revisions to VNS (no longer time-based) and new brain stimulator codes
 - 95976 – electronic analysis of implanted neurostimulator, simple programming (1 – 3 parameters) (\$41)
 - 95977 - electronic analysis of implanted neurostimulator, complex programming (≥ 3 parameters) (\$55)
 - 95983 – analysis of implanted neurostimulator with brain neurostim programming, first 15 minutes (\$52)
 - 95984 - analysis of implanted neurostimulator with brain neurostim programming, ea. additional 15 minutes (\$45)



2019 Activities

Standard Setting

- Complete 2019 Accreditation Cycle
- Update accreditation criteria for 2020 and comment process
- **Complete surveys**
- **Begin to draft Guideline update**

Advocacy

- Advocacy with insurers
- Analysis and advocacy re: Medicare Rules
- Collaborations with AAN, AES, ELC, and EF
- **Education of members re: new long-term EEG monitoring codes once public this summer**

Member Center Support

- Support Epilepsy Learning Health System
- Continuous website enhancements
- Answer center-specific questions
- **Developing Center Toolkit**
- **Develop center marketing materials**

Assuring quality epilepsy care by supporting strong specialized epilepsy centers

Questions?



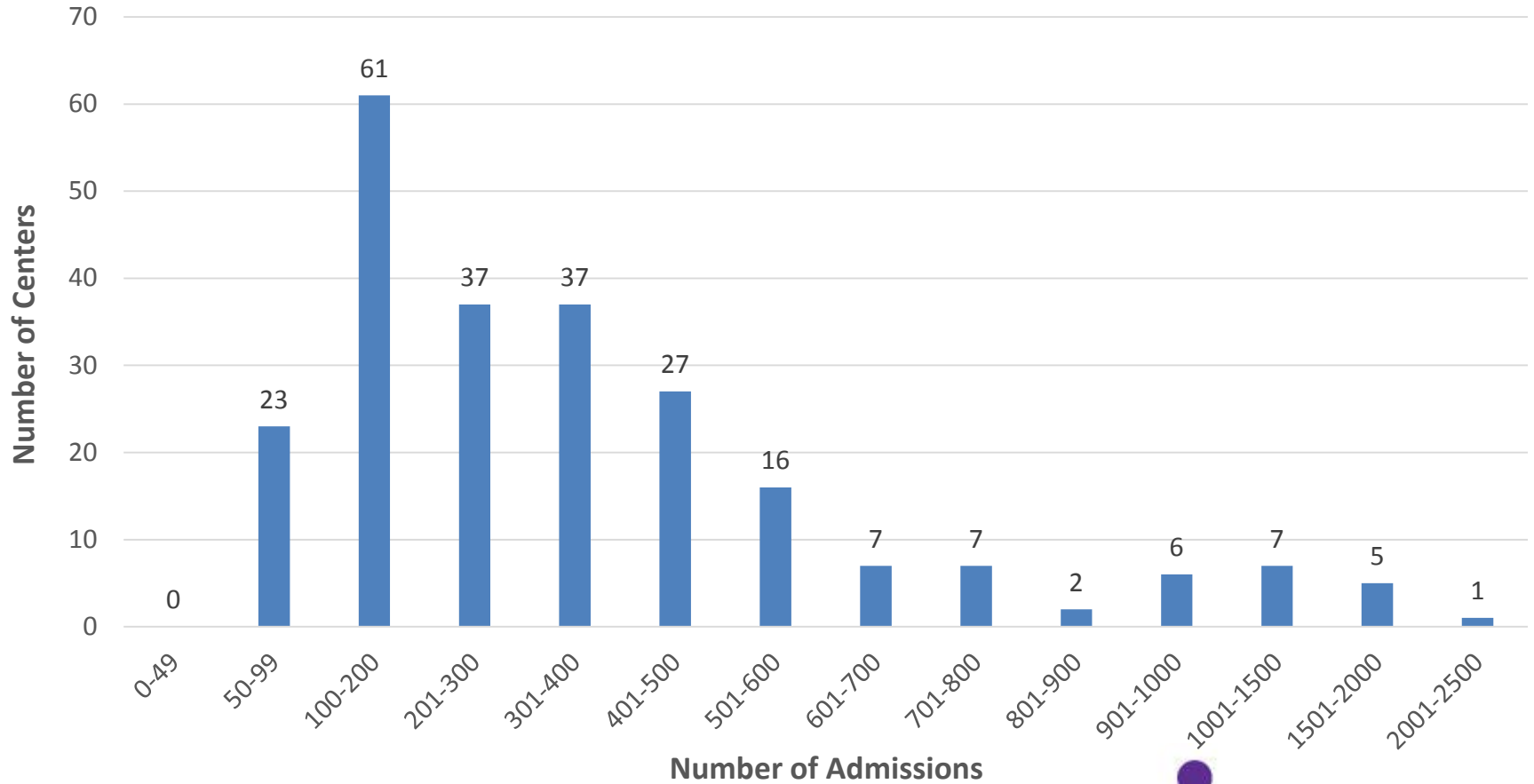
NAEC Data Update

Susan Herman, MD

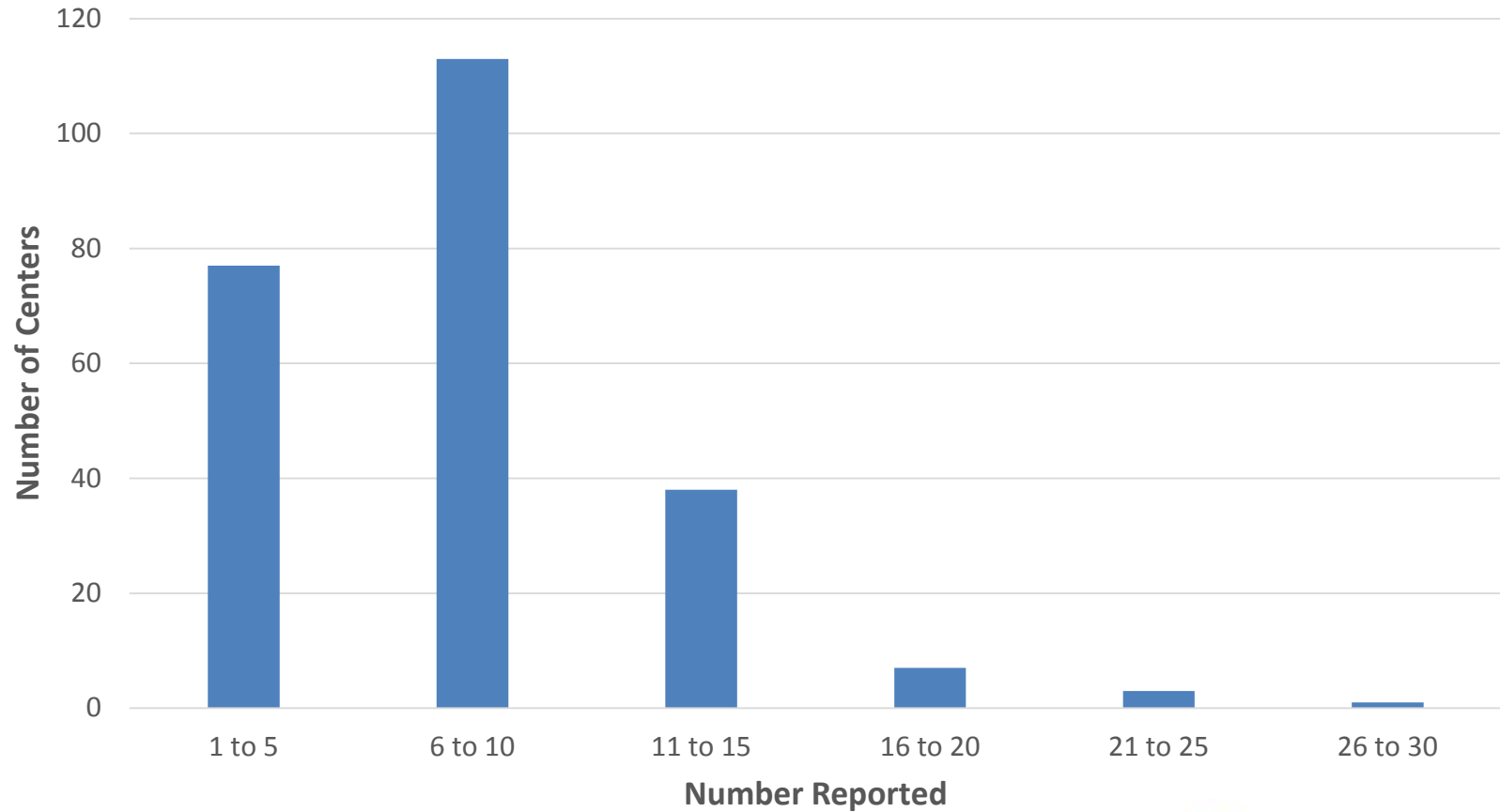
NAEC Vice President



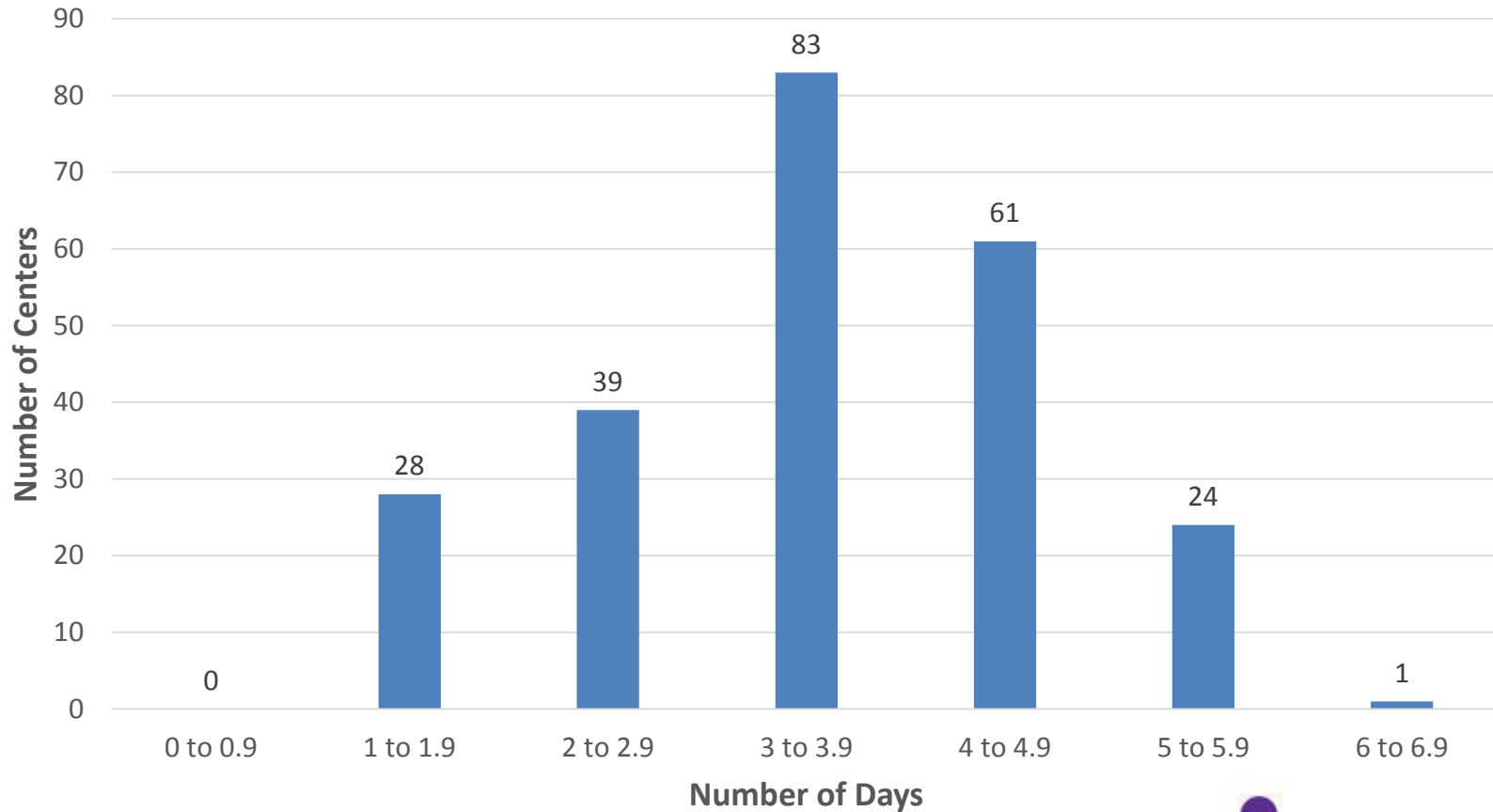
EMU Admissions - 2017



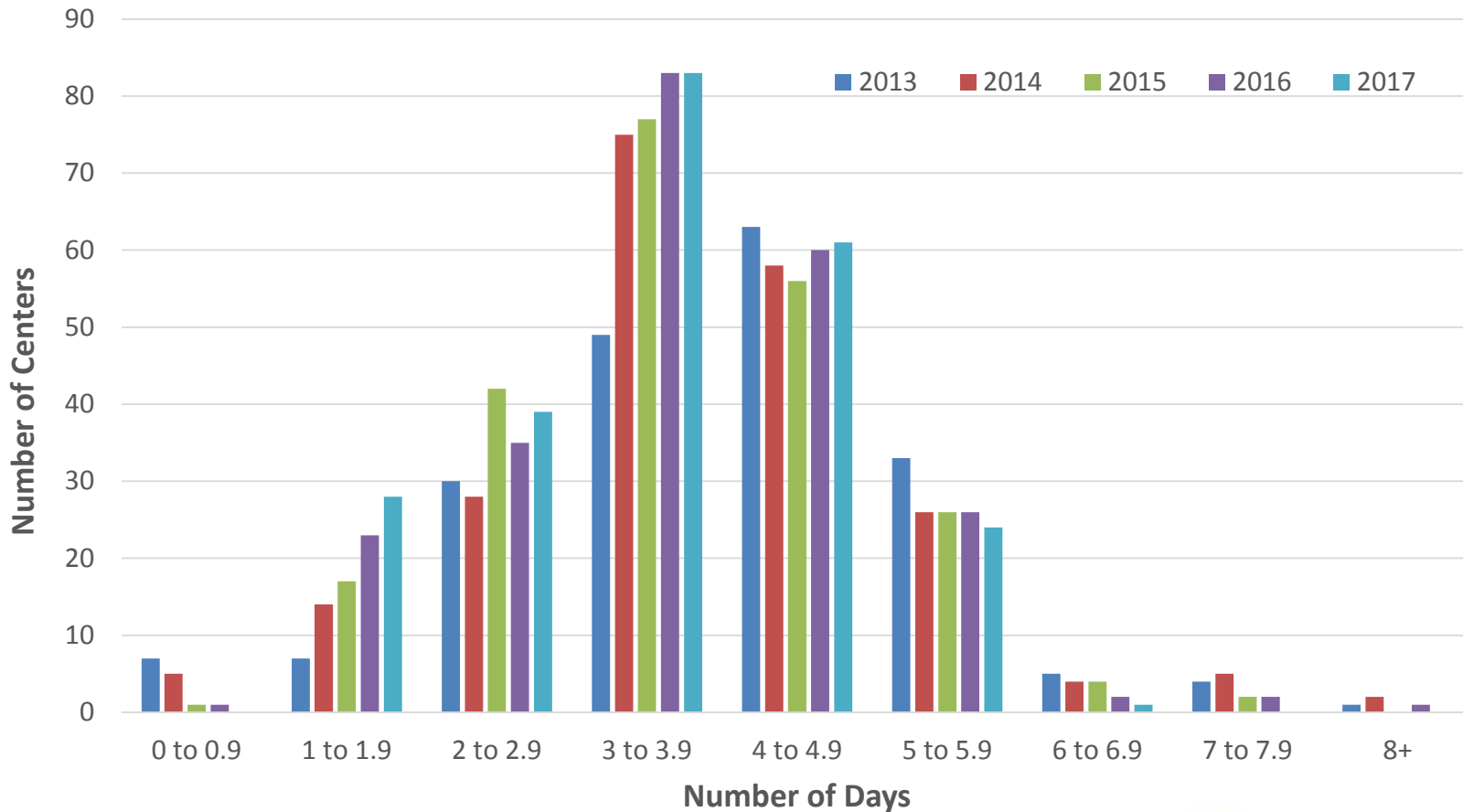
Number of EMU Beds - 2017



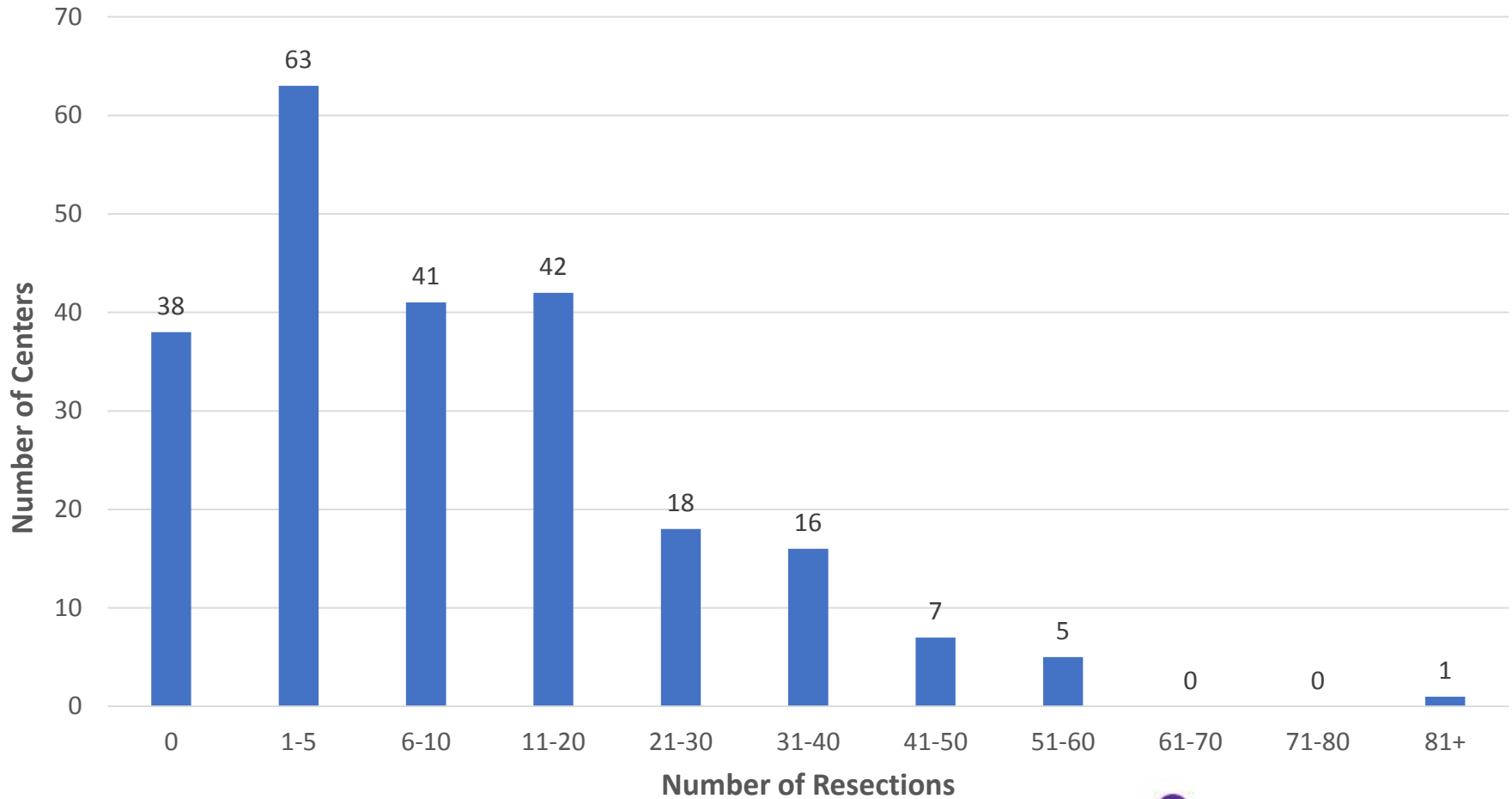
Average Length of Stay - 2017



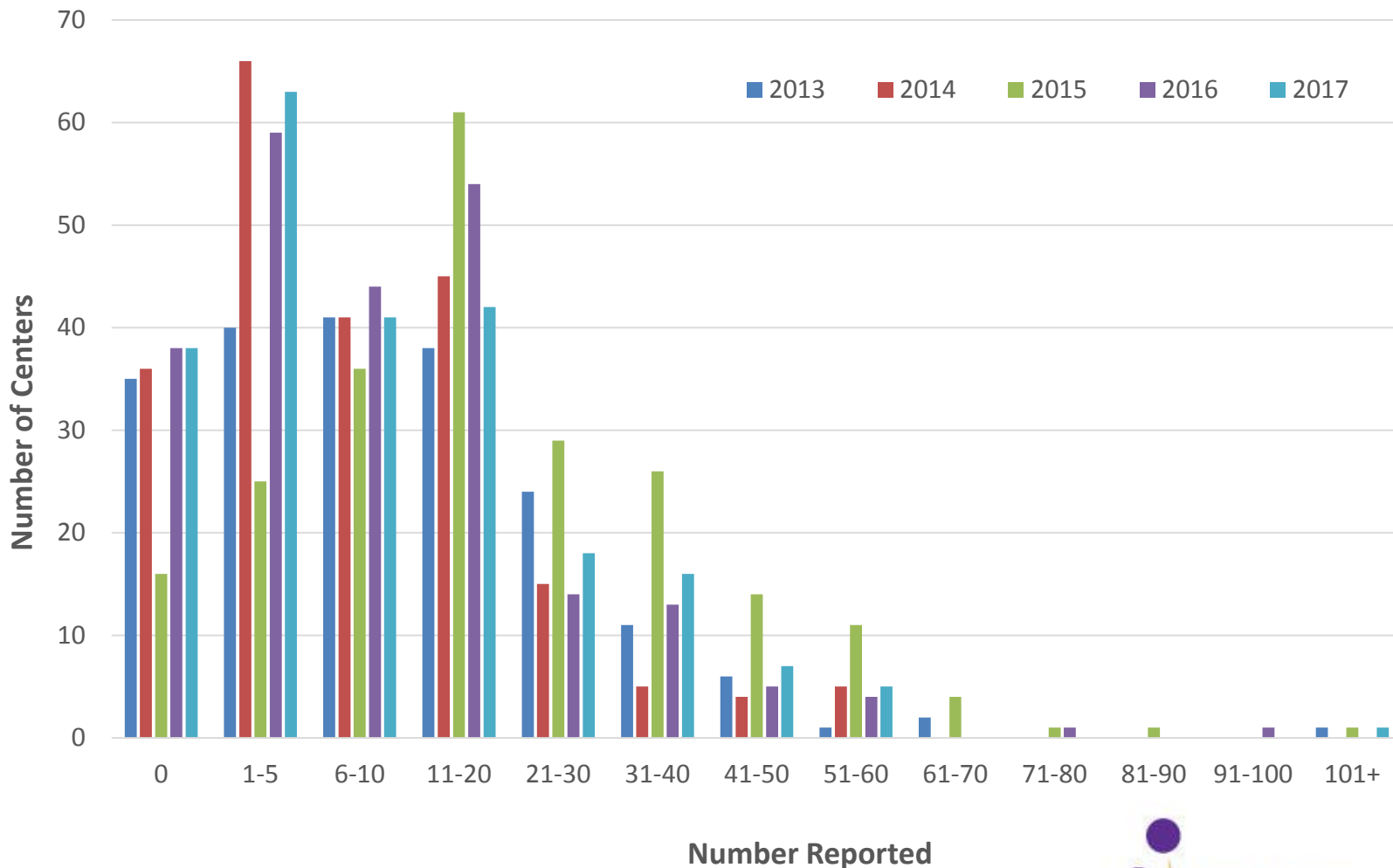
Average LOS – 2013-2017



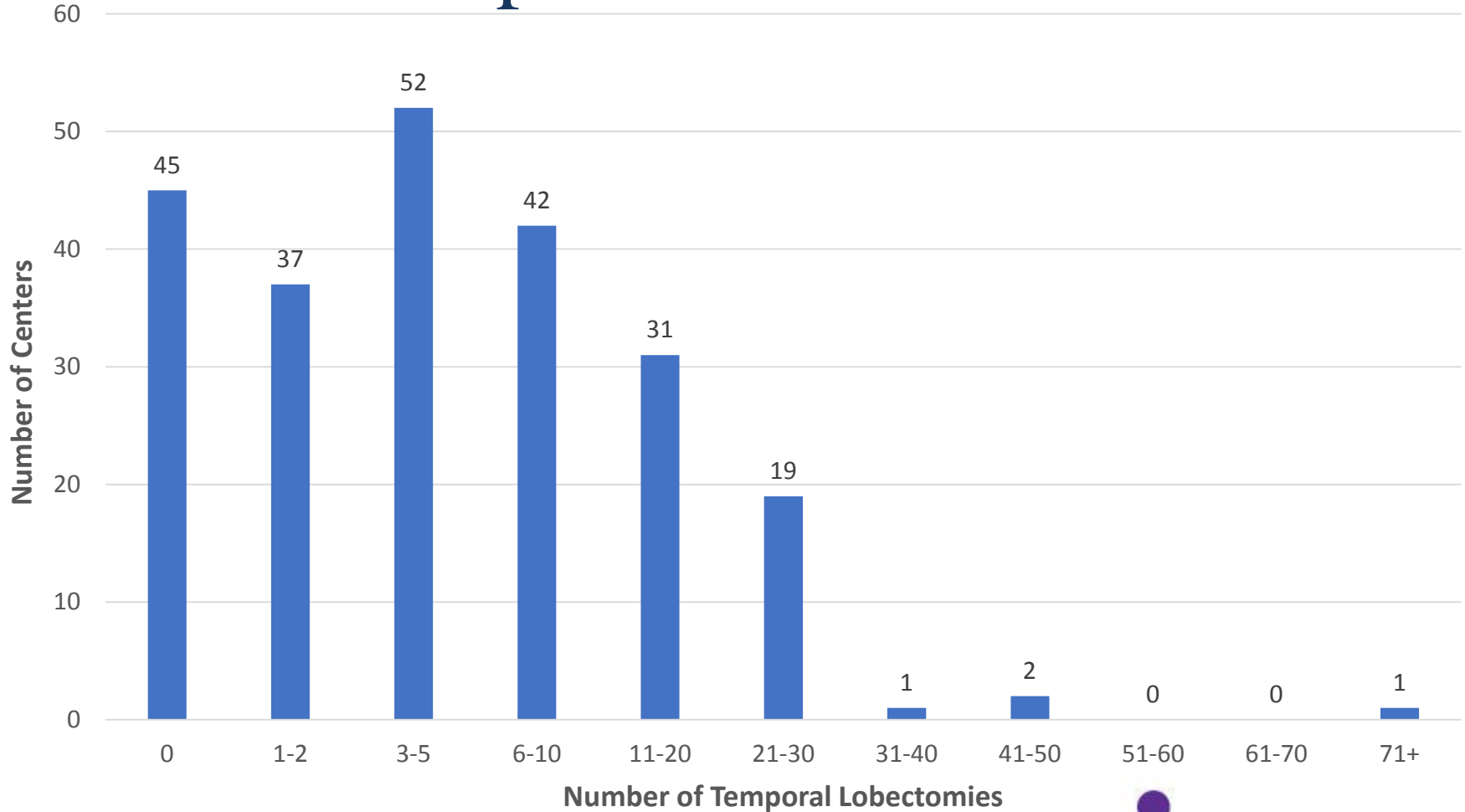
Total Resections - 2017



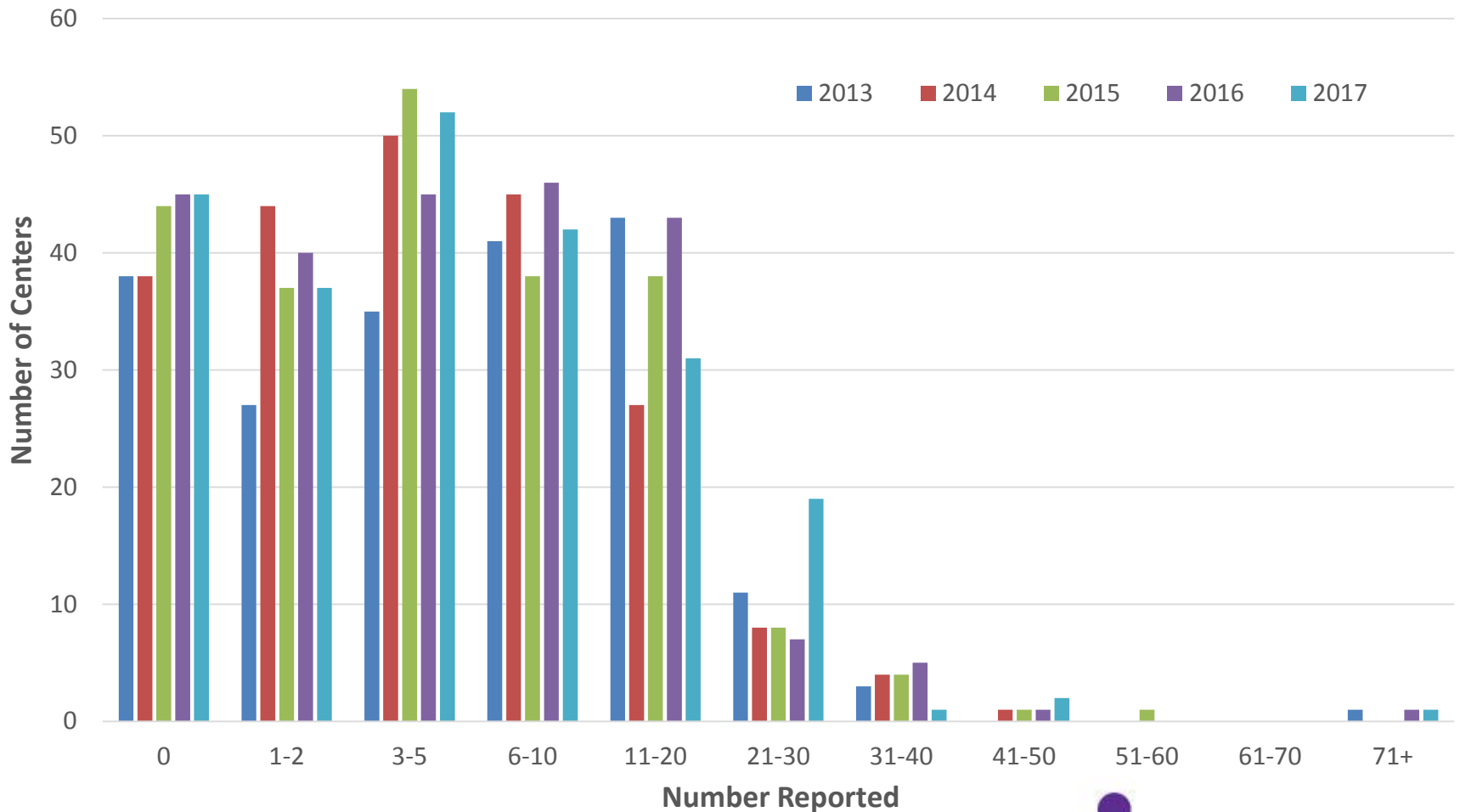
Total Resections – 2013-2017



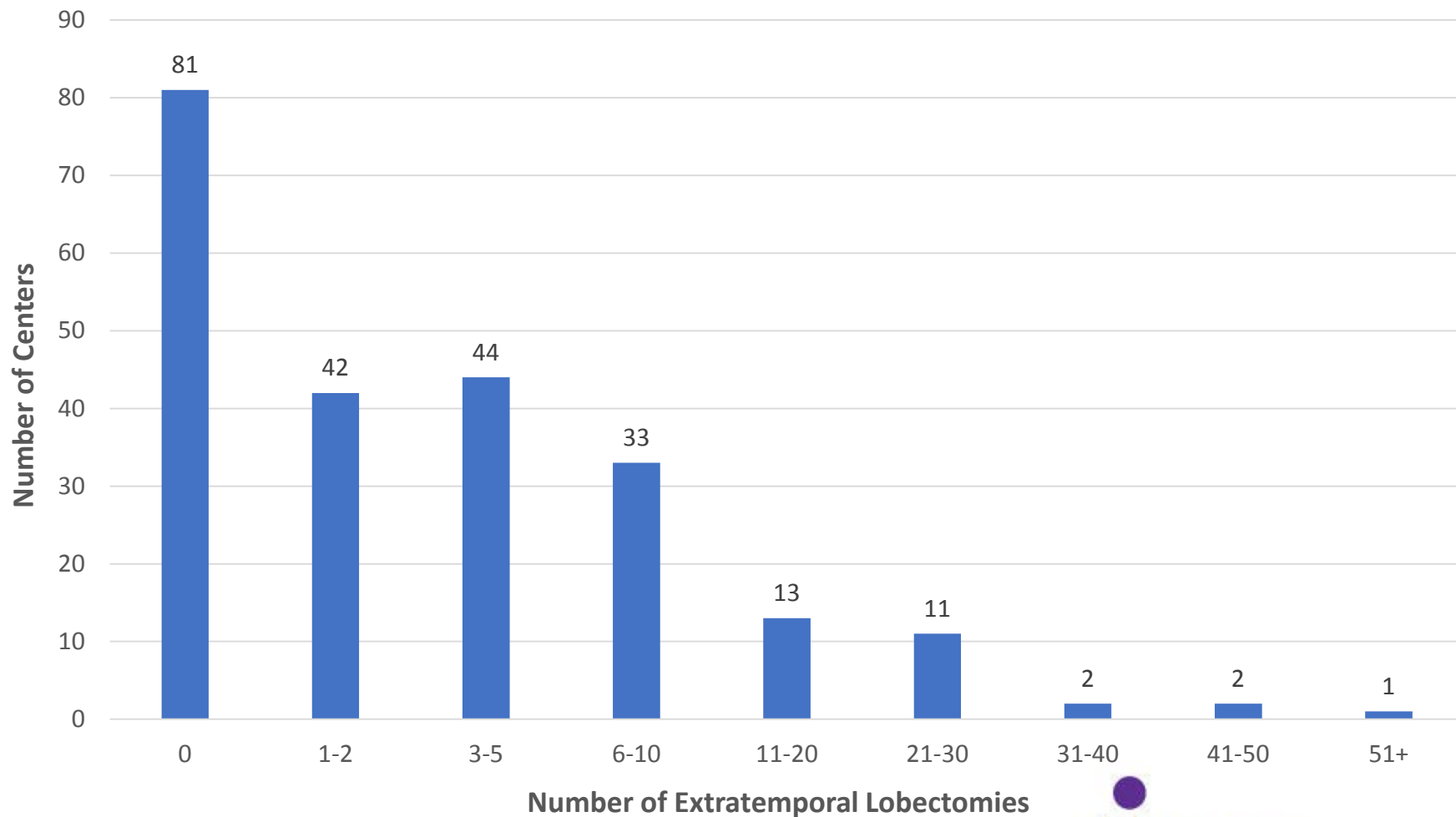
Total Temporal Lobectomies – 2017



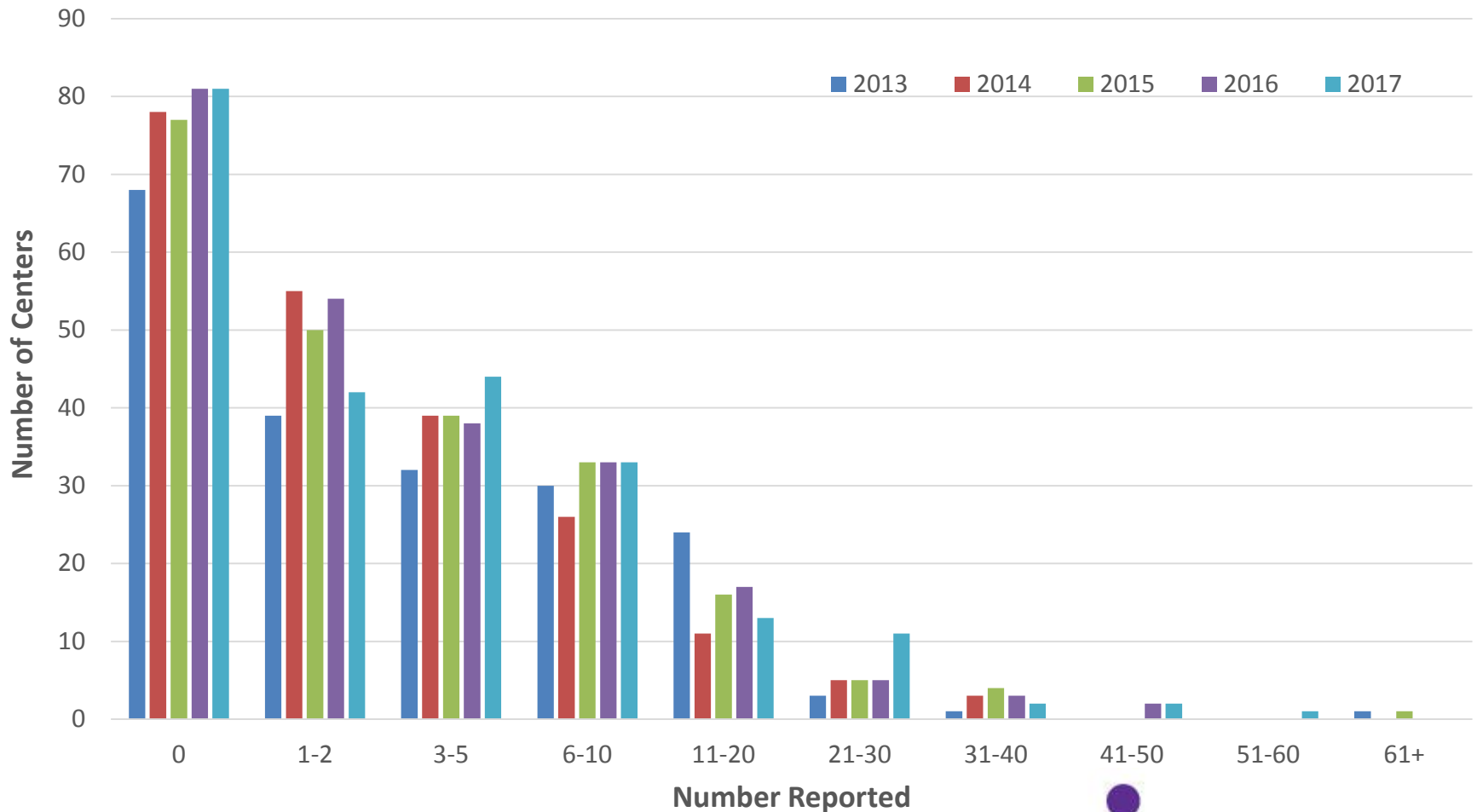
Temporal Lobectomies – 2013-2017



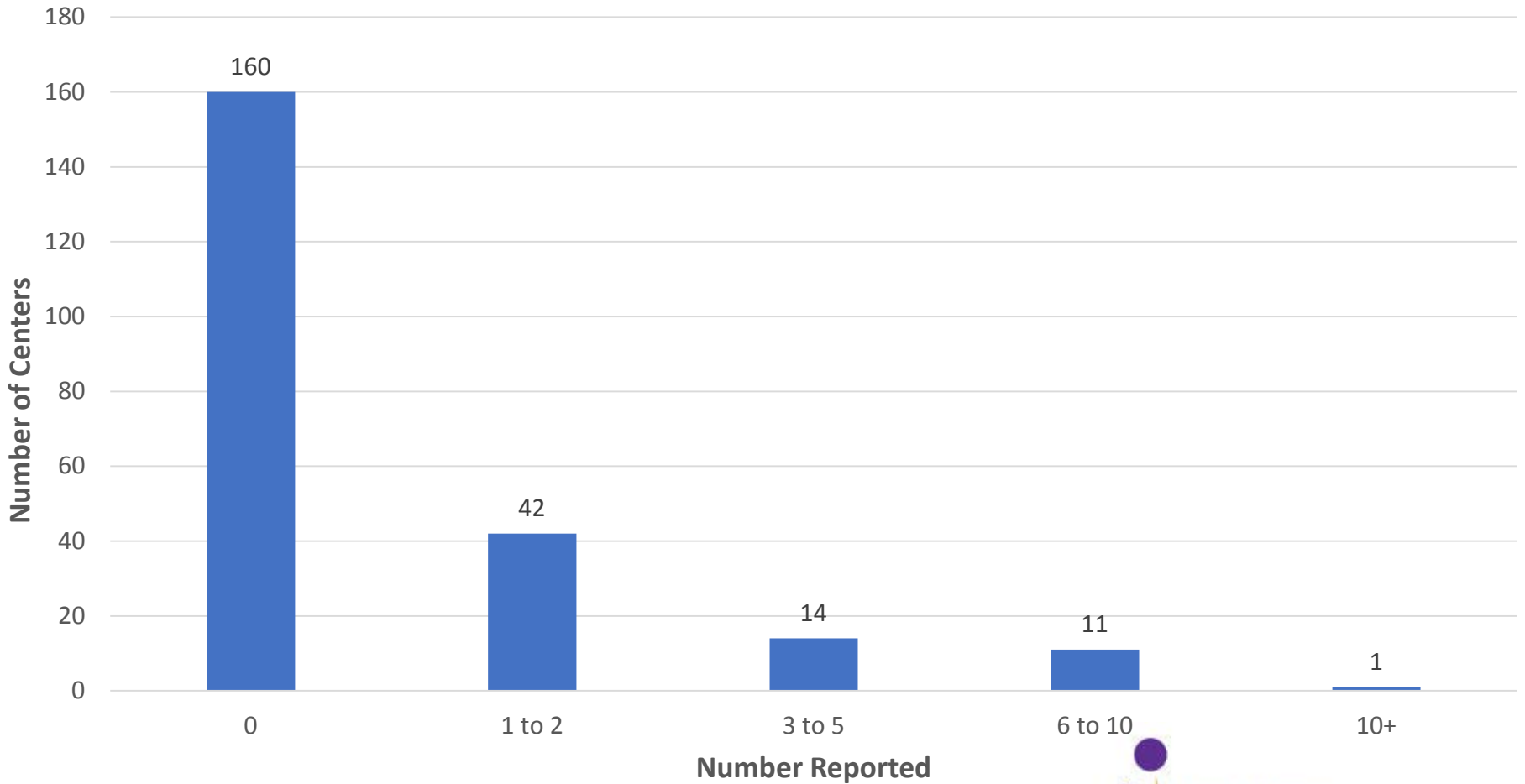
Total Extratemporal Resections - 2017



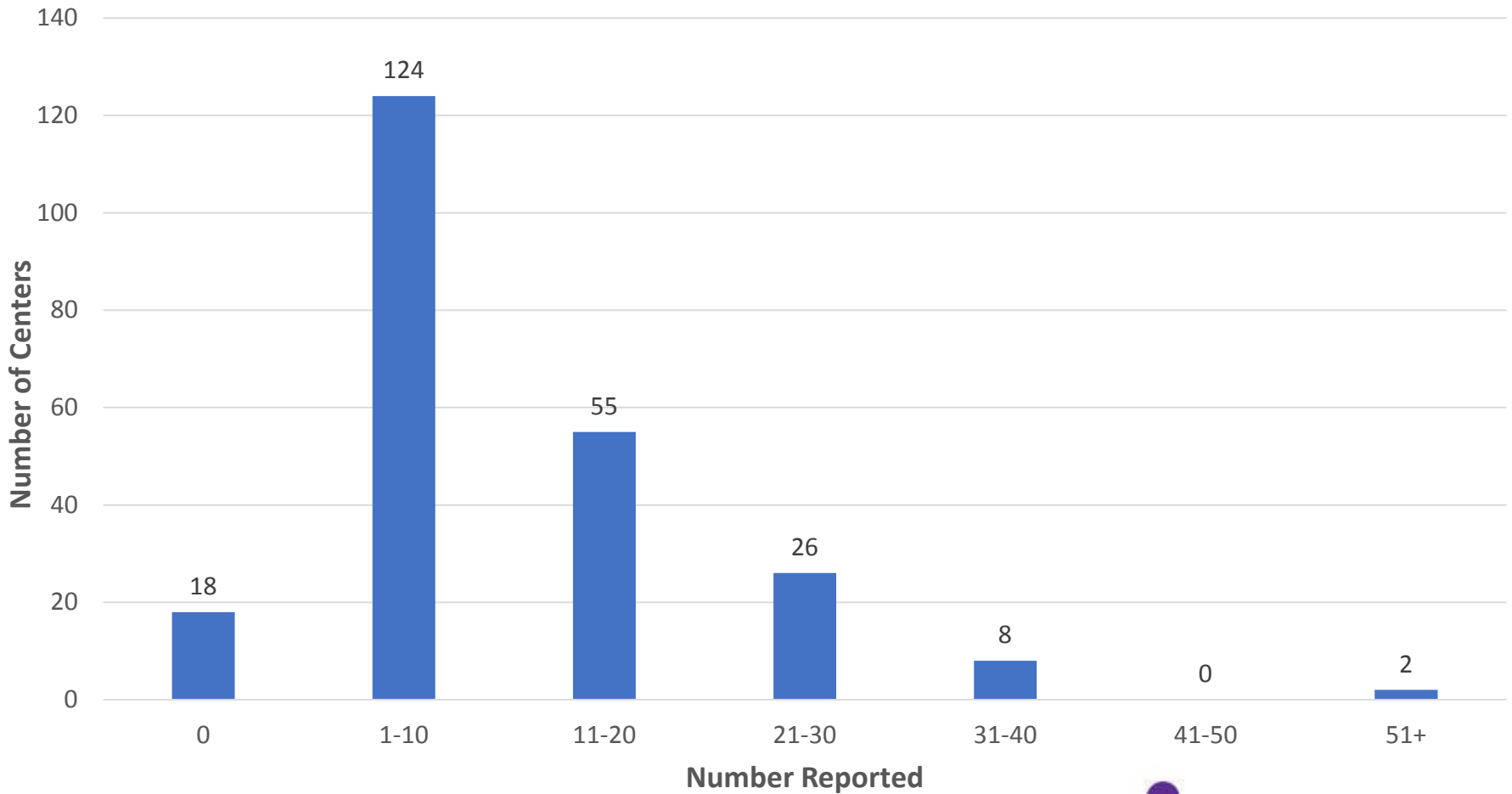
Extra-Temporal Resections 2013-2017



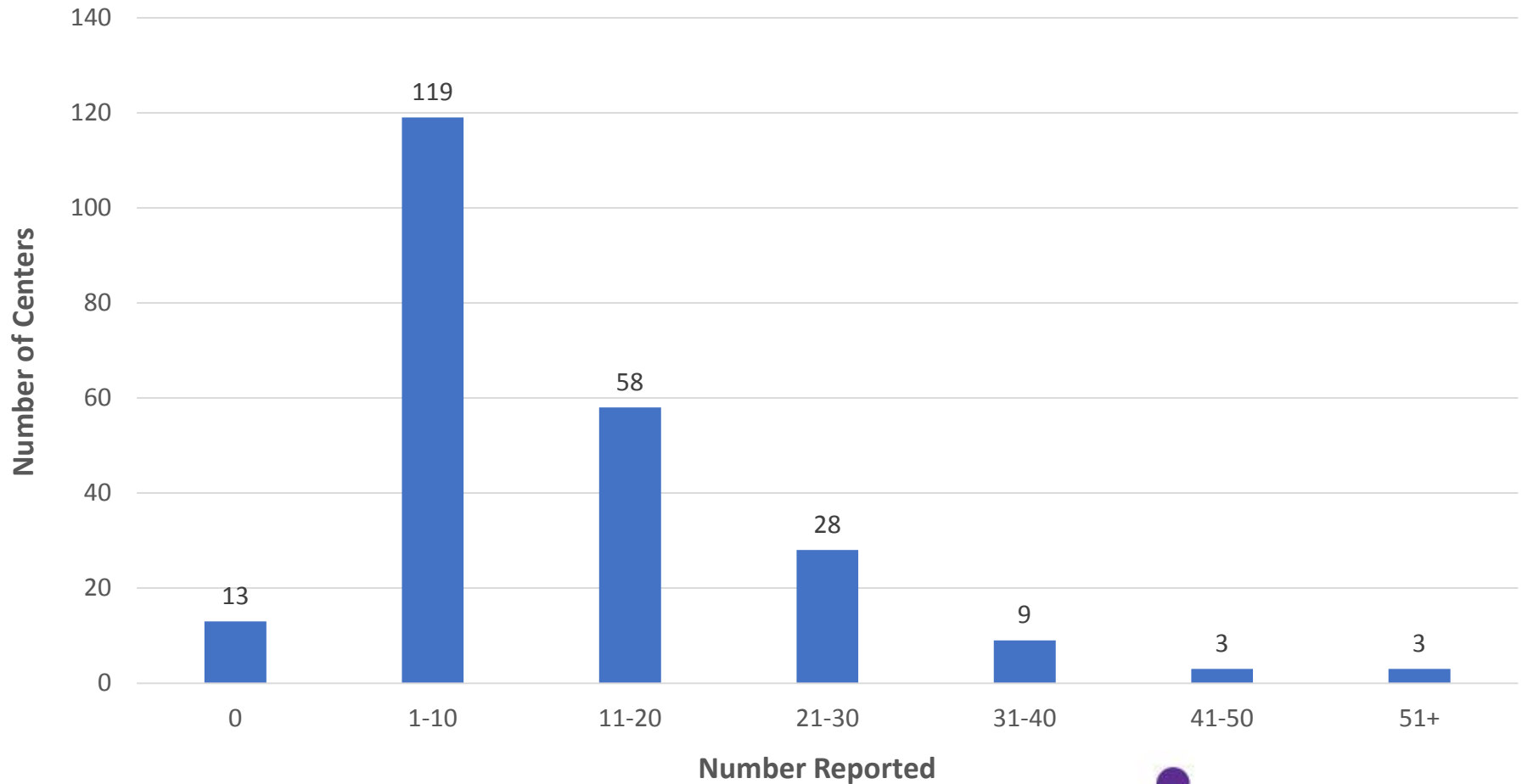
Corpus Callosotomies - 2017



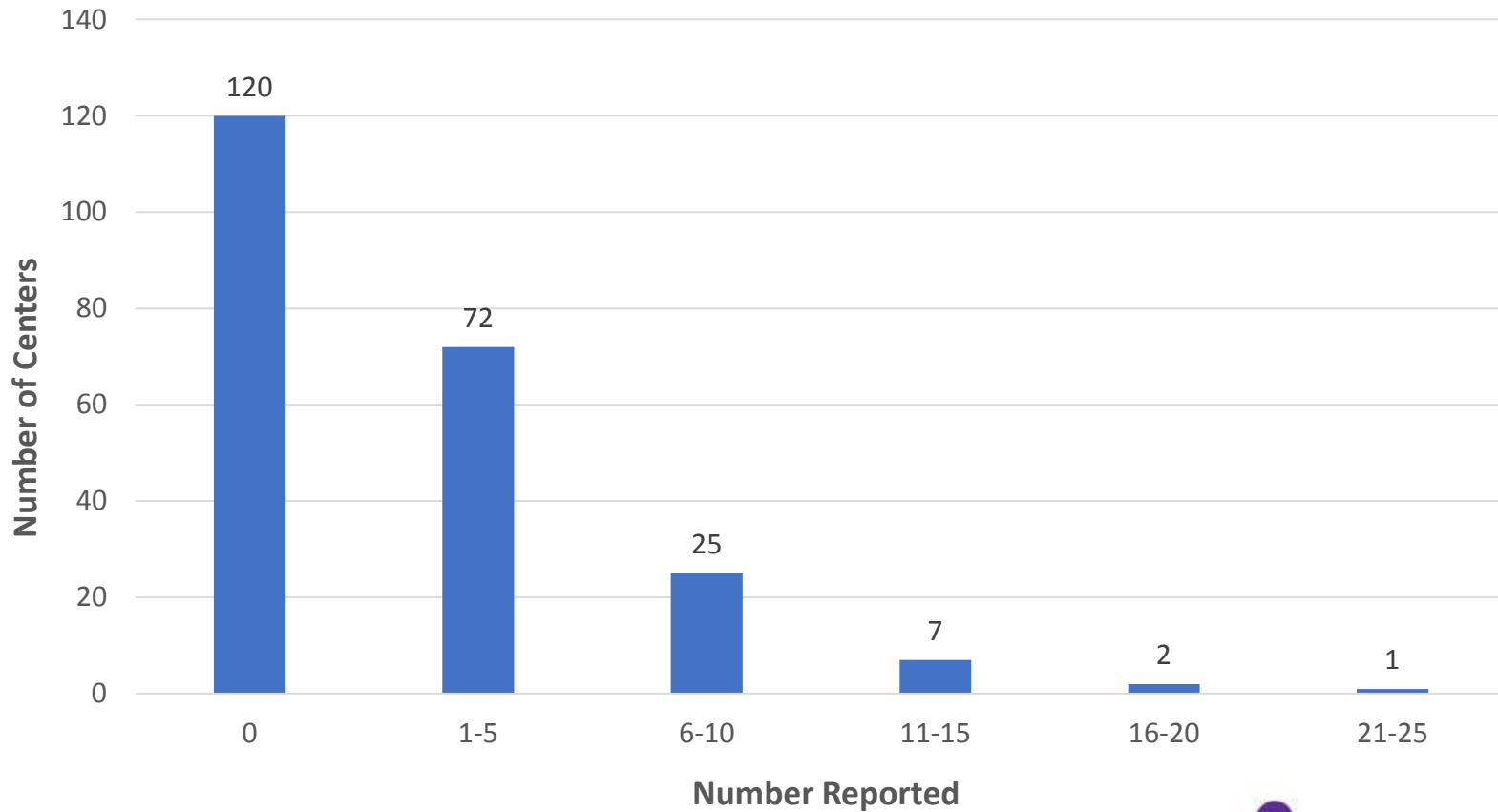
VNS Implantation - 2017



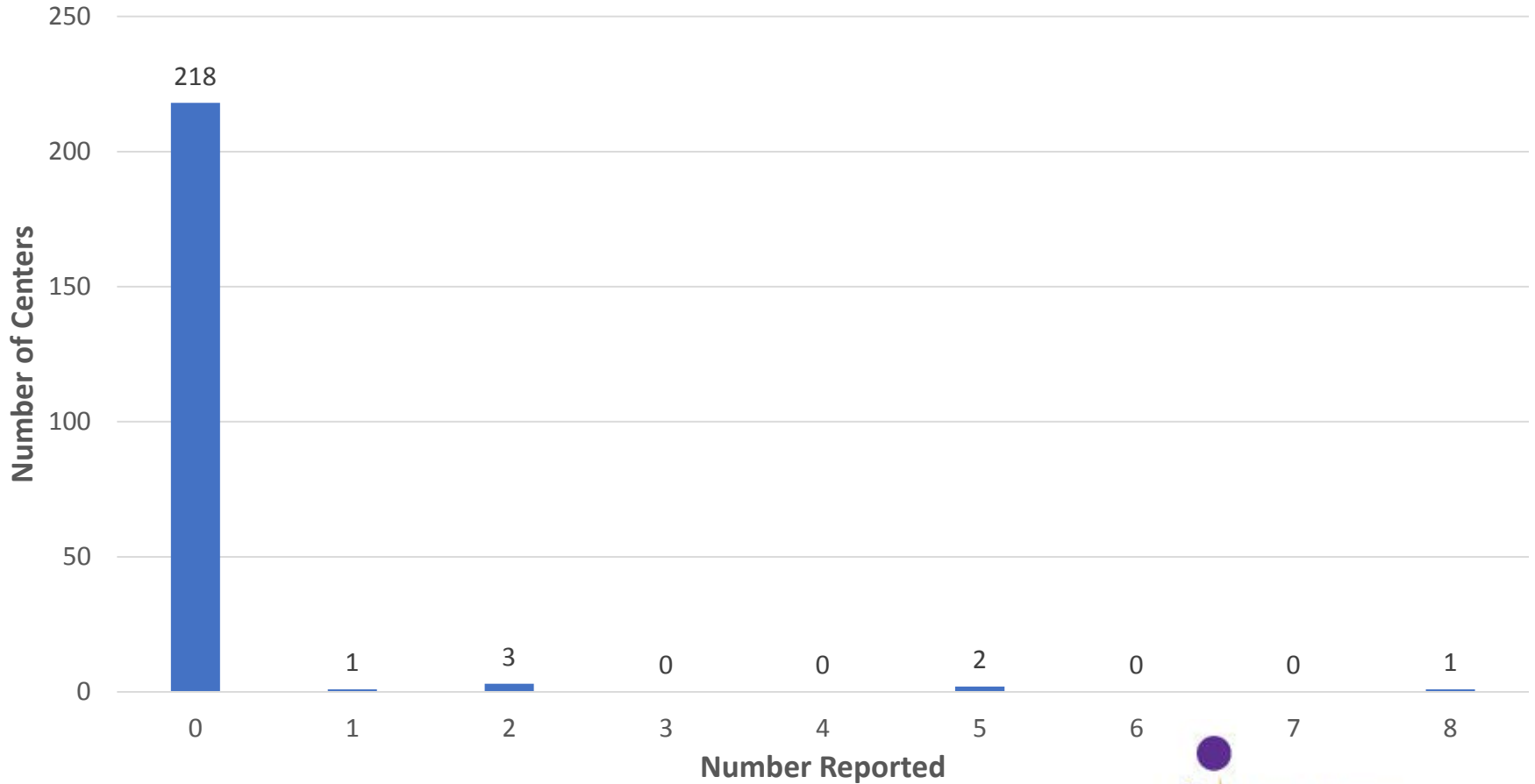
VNS Redos or Battery Change - 2017



RNS Implantation -2017

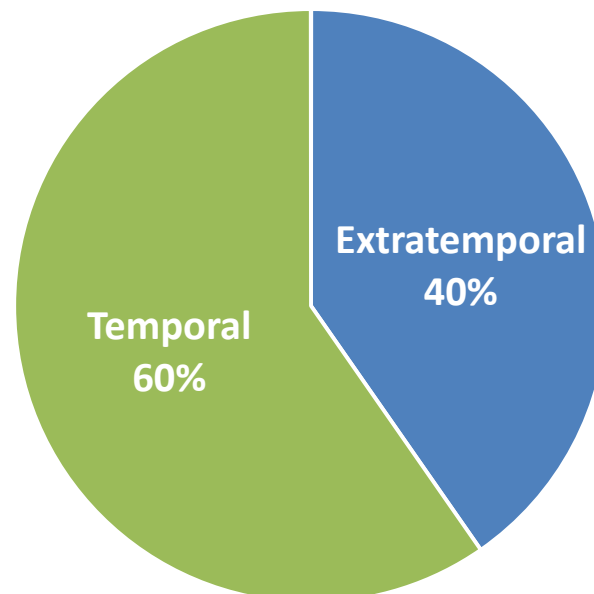
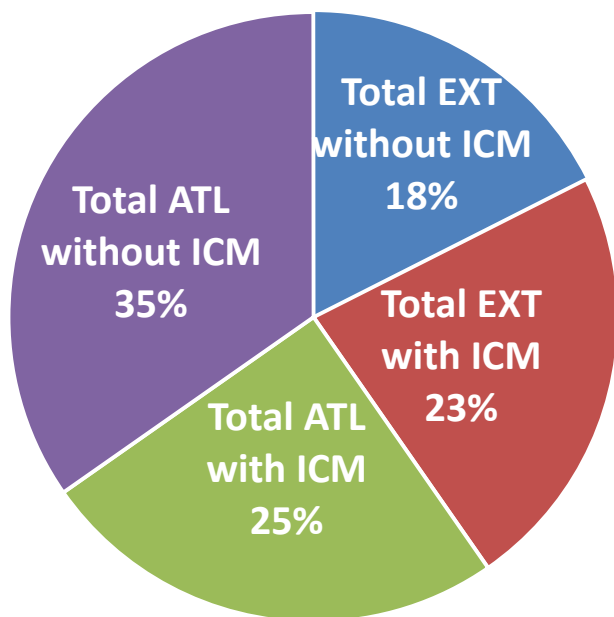


Radiofrequency/Gamma Knife Surgeries - 2017

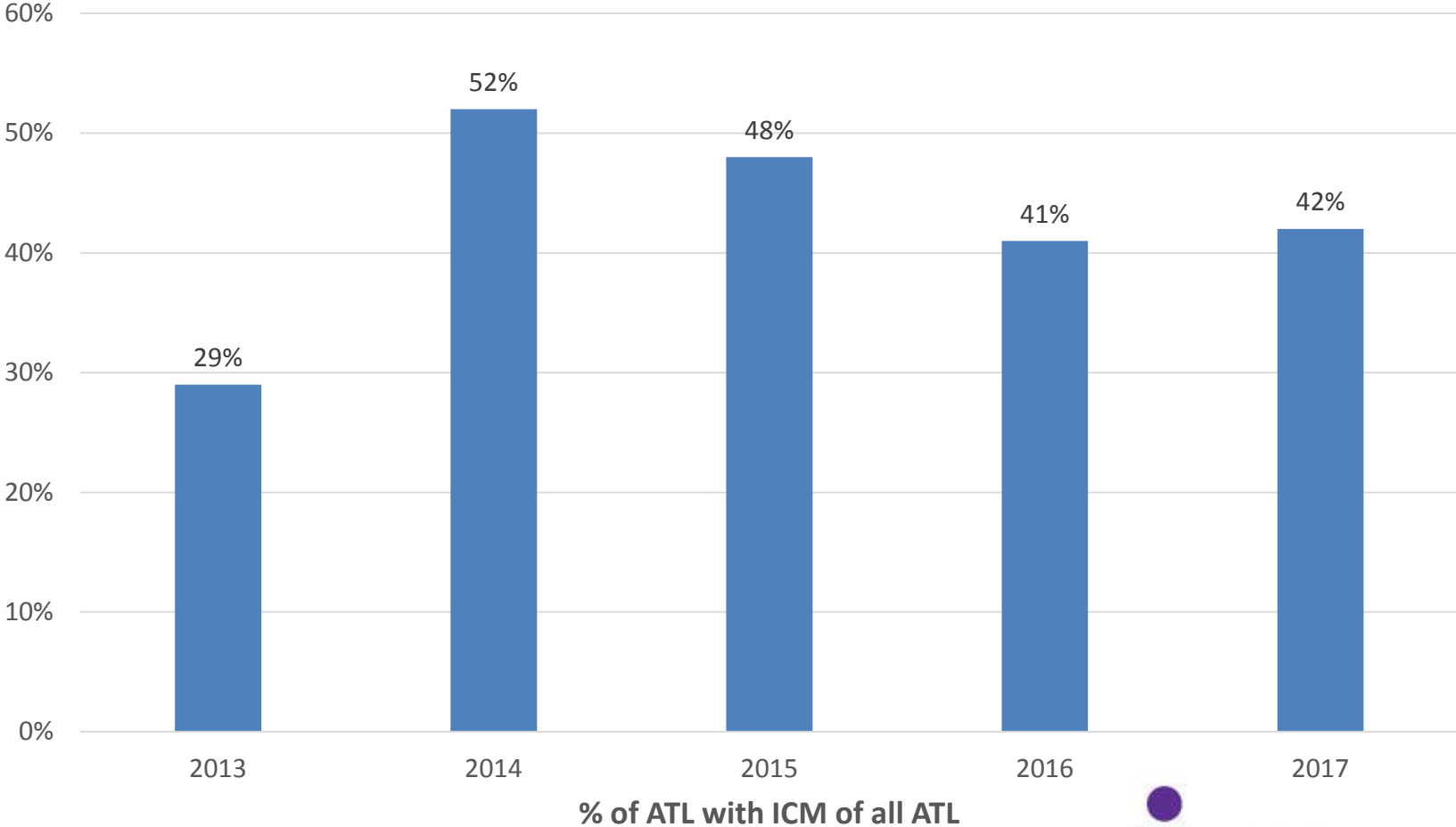


Total Number of Surgeries – 2017

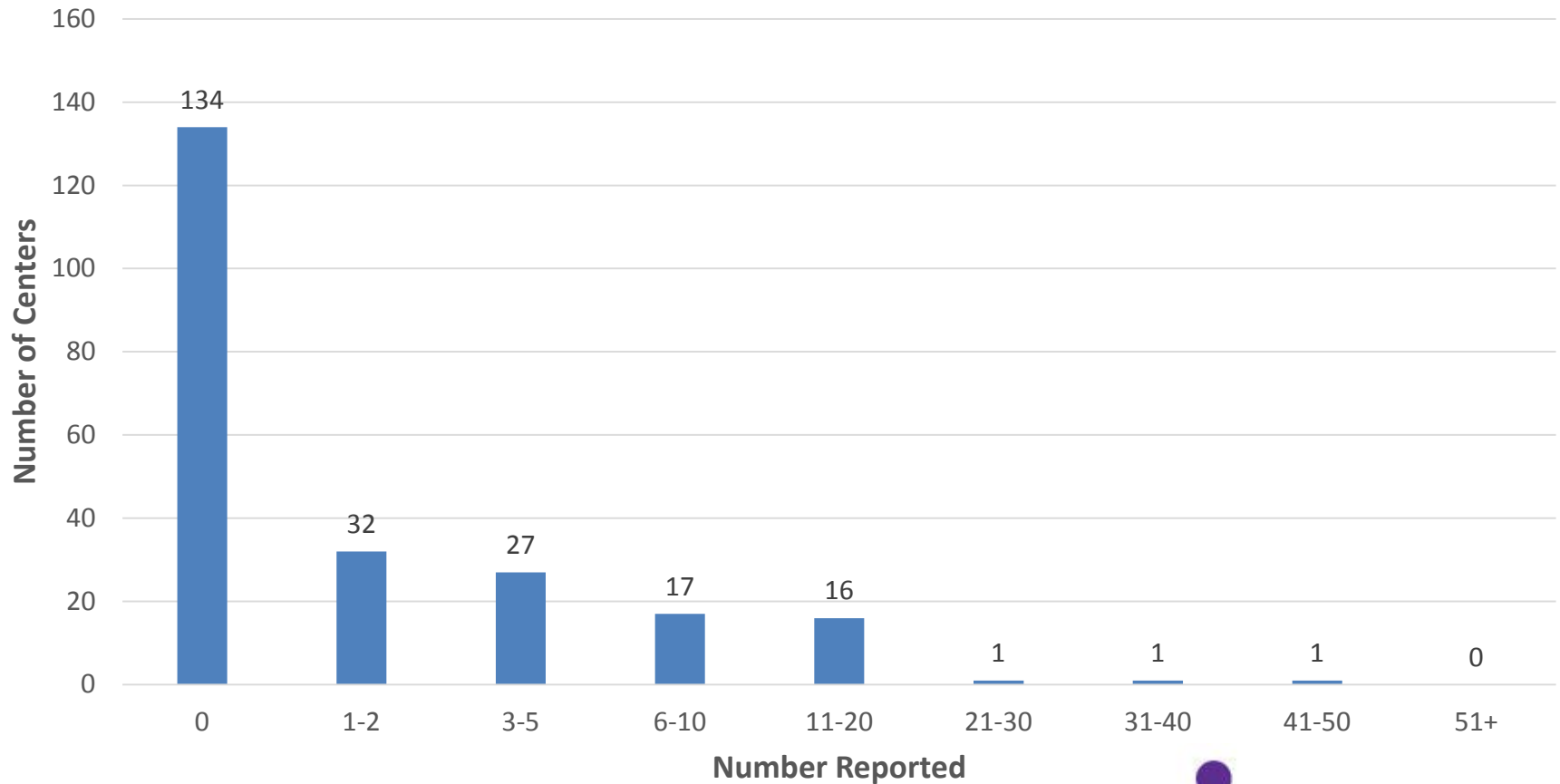
Surgery	Total
Resections	2817
ICM without Resection	807
Total	3624



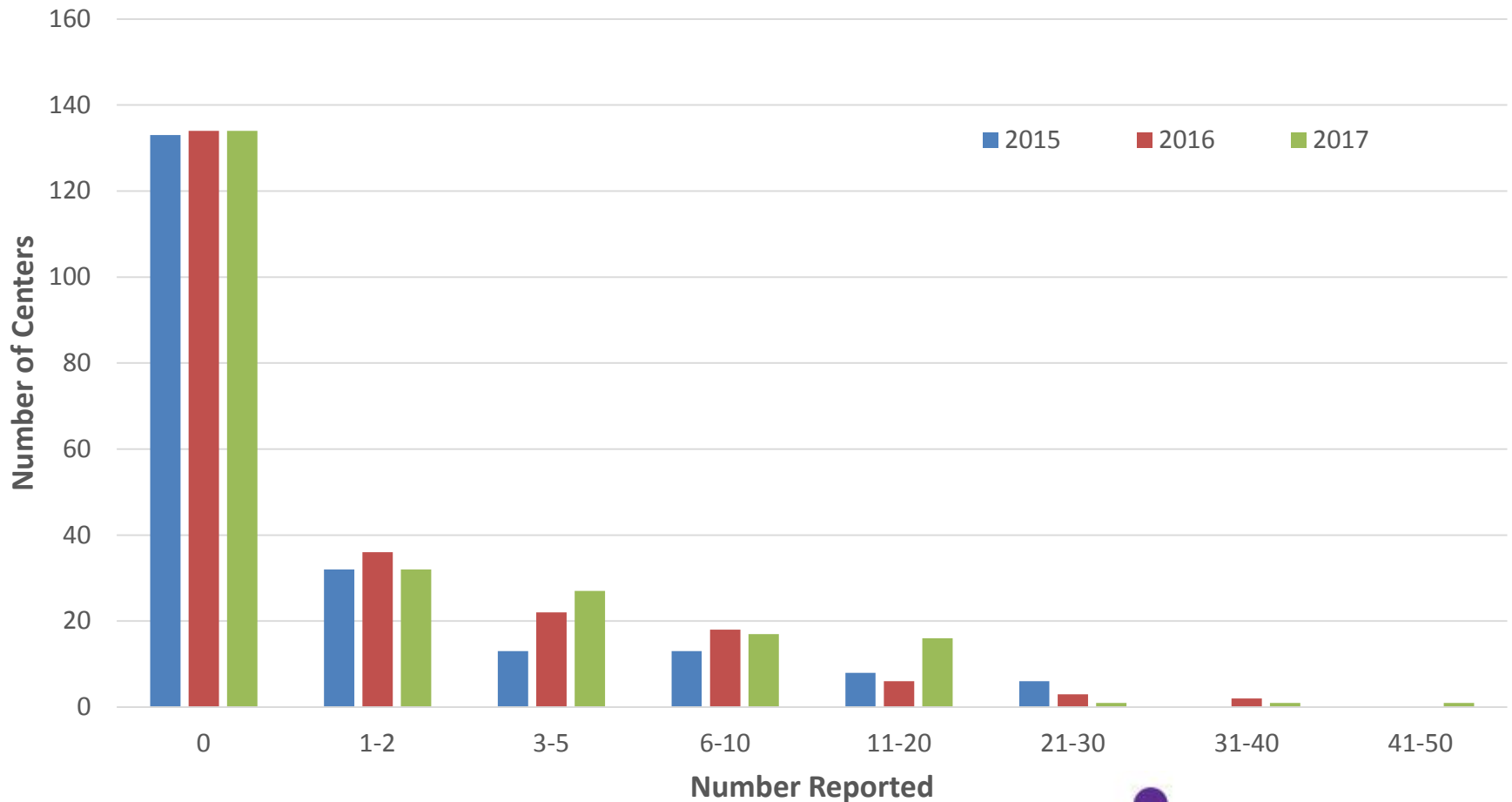
ATL with ICM 2013-2017



Laser Ablation Surgeries - 2017



Laser Ablation Surgeries 2014-2017





Epilepsy Learning Healthcare System



Partnering to Improve Outcomes

"Learning from Every Patient with Epilepsy"

By connecting epilepsy centers and including people with epilepsy and their families, the ELHS will empower all people with epilepsy to live their highest quality of life, striving for freedom from seizures and side effects.

Epilepsy is the 4th most common neurological disease and affects people of all ages.

- 30% of people living with epilepsy do not have seizure control.
- Epilepsy often goes undiagnosed or is misdiagnosed.

For people with epilepsy, there is often:

- Inadequate access to specialized care.
- Underutilization of effective or curative treatments.
- Higher rates of death and disability than in the general population.

The Epilepsy Learning Health System (ELHS) is looking to change that.

With the support of the Epilepsy Foundation, the National Association for Epilepsy Centers, the Patient Centered Outcomes Research Institute and the Anderson Center for Health Systems Excellence, the ELHS is building a quality improvement and research network dedicated to improving outcomes for children and adults with epilepsy.

ELHS centers learn from every patient at every visit. Data is gathered from ELHS clinics across the country into a registry. The data is later analyzed centrally to find best practices that will lead to better outcomes for patients and their families.

At each center, experts will facilitate in-person learning sessions. Monthly webinars will be held, in which providers can share improvement on practices with the entire network. New ideas are generated and tested in ELHS centers using iterative Plan-Do-Study-Act (PDSA) cycles. Patients and families are integrated at every step to drive priorities, design new initiatives, and provide insight.

ELHS strives to improve quality of life and to reduce or eliminate seizures.



Questions?



Epilepsy Center Accreditation Update

NAEC Accreditation Committee:

Fred Lado, Susan Arnold, Evan Sandok



Agenda

- History and Overview of NAEAC Accreditation Program
- Accreditation Process and Role of Accreditation Committee
- 2019 Accreditation Criteria Changes
- Future Policies and Criteria under Consideration by NAEAC
- Comments/Questions



Accreditation Program Outgrowth of NAEC Guidelines

- 1990: NAEC formed and publishes *Guidelines for Essential Services, Personnel and Facilities in Specialized Epilepsy Centers in the US*, becoming basis for center self-assessment.
- 2001 and 2010: Guidelines revised
- 2013: Institute of Medicine Report, *Epilepsy Across the Spectrum*, calls for more independent accreditation of epilepsy centers.
- 2014-2015: NAEC developed criteria for epilepsy center accreditation, endorsed by AES, and piloted accreditation program.
- 2016-2019: NAEC Accreditation Program in operation with 30+ criteria for level 3 and 4 epilepsy centers. Incremental changes made during this time.



Accreditation Timeline

- Jan 31 – Deadline for Accreditation submission – dues, annual report, documents.
- Feb 1- 15 – Staff review of completeness of application and notify centers of deficiencies.
- March 1 – Final Deadline
- NAEC Policy and Procedure Manual details process.



Review of Accreditation Applications

- Staff perform first level of review for completion
- Accreditation Committee and Board review centers with deficiencies or unique issues
- Accreditation Committee makes recommendations to Board on accreditation decisions
- NAEC Board makes final decision
- Addressing bias
 - Conflict of Interest and Confidentiality policy governs review
 - Center name is blinded



Accreditation Committee

- Piloted in 2018 to create a more independent governance structure for accreditation.
- NAEC Board defines accreditation criteria and policies, with input from the Accreditation Committee.
- The Accreditation Committee assesses center compliance with criteria and notifies Board of the accreditation decisions before notifications are distributed.
- NAEC plans to formalize Committee in 2020 with By-laws change.



Public Face of Accreditation

- Increase transparency of process to assure patients that standards are met and resources are available at accredited centers.
- NAEC Website and Directory of Accredited Epilepsy Centers – Public Information
 - Level 3 or Level 4
 - Adult, Adult/Pediatric, Pediatric
 - Full (2 year)/Conditional (1 year) (on website in 2019)
- *US News and World Report* recognition of NAEC Level 4 centers over 20 years.



New Criteria and Other Changes for 2019



Annual Report Changes for 2019

- **Continual Compliance** – Medical Director attests to center maintaining compliance throughout accreditation period and required to notify NAEC of substantial changes.
- **Hospital Administrator** – Identify hospital administrator with responsibility for hospital-based aspects of center.



Annual Report Changes for 2019

- **Surgical data and EMU admissions collected in age bands to better understand patient mix:**

List of Surgeries to Be Reported by Patient Age

Surgery Type	0-2 yrs	3-5 yrs	6-10 yrs	11-18 yrs	Total Ped Patients	19+ yrs	Total all patients
Temporal Lobectomies (includes either medial or lateral temporal lobectomies)							
Temporal lobectomies that required intracranial electrodes (should be \leq total temporal lobectomies)							



New Criteria for 2019 – for centers completing full accreditation process

- EMU Admission Order Set – upload
- Surgical report uploaded must be signed by neurosurgeon listed in center’s annual report.
 - Additional research questions about neurosurgeon included in 2019.



Required Elements for Protocols

- Starting in 2018 NAEC included guidance on key elements in required protocols.
- Sample protocols on NAEC website
- Separate Pediatric Protocols for Adult/Ped centers for:
 - Protocol #2 – Measures taken if number, duration or severity of seizures observed is excessive. Centers should mention medication(s) and doses. Ped-specific protocol required with age/weight appropriate doses for IV and non-IV options
 - Protocol #5 – Management of Status Epilepticus and seizures in hospitalized patients. Centers should mention medication(s) with age/weight appropriate doses for both IV and non-IV options. Ped specific protocol required.



Future Considerations for Epilepsy Center Accreditation



Future Accreditation Criteria/Policies

- Most changes to NAEC's Accreditation Program since 2015 have been incremental.
- NAEC's Board and Accreditation Committee are considering additional criteria and policies for future accreditation cycles.
- NAEC is seeking a more public review and comment period prior to implementation in 2020.



Core Criteria

- Currently NAEAC allows for conditional accreditation for one year if the center has not met all criteria.
- Establish core eligibility criteria for accreditation that a center cannot miss to maintain even conditional accreditation
 - If deficient in a core criterion, the center would not be accredited.
- Core criteria under consideration:
 - Two epileptologists for both level 3 and 4 centers (maintain rural exemption)
 - One pediatric epilepsy specialist (for pediatric and adult/ped centers)
 - Neurosurgeon for level 4 centers.



Requiring an EMU

- Clearly define and require epilepsy centers to have an Epilepsy Monitoring Unit (EMU)
- Potential elements:
 - Designated hospital beds where data is captured and sent to a central place
 - Specially-trained nurses
 - Movable video cameras with 24/7 recording available
 - Dedicated 24/7 monitor watchers



Intracranial VEEG Criteria

- Current requirement is 1 intracranial report uploaded the year center is going through full accreditation process
 - This criterion has caused the most movement of centers from level 4 to level 3.
- Considering changing requirement for level 4 centers to meet a threshold for intracranial monitoring over time (rolling average)



Enhancing Pediatric Center Criteria

- Require adult/pediatric and pediatric centers to upload a V-EEG of a patient age two or younger (current requirement <10 years).
- Should ped and adult/ped centers be required to submit a surgical report for a pediatric patient?
- Should centers listed on NAEAC website as pediatric or adult/pediatric centers be accredited to serve children of all ages?



Next Steps

- NAEC is seeking member input on both the clinical criteria for accreditation and the process followed.
- NAEC will distribute the criteria under consideration for 2020 along with the NAEC Accreditation Policy and Procedure Manual early next year.
- Center support for the accreditation process is greatly appreciated.



Questions?

