



NAEC Accreditation Update – June 2019

The NAEC Board and Accreditation Committee met in June 2019 to discuss the NAEC accreditation process and criteria, along with the survey results from the NAEC membership. In response to member requests to be notified about changes to the accreditation criteria as early as possible, this memo details changes to the accreditation criteria that the NAEC Board has approved for 2020 and 2021. NAEC first announced these potential changes at its member meeting during the AES meeting in December 2018 and implemented a public comment process to solicit feedback from members in May 2019. Approximately 120 member centers provided input via the survey.

We have organized this memo into two sections: first are criteria that will be implemented for next year's accreditation process; second are criteria that will not be implemented until 2021 to give centers more time to meet these more significant changes. We have also provided information from the membership survey on each of the criteria that we are revising. NAEC will be releasing more detailed information about the changes to the accreditation criteria when the 2020 accreditation process begins this fall. Please contact NAEC at info@naec-epilepsy.org with any additional questions in the meantime.

NAEC Accreditation Criteria Changes Taking Effect for the 2020 Accreditation Process Based on Data from Calendar Year 2019

1. Neurosurgeon Board Certification

NAEC is changing its rules for neurosurgeons for level 4 centers and level 3 centers that perform surgery.

Current Criteria: Centers must have at least 1 neurosurgeon with American Board of Neurological Surgery (ABNS) board certification (or equivalent) and at least 2 years of experience post-fellowship.

New Criteria: Centers must have at least 1 neurosurgeon who is ABNS board-certified or board-eligible and tracking towards certification. The neurosurgeon must also have completed an epilepsy fellowship or have at least 2 years of experience. "Board-eligible and tracking towards certification" means that the neurosurgeon has graduated from an ACGME-accredited program, passed the ABNS Primary Exam and is within the allowable years to compile his/her case logs for the Oral Exam.

Implementation: Centers will be required to upload their neurosurgeon's CV and NAEC will verify credentials with ABNS. Foreign-trained neurosurgeons with equivalent experience will be considered on a case-by-case basis.

Member Survey and Center Annual Report Data: Based on data provided in the 2019 Center Annual Report, 95% of neurosurgeons submitted to NAEC were either board-eligible or board-certified. In the NAEC member survey, 80% of centers thought it was reasonable to require a board-certified neurosurgeon. Most centers with concerns either mentioned that they thought board eligible was adequate because of the lengthy training period for neurosurgeons or that foreign-trained neurosurgeons cannot be ABNS board certified even if they have equivalent experience. The new criteria address these concerns.

2. Intracranial Video EEG Criteria

Current Criteria: Level 4 centers must have performed 1 intracranial video EEG case the year before they are completing the full accreditation process (i.e., have a 2019 patient report to upload for the 2020 process).

New Criteria: Level 4 centers must perform at least 1 intracranial video EEG case per year and at least three in the last 3 years.

Implementation: Centers will be required to upload 3 intracranial reports to validate that they are meeting this standard.

Member Survey and Center Annual Report Data: NAEC reviewed center comments and data reported in the 2017-2019 Center Annual Reports when setting this threshold. In the NAEC member survey, 99% of level 4 centers indicated that they could meet this requirement. Based on a review of Center Annual Report data, 96% of level 4 centers would meet this threshold based on data reported to NAEC over the last three years.

3. Additional Research Questions

Each year, NAEC adds a handful of additional questions to the Center Annual Report for research purposes. Responses to these questions will not affect a center's accreditation status but will be reviewed by the NAEC Board when setting future accreditation criteria. For 2020, NAEC plans to add questions related to accessibility of genetic testing and counseling; psychiatric services and protocols for caring for patients with psychogenic, non-epileptic spells; and telemedicine services.

NAEC Accreditation Criteria Changes Taking Effect in 2021 Accreditation Process Based on Data from 2020

1. Requiring an EMU

Current Criteria: No explicitly stated requirement for having an epilepsy monitoring unit (EMU).

New Criteria: Beginning in 2021, in an effort to ensure safety at epilepsy centers, NAEC centers will be required to have an epilepsy monitoring unit (EMU) that meets the following definition:

- Designated hospital beds where video and EEG data is captured and sent to a central location
- Remote-control video cameras with 24/7 recording available (not a fixed camera)
- Trained personnel dedicated 24/7 to monitoring video and EEG – someone trained in seizure recognition and recording integrity, not necessarily a traditional EEG technologist
- EMU safety-trained inpatient nurses
- Epilepsy-specific staff training and protocols for seizure safety
- Clinical decision-making by an epileptologist

Implementation: NAEC will add additional questions to the Center Annual Report for centers to demonstrate compliance. These questions will be added to the 2020 Center Annual Report to give centers practice in submitting the new information but responses will not affect a center's accreditation status until 2021.

Member Survey Data: In the NAEC member survey, 95% of centers indicated that they could meet this standard. To assist centers with meeting this requirement, NAEC is exploring creating a training module for monitoring technicians (not necessarily EEG technicians) who monitor ongoing video EEG recordings and developing additional resources.

2. Center Medical Director Board Certification

Current Criteria: Now, centers must have “at least two board-certified neurologists with expertise in epilepsy.” Expertise in epilepsy is defined as: “ABPN epilepsy board certification; and/or at least two years of experience post-fellowship in an epilepsy center. Special competence in epilepsy or clinical neurophysiology is encouraged but not required.” NAEC is silent about board certification for Medical Directors.

New Criteria: Center Medical Director must be board-certified in epilepsy or clinical neurophysiology. NAEC will remove the requirement to have at least 2 years of experience post-fellowship, since board-certified physicians would have this experience. The center’s second neurologist with expertise in epilepsy may be board-eligible rather than board-certified.

Implementation: Centers will be required to upload the Medical Director’s CV indicating that s/he has at least one of these certifications: ABPN Epilepsy, ABPN Clinical Neurophysiology and ABCN Clinical Neurophysiology. NAEC will verify credentials with the relevant boards. Medical Directors who have trained in another country and are not board-eligible in the US may qualify on a case-by-case basis based on equivalent experience.

Member Survey and Center Annual Report Data: In the NAEC member survey, 85% of respondents agreed that NAEC should require center Medical Directors to be board-certified in epilepsy or clinical neurophysiology and not just have “experience” in epilepsy. Data submitted in the 2019 Center Annual Report indicate that 95% of level 4 centers and 86% of level 3 centers will meet this new standard.

3. Enhancing Pediatric Center Criteria

Current Criteria: Adult/Pediatric and Pediatric Centers must have a pediatric neurologist and upload a video EEG report for a patient under 10 years of age.

New Criteria: Starting in 2021, NAEC is implementing two changes to criteria for adult/pediatric and pediatric centers to ensure that these centers have sufficient expertise to treat children of all ages:

- Adult/Pediatric and Pediatric Centers will be required to have a pediatric epilepsy specialist, defined as either board-certified or board-eligible by ABPN Child Neurology and one or more of ABPN Epilepsy, ABPN Clinical Neurophysiology or ABCN Clinical Neurophysiology. Pediatric epilepsy specialists who have trained in another country and are not board-eligible in the US may qualify on a case-by-case basis based on equivalent experience.
- These centers will also be required to upload a video EEG report for a patient 2 years old or younger.

Implementation: Centers must upload a CV for the pediatric epilepsy specialist and NAEC will verify credentials. Centers must also upload a video EEG report for a patient 2 years old or younger.

Member Survey and Center Annual Report Data: In the NAEC member survey, 92% of adult/pediatric and pediatric centers said that they could meet these new standards. 2019 Center Annual Report data indicate that 84% of adult/pediatric and pediatric centers have at least one pediatric epilepsy specialist per the definition above. Centers that cannot meet these new criteria can be listed as Adult on the NAEC Center Directory.

4. Core Accreditation Criteria

Current Criteria: No core criteria. Currently-accredited centers can achieve “conditional” accreditation for one year if the center has any deficiencies. These centers must meet all criteria the next year.

New Criteria: Starting in 2021, NAEC is implementing core criteria, which would be required annually with no exception or flexibility. Centers with deficiencies in core criteria would not be accredited at all (rather than receiving conditional accreditation). The core criteria are:

- Medical Director (as defined above)
- Presence of an EMU (as defined above)
- One pediatric epilepsy specialist for pediatric and adult/pediatric centers (as defined above)
- Active presence of epilepsy specialist neurosurgeon for level 4 centers (note: this is not a core criterion for level 3 centers that perform surgery)

Implementation: Additional questions related to the core criteria will be added to the 2020 Center Annual Report to give centers practice in completing the new information but responses will not affect a center’s accreditation status until 2021.

Member Survey Data: In the NAEC member survey, 95% of centers indicated that they could meet these criteria.