Epilepsy Focused Study IV

EPRP FY2021Q2

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Background Information

- Completed three previous studies on VHA population sample to assess:
  - use of selected newer Anti-epileptic Drugs (AED)
  - evaluate side effects
  - determine potential reasons for decreasing dosages and/or discontinuing the AED
    - **First study** completed in 1Q20, 17 ECoE – sample included 165 records – found a need for more data
    - **Second study** completed in 2Q20, expanded to all facilities – sample included 678 records – results found a need for more data
    - **Third study** completed 3Q20 focused on 2 specific medications: Eslicarbazepine acetate (Aptiom), perampanel (Fycompa)

Study Information

- Population: Veterans with Epilepsy (ICD-10-CM codes) who were prescribed at least one of two AEDs:
  - **brivaracetam (Briviact)**
  - **lacosamide (Vimpat)**
- Informational study
- No scored measures
- No Data Accountability Checklists (DACs) or Exit Reports

Quality Insights

Differences in Epilepsy IV from Epilepsy III Study

- Look carefully at dates in the questions – many have changed!
- Only looking at the two specific AEDs
- Outpatient neurology encounters will be pre-filled on the pull list
  - New validation questions to confirm the prefilled encounter date is correct
- Date and the dosage of the first prescription of the medication(s) will be prefilled on the pull list
  - New validation questions to confirm the prefilled date, medication dose and whether the patient was taking the prescribed dose

Quality Insights

Q1 neurodt, Q2 validenc, & Q3 neurodt2

- **neurodt**: will be pre-filled with the most recent outpatient neurology encounter between 01/01/2016 and 09/30/2020
  - This prepopulated date will be validated in Q2 validenc
- **validenc**: If the date of the pre-filled encounter in Q1 is incorrect, select "2" or No and enter the actual date of the neurology outpatient encounter in Q3 **neurodt2**
  - Encounters must be from 1/01/2016 – 9/30/2020
    - **Exclude encounters that were for procedures only**
      - e.g., EEGs, calls to inform patient of test results, or encounters at non-VHA facilities
    - **99/99/9999 will be entered if there is no neurology outpatient encounter during this timeframe and the case will be excluded**

Quality Insights

Seizure Management

Q4 neuroenc – Asks if there is documentation of seizure management by a neurology physician/APN/PA on the date of the outpatient encounter in neurodt or neurodt2

- Documentation by neurology physician/APN/PA may include:
  - Evaluation of AED effects
  - A numerical report of seizure frequency, e.g., 1 seizure/week, 2 seizures past month
  - Patient is seizure free
  - No change in frequency
  - Continues to have absence seizures several times a month

Quality Insights

Seizure Management

Q5 sznum – Asks to select the number of seizures within the past year documented by neurology physician/APN/PA on (neurodt or neurodt2)

1. 0 or no seizures
2. 1 - 5
3. 6 - 10
4. > 10

99. Number of seizures within past year not documented or unable to determine

Q5 sznum (cont.)

- Look for terms such as spells, events, blank stares, episodes
- Other descriptions:
  - **Generalized tonic-clonic (GTC) (grand mal) seizures**
  - **Absence seizures (petit mal) other terms include**
  - **Focal seizures (partial seizures)**
  - **Any type of seizure activity documented should be counted**
    - **Example**: "Patient has had only 1 generalized tonic-clonic seizure (GTC) since last visit"
- If the exact number is not documented, it may be calculated
  - **Example**: 5 - 6 spells per month x 12 months = 60 - 72 in past year. Select value "4" or greater than 10 seizures

Seizure Management

Q6 szdt – Asks to enter the date of the most recent seizure within the year before (neurodt or neurodt2) documented by neurology physician/APN/PA

- Enter the exact date - If not documented, it can be estimated.

  Example: Note dated 11/16/2019 indicates most recent seizure was 2 months ago, enter "09" for the month, 01 for day and 2019 for year. If no reference to how long ago the most recent seizure was and the year is known, but not the month or day, enter "07" for month and "15" for the day.
- May enter 99/99/9999 if there is no documentation of the most recent seizure date

Anti-Epileptic Drugs (AEDs)

- Remaining questions focus on specific AED(s) prescribed for the patient, including one or both of the following medications:
  - **brivaracetam (Briviact)**
  - **lacosamide (Vimpat)**
- AED(s) will be identified on the Pull List

Anti-Epileptic Drugs (AEDs)

- For these AEDs, you will:
  - Validate the patient was prescribed the drug
  - Validate the actual date and dose first prescribed
  - Confirm the total daily dose was documented
  - Determine if the patient was taking the daily dose of the medication as prescribed
  - Review seizure management before and after starting the drug, including the number of seizures documented within the year before the medication was started and the number after starting the medication
  - Determine if the dose was decreased or discontinued and any reason(s) why the medication was decreased or discontinued

Brivaracetam (Briviact)

- **Q7 brvdt1 & brvdos1** will be prefilled with
  - the earliest date brivaracetam (Briviact) was first prescribed
  - the initial daily dose the patient was prescribed
- Brivaracetam (Briviact) questions will be answered if the patient was identified as being prescribed this medication

New Validation Question: valbrvdt

- **Q8 valbrvdt** - is there documentation the patient was prescribed brivaracetam (Briviact) on the date that was prefilled in brvdt1
  - brvdt1 will be displayed in the question
- Review all suggested data sources for prescription of brivaracetam (Briviact) on the specified date
- Must be listed among the patient's medications recorded during the specified timeframe or entered in the pharmacy package
- If the medication was not prescribed on this date select value 2 or No

New Validation Question: valbrvdos

- **Q9 valbrvdos** - Was the total daily dose documented as it was prefilled in brvdos1
  - brvdos1 will be displayed in the question
- Confirm that the total daily dose of brivaracetam (Briviact) displayed matches the total daily dose found in the medical record on the specified date
  - If there is documentation that the patient was prescribed 25mg twice per day, the total daily dose is 50mg; if 50 mg is the prefilled dosage, select "1" or Yes
  - If the dose found in the medical record is not the same as the dose displayed, select value "2"

ptbrvdos1

- **Q10 ptbrvdos1** – is there documentation that the patient was taking the total daily dose that was prescribed
  - Confirm that the patient reports taking the total daily dose of brivaracetam (Briviact) displayed in the question
  - Ensure that there is no conflicting documentation in the notes indicating the patient was not taking the daily dose as prescribed

docbrvdt & docbrvdos & ptbrvdos2

- These questions (Q11 – Q13) will only be answered if the prefilled date is incorrect
- **Q11 docbrvdt** - During the timeframe from 01/01/2016 to 09/30/2020 enter the earliest documented date brivaracetam (Briviact) was first prescribed
  - If the prefilled date is not correct, enter the earliest date within the timeframe that the medication was prescribed
  - If there is no documentation brivaracetam (Briviact) was prescribed during the specified timeframe, enter 99/99/9999
- **Q12 docbrvdos** - Enter the total daily dose of brivaracetam (Briviact) documented on the date entered in docbrvdt
- **Q13 ptbrvdos2**- Is there documentation that the patient was taking the total daily dose entered in docbrvdos

Q14 sznmpre & Q15 sznmpost

- **Q14 sznmpre** asks for the number of seizures documented within the year ***before*** starting brivaracetam (Briviact)
  - Start reviewing with most recent encounter prior to date brivaracetam (Briviact) was first prescribed, and look for documentation of the number of seizures during year prior
- **Q15 sznmpost** asks for the number of seizures documented ***after*** starting brivaracetam (Briviact)
  - Start reviewing with the first encounter after starting brivaracetam (Briviact) and look for documentation of the number of seizures since starting the medication.

Q14 sznmpre & Q15 sznmpost

- Select the option that corresponds with the number of seizures documented within the year
  - Options include the following:
    - 1. 0 or no seizures
    - 2. 1 - 5
    - 3. 6 - 10
    - 4. > 10
    - 99. Number of seizures after starting the medication not documented or unable to determine
- If the exact number is not documented, it may be calculated
- If there is no documentation of the number of seizures since starting the medication, select "99"

brvchng

- **Q16 brvchng** asks during the time frame displayed starting from the day after brivaracetam (Briviact) was prescribed up to 9/30/2020 is there physician/APN/PA or pharmacist documentation the initial dose of brivaracetam (Briviact) was ***decreased***
- Please review all suggested data sources for documentation of a decrease in the dose

newbrvdt & newbrvdos

- If the medication dose was decreased, **Q17 newbrvdt & newbrvdos** will ask to enter the earliest date the brivaracetam (Briviact) dose was decreased and the new total daily dose
- For example, if the physician order states decrease brivaracetam to 100 mg bid (twice a day), then the total daily dose would be 200 mg/day

brvrsn & brvothrsn

- **Q17 brvrsn** (1 -25) will ask for physician/APN/PA or pharmacist documentation of the reason(s) the dose was decreased
- Select all reasons that apply
- Select "99" if no reason is documented
- If "25" or "Other" is selected, enter the reason (free text) in **Q18 brvothrsn**

brvdc, dcbrvdt, brvdcrsn, brvothrdc

- **Q19 brvdc** asks during the time frame displayed starting from the day after brivaracetam (Briviact) was first prescribed up to 9/30/2020, is there physician/APN/PA or pharmacist documentation the initial dose of brivaracetam (Briviact) was ***discontinued***
  - If the medication was discontinued, in **Q20 dcbrvdt** enter the exact date brivaracetam (Briviact) was discontinued
  - If dcbrvdt completed, **Q21 brvdcrsn**, asks for the reason the medication was discontinued
    - Select all reasons that apply as documented in the medical record
    - If the reason for discontinuing the medication documented in the medical record is not in the list, select value "25"
      - If value "25" is selected, enter the free text reason documented in **Q22 brvothrdc**

lacosamide (Vimpat)

- **If the case is flagged for lacosamide (Vimpat)**, you will answer the next set of questions (Q23 – 38) related to the AED lacosamide (Vimpat)
- **Lacosamide (Vimpat) questions are the same format as the brivaracetam (Briviact) questions just discussed**

New Validation Question for lacosamide (Vimpat)

- **Q24 vallcmdt, Q25 vallcmdos** are new questions to validate the pre-filled date and dose for lacosamide (Vimpat) provided with the pull list during the timeframe 01/01/2016 and 09/30/2020
- **Q26 ptlcmdos1** asks if there was documentation that the patient was taking this total daily dose
- **Q27 doclcmdt, Q28 doclcmdos, and Q29 ptlcmdos2** will be entered if the pre-filled dose and date are incorrect or inconsistent with medical record documentation

Remaining Questions for lacosamide (Vimpat)

- **Q30 sznmpre4** and **Q31 sznmpost4** evaluate the number of seizures prior to and after the medication is prescribed
- **Q32 lcmchng**, **Q33 newlcmdt**, **newlcmdos, lcmrsn**, **Q34 lcmothrsn** assesses whether the dose was decreased and the reasons why
- **Q35 lcmdc, Q36 dclcmdt, Q37 lcmdcrsn and Q38 lcmothrdc** assess if the medication was discontinued and the reasons why

Reminders

- Please review all suggested data sources for prescription of AEDs listed in the definition and decision rules
- Pay close attention to the timeframes in the questions to ensure the documentation in the medical record is during the specified timeframe before selecting your answer choice

Questions

- Send any questions to:
  - Terra Stump: tstump@qualityinsights.org
  - Alice Ullum: aulllum@qualityinsights.org
  - Anna Sites: asites@qualityinsights.org
- If question is general (i.e., not related to specific patient record), please note as general question
- If question is related to documentation in specific record, please include:
  - Facility number
  - Control number
  - Question name and/or measure (if question is related to scoring)
  - Brief summary of documentation and the question

Next Steps

- Contact your Regional Manager and Alice Ullum once you have completed the recording and review of the instrument
- Abstraction is planned to begin next week January 18, 2021
- We will communicate the last day to exit with release of the pull list.

Thank you for your participation in this Focus Study!