



Epilepsy Focused Study V

EPRP Q4 FY2021

Terra Stump
7/02/2021

Epilepsy I – IV Studies

Study	Quarter/ Sample size	# of AEDs	AEDs
Epilepsy I	1Q20/165 records	5 AEDs	brivaracetam (Briviact) clobazam (Frisium, Onif) eslicarbazepine acetate (Aptiom) lacosamide (Vimpat) perampanel (Fycompa)
Epilepsy II	2Q20/678 records	5 AEDs	Same as above
Epilepsy III	3Q20/325 records	2 AEDs	eslicarbazepine acetate (Aptiom) perampanel (Fycompa)
Epilepsy IV	1Q21/1,709 records	2 AEDs	brivaracetam (Briviact) lacosamide (Vimpat)
All Studies	2019-2021/2,722 (total records reviewed)	5 AEDs	brivaracetam (Briviact) *4.5% clobazam (Frisium, Onif) *11.7% eslicarbazepine acetate (Aptiom) *14.5% lacosamide (Vimpat) *91.4% perampanel (Fycompa) *12.3 % * is the % of cases abstracted that were prescribed each AED



Data abstraction tool

- 38 total questions in the tool
- Will receive medication related questions based on which AED the case is flagged for in the sample
- A case may be flagged for both AEDs
- For either/both AED medication related questions, you will confirm the following:
 1. the encounter date, the dose, and date the dose was first prescribed
 2. seizure management by a neurology physician/APN/PA
 3. number of seizures in the past year
 4. the most recent seizure date



Background Information

- Completed four previous Epilepsy focused studies with the veteran population
- Across studies assessed:
 - Use and selection of specific Anti-epileptic Drugs (AEDs)
 - The number of seizures pre and post medication therapy
 - Reasons for decreasing dosages and/or discontinuing the AED
 - Evaluation of side effects and whether they were the reason for decreasing or discontinuing the AED dose

Epilepsy V

- Population:
 - Veterans with a diagnosis of Epilepsy (ICD-10-CM codes)
 - Prescribed at least one of two AEDs:
 - brivaracetam (Briviact)
 - clobazam (Frisium, Onif)
 - A neurology encounter during the timeframe 10/01/2016 - 09/30/2020
- Informational study
- No scored measures
- No Data Accountability Checklists (DACs) or Exit Reports



Encounter date, AED dose, date AED dose first prescribed

- Cases are flagged on the pull list for brivaracetam (Briviact), clobazam (Frisium, Onif) or both
 - questions for these AEDs are the same format in the tool
- Outpatient neurology encounters will be pre-filled on the pull list
 - If there was a neurology encounter on this date select “1” or yes
 - If no neurology encounter on the pre-filled date select “2” and enter the date found
- Date and the dosage of the first prescription of the medication(s) will be pre-filled on the pull list
 - Confirm the pre-filled date, medication dose is correct based on medical record documentation



Encounter date, AED dose, date AED dose first prescribed

Pre-filled questions

- **neurodt**: will be pre-filled with the most recent outpatient neurology encounter between 10/01/2016 to 09/30/2020
- **brvdt1/clbdt1**
 - pre-filled with the earliest date the AED was first prescribed
- **brvdos1/clbdos1**
 - pre-filled with the initial total daily dose the patient was prescribed
- **valbrvdt/valclbdt & valbrvdos/valclbdos**
 - If the pre-filled date or dose displayed in the question is correct you will answer yes, if incorrect, you will enter the earliest date the medication was first prescribed in **docbrvdt/docclbdt** and the total daily dose documented in **docbrvdos/docclbdos**



Example: pre-filled dates & dose

- With the Epilepsy IV study, most commonly received questions were related to the pre-filled date and dose of the AED
- **Example:** 9/15 is the pre-filled date that Briviact was first prescribed and the pre-filled dose is a decimal 61.7mg. If a patient was seen 9/11 and Briviact ordered by the neurologist on 9/11, but a consult to the pharmacy is documented for non-formulary and the pharmacist documentation indicated Briviact is prescribed 25mg TID for a total of 75mg on 9/15. What do I answer for valbrvdt/valbrvdos?
 - For the pre-filled date, as long as you find documentation that the medication was prescribed on that date, select yes.
 - If there is no documentation that the medication was prescribed on the pre-filled date, then select no to valbrvdt and enter the date documented in the medical record in docbrvdt.
 - For valbrvdos, if this is not the correct AED dosage first prescribed, select no and enter the correct dosage that you find in the medical record.



Validating the Outpatient Neurology Encounters

validenc

- If there is a neurology encounter on the date displayed in the question (the pre-filled neurodt) select value “1” or yes
- If there is no documentation or evidence of a neurology encounter on the date displayed in the question, select value “2” or no and enter the actual date of the neurology outpatient encounter in **neurodt2**
 - **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**



Seizure Management

Neuroenc

- Is there 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



Seizure Number

sznum

- The number of seizures documented within the past year documented by neurology physician/APN/PA on (neurodt or neurodt2)
 - Responses are listed in a range (0 - >10) and can be calculated from the notes
- Look for terms such as spells, events, blank stares, episodes that may be used to describe seizure activity
- Other descriptions may include but are not limited to: Generalized tonic-clonic (GTC) (grand mal) seizures, Absence seizures (petit mal) or Focal seizures (partial seizures)
- Any type of seizure activity documented should be counted
 - Example: 5 - 6 spells per month x 12 months = 60 - 72 in past year. Select > 10 seizures



Seizure Date

szdt

- 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)

- For brivaracetam (Briviact) and/or clobazam (Frisium, Onif), you will:
 - Confirm the total daily dose (pre-filled in brvdos1/clbdos1)
 - Determine if the patient was taking the total daily dose 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 there was any documentation of side effects to the AED and whether the dose was decreased or discontinued and any documented reason(s) why



Patient taking total daily dose

ptbrvdos1 & 2 or ptclbdos1 & 2

- Is there documentation in the medical record that the patient was taking the total daily dose that was prescribed
 - Confirm that the patient reports taking the total daily dose of the medication as 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
- If there is no documentation to determine whether the patient is taking the total daily dose, select value 2" or no.



Number of seizures before AED

szprebrv / szpreclb

- The number of seizures documented within the year before starting the AED
- Start reviewing with most recent encounter prior to date the AED was first prescribed, and look for documentation of the number of seizures during year prior
 - Select the answer that corresponds with the range documented (0 - >10 seizures or the number of seizures is not documented)



Number of seizures after AED

szpostbrv & szpostclb

- The number of seizures documented after starting the AED
- Start reviewing with the first encounter after starting the AED and look for documentation of the number of seizures since starting the medication.
 - Select the answer that corresponds with the range documented (0 - >10 seizures or the number of seizures is not documented)
- If the exact number is not documented, it may be calculated.



Examples of calculating # of seizures

- After starting the medication, the note states "patient has had 1 or 2 GTC seizures a month during the past year and several staring spells weekly." 1 - 2 GTC seizures x 12 months = 12 - 24 seizures in the year after starting the medication.
 - Select the value that corresponds with > 10 seizures for szpostbrv or szpostclb .
- Only one note exists that is dated after starting Briviact within the timeframe that states "2 seizures last month"
 - Select the value that corresponds with 2 seizures.
- If there is no documentation of the number of seizures since starting the medication, select "99"



Decrease of initial AED dose

brvchnng/clbchnng

- During the time frame displayed in the question starting from the day after AED was prescribed up to 9/30/2020 is there physician/APN/PA or pharmacist documentation the initial dose was **decreased**
- Include review of all suggested data sources for documentation of any decrease in the dose
- Exclude tapering down of the dose prior to a procedure



Decrease of initial AED dose

Newbrvdt, newbrvds, brvrsn & brvthrsn/ newclbdt, newclbdos clbrsn & clbothrsn

- **newbrvdt/newclbdt**
 - Enter the earliest date the AED dose was decreased each date the AED dose was decreased
- **newbrvds/newclbdos**
 - the new total daily AED dose
 - For example, if the physician order states "decrease brivaracetam to 100 mg bid", then enter the total daily dose as 200 mg/day
- **brvrsn/clbrsn**
 - physician/APN/PA or pharmacist documentation of the reason(s) the dose was decreased
- **brvthrsn/clbothrsn**
 - If the reason documented in the medical record is not in the select all that apply list in brvrsn/clbrsn, select "25" or "Other" and enter the reason in brvthrsn/ clbothrsn
 - If no reason is found select only value "99"



Discontinuation of initial AED dose

- **brvdc/clbdc**
 - During the time frame displayed starting from the day after the AED was first prescribed up to 9/30/2020, is there physician/APN/PA or pharmacist documentation the initial dose of brivaracetam (Briviact) was **discontinued**
- **dcbrvdt/dcclbdt**
 - If the medication was discontinued enter the exact date
- **brvdcrsn/clbdcrsn**
 - reason the medication was discontinued
 - If the reason for discontinuing the medication documented is not in the list, select value "25"
 - If no reason is found select only value "99"
- **brvthrdc/clbothrdc**
 - enter the free text reason documented



Example: dose decrease

- The patient received care with both an outside hospital neurologist and a VA neurologist during the specified timeframe. From VA pharmacy documentation, the dose of Briviact does change indicating the last dose documented is less than the prefilled dose, but who changed the AED dose cannot be determined.
- Would I answer that the dose is decreased, even if it may have been done by an outside provider?
 - If you can find any physician/APN/PA or pharmacist documentation (i.e. VA pharmacist) that the dose of the AED was decreased, then you should answer yes to brvchng/clbchng to indicate that the dose was decreased as long as it is within the study timeframe



Reminders

- *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*
- **Please review all suggested data sources** for listed in the definition and decision rules
- **Please review all notes within the designated timeframes to determine whether a dose was discontinued or decreased related to medication side effects**



Questions

- 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 name and number
 - Control number
 - Question name (if specific question related)
 - Brief summary of documentation and the question

Send any questions to:

- Terra Stump: tstump@qualityinsights.org
- Alice Ullum: aullum@qualityinsights.org
- Anna Sites: asites@qualityinsights.org



Next Steps

- Once you have completed the recording and review of the instrument, **contact your Regional Manager and Alice Ullum**
- Abstraction will begin early July and wrap up mid-August
- We will communicate the last day to exit with release of the pull list



Thank you for your participation in this
Focus Study!

