



Neuro Epilepsy Focus Study

VHA EPRP FY2022

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Background Information

- Completed five previous Epilepsy focused studies with the Veteran population
 - Primarily focused on 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

Focus Study Introduction

- Purpose:** Collect data on screening, treatment, tests, and education of patients with an initial or chronic diagnosis of Epilepsy
- Population:**
 - Veterans with a diagnosis of Epilepsy (ICD-10-CM codes)
 - A neurology encounter during the timeframe 05/01/2021 to 12/31/2021
- Informational study**
- No scored measures**
- No Data Accountability Checklists (DACs) or Exit Reports**



Data abstraction tool

- 61 total questions in the tool
- Questions received are based on the status of the patient's Epilepsy diagnosis
 - New Diagnosis
 - Chronic Diagnosis
 - Remitted status
- For a new or chronic diagnosis, confirm the following:
 - Encounter date and the Epilepsy diagnosis code
 - Comorbidities
 - Epilepsy status documented
 - Seizure type
 - Date of the first seizure episode or seizure symptoms
 - Prescription, allergic reaction to, or reason for discontinuation of Anti-epileptic drug's (AED) or other medication prescribed specifically for the treatment of Epilepsy
 - Documentation of Marijuana or Cannabidiol (CBD) prescription or use
 - Assessment for depression and suicide ideation
 - Contraception and family planning for female veterans aged >= 18-44 years old



Encounter date

- (Q1) neurovdt:** will be pre-filled with earliest outpatient Neurology encounter between 05/01/2021 to 12/31/2021
- (Q2) validenc:** Validate the encounter date occurs on the pre-filled date. If the pre-filled date is incorrect, answer "2" or no and enter the date in (Q3)
 - Exclude encounters that were for procedures only
 - For example, exclude procedures such as EEGs or encounters to inform patient of test results
 - Exclude encounters at non-VHA facilities or encounters not at the VHA facility under review
- (Q3) neurodt2:** Enter the exact date of the earliest outpatient Neurology encounter with a Neurology Physician/APN/PA at a VHA facility during the timeframe 05/01/2021 to 12/31/2021
 - Enter 99/99/9999 if there is no neurology outpatient encounter during this timeframe and the case will be excluded



Epilepsy Diagnosis

- (Q4) epydx:** Pre-filled, but can be modified
 - Do NOT change the Epilepsy diagnosis code unless the Epilepsy diagnosis code documented in the record is not the code displayed in the software
 - If the pre-filled diagnosis does not match the diagnosis found in the medical record enter xxx.xxxx
- (Q5) otheptydx1:** Enter the Epilepsy ICD-10-CM other diagnosis codes documented on the encounter date
 - If no other Epilepsy diagnosis codes are found in the record, enter xxx.xxxx
- Table 1 includes a reference list of Epilepsy diagnosis codes**



Comorbidities

- **(Q6) comorbid:** During the study timeframe, is there documentation that the patient has any of the following diagnoses or comorbidities:
 - Select all that apply:
 1. Obesity
 2. Depression
 3. Anxiety
 4. Bipolar Disorder
 5. PTSD
 6. Other Mental Health or Substance Abuse
 7. Headache (HA)/Migraine
 8. Cognitive impairment
 9. Traumatic brain injury (TBI)
 10. Psychogenic non-epileptic seizures (PNES)
 99. None of these
- **Diagnoses documented on a problem list should be validated by a Physician (PCP or neurologist), NP, PA, or CNS diagnosis**
 - Read all progress notes during the specified timeframe to identify and select all applicable diagnoses



Psychogenic non-epileptic seizures (PNES)

- PNES are attacks that may look like epileptic seizures, but do not have a neurologic origin and are caused by psychological factors
 - For example, the veterans initial diagnosis is documented as partial seizures. In a subsequent note, the neurologist documents, "After further evaluation and testing, impression is Psychogenic Non-epileptic Seizures." OR "non-epileptic seizures with no neurologic involvement"
- **(Q7) pneschg:** From 05/01/2021 to 12/31/2021, is there documentation that the diagnosis of PNES was changed to an Epilepsy diagnosis?
 - If there is any documentation during the specified timeframe that the diagnosis of PNES was changed to an Epilepsy diagnosis select value "1"
 - *Suggested data sources:* History and Physical (H&P), Progress notes, Discharge summary



Epilepsy Status

- **(Q8) epystat:** During the timeframe from 05/01/2021 to 12/31/2021, what is the patient's Epilepsy status?
 - 1. New Diagnosis
 - 2. Chronic Diagnosis
 - 3. Remitted status
 - 99. Unknown
- The status should be documented by the PCP/Neurology Physician/APN/PA during the timeframe
- If not specifically documented, use the medical record documentation to determine the status (refer to the D/D rules)



Epilepsy Status cont.

- If not specifically documented by the PCP/ Neurology Physician/APN/PA, status can be determined by the following criteria:
 - New diagnosis: refers to symptom onset or seizure documentation only within the last 6 months of the diagnosis
 - Chronic diagnosis: is indicated when the Epilepsy diagnosis has been documented in the medical record for more than 6 months
 - Remitted status: includes those patients with a history of Epilepsy or seizures, but is not on any seizure medications and has not had seizures for many years
- Select value "99" if the Epilepsy status is unknown or not documented in the medical record
- If remitted (3) or unknown (99), the case will be excluded



New to VA Neurology care

- **(Q9) epystatva:** From 05/01/2021 to 12/31/2021, did a Neurology Physician/APN/PA document the patient was new to VA care?
 - If this is the first encounter with a VA Neurology Physician/APN/PA for Epilepsy care during the specified timeframe, select value "1"
 - Select value "2", if the patient's care has been managed by a VA neurologist



Seizure Type

- **(Q10) encseiztype:** On (If validenc = 1, computer display neurpvd; else if validenc = 2, display neurodt2) is there Neurology Physician /APN/PA documentation that indicated the type of seizure?
 - If yes, (Q11) will be skipped, but if the seizure type was not documented in the Neurology provider notes select value "2" or No and receive (Q11)
- **(Q11) seiztype1:** During the timeframe 05/01/2021 to 12/31/2021 did the PCP/Neurology Physician/APN/PA document the type of seizure?
 - **Include the following seizure types:**
 - Primary Generalized seizures
 - Focal/Partial seizures
 - Focal seizures with secondary generalized



Seizure Type cont.

- **Primary Generalized seizures**
 - Absence seizures (AE), sometimes called petit mal seizures
 - Myoclonic seizures
 - Clonic seizures
 - Tonic seizures
 - Tonic-clonic seizures (grand-mal seizures)
 - Atonic seizures
 - Juvenile myoclonic seizures
- **Focal/Partial seizures**
 - Focal onset seizure
 - Simple focal seizures or simple partial seizure
 - Complex focal seizures or Complex Partial seizures
- **Focal Seizures with Secondary Generalized**
 - Includes documentation that the patient first has a focal seizure, followed by a generalized seizure
 - Secondarily generalized seizures
 - Focal to bilateral tonic-clonic seizures
 - Secondary generalized seizures



Seizure Type

- **(Q12) typesez:** On (If validenc = 1, computer display neurpvd; else if validenc = 2, display neurodt2) what is the seizure type documented?
 - 1. Primary Generalized seizures
 - 2. Focal/Partial seizures
 - 3. Focal seizures with secondary generalized
 - 97. Other seizure type documented
 - 99. None of these
 - If there is no documentation of the specific seizure types and you are unable to determine whether seizures are Primary Generalized seizures, Focal/Partial seizures, or Focal seizures with secondary generalized select value "99"
 - For values 1,2,3, and 97, you will skip question (Q13)
 - If there is an other specific seizure type documented and you select value "97", you will receive (Q13)
- **(Q13) sztypdoc:** Enter the type of seizure documented by the Neurology Physician/APN/PA on (If validenc = 1, computer display neurpvd; else validenc = 2, display neurodt2)
 - Enter the type of seizure you found documented by the neurologist/APN/PA



First Seizure Episode or Seizure Symptoms

- **(Q14) szsymonst:** During the timeframe 05/01/2021 to 12/31/2021 is there any Physician/APN/PA documentation of the date of the first seizure episode or seizure symptoms?
 - Include documentation of any of the following seizure symptoms:
 - Blank stares, sudden loss of consciousness, convulsions or muscle slackness, contractions on just one side of the body, unusual head or eye movements, numbness or tingling documented as suspected as seizure activity
- The note must include the date, at a minimum month and year must be known to select value "1". If the exact month is not documented, it may be calculated



First Seizure Date

- **(Q15) szsymonsdt:** Enter the date the first seizure episode or seizure symptoms are documented by the Physician/APN/PA
- Enter the exact date that documentation indicates the first seizure or seizure activity or symptoms had occurred. If the day is unknown enter 01 for the day
 - For example, neurology physician progress notes state "First seizure in January of 2016." Enter 01/01/2016 or "blank stares and periods of muscle jerking started in December 2014." Enter 12/01/2014
- If the exact month is not documented, it may be calculated by the date of the note



Epilepsy syndrome

- **(Q16) epysym:** On (If validenc = 1, computer display neurpvd; else if validenc = 2, display neurodt2), is there documentation that the patient has Epilepsy syndrome
 - Look for documentation of an Epilepsy syndrome or documentation indicating that the seizure disorder is defined by a characteristic group of features that usually occur together, which is a syndrome
- Juvenile myoclonic Epilepsy (JME) is the most common generalized Epilepsy syndrome, D/D rules include some other syndromes that may be documented to select value "1" or yes



Anti-Epileptic Drugs (AEDs)

- **(Q17) epydxmed:** During the timeframe from (If validenc = 1, computer display neurpvd; else if validenc = 2, display neurodt2) to 12/31/2021, is there documentation that the Neurology Physician/APN/PA prescribed an anti-epileptic drug (AED) or other medication for treatment of Epilepsy
 - Review Table 2 for common medications prescribed for the treatment of Epilepsy
 - If medication in Table 2 is prescribed to the patient during the specified timeframe for the treatment of Epilepsy, select value "1" and select all medications prescribed to the patient in **(Q20) epymed1**
 - If another drug not listed on Table 2 is prescribed for Epilepsy, select other and in (Q20) and enter the drug in **(Q21): epymednme**



Adverse Reaction to Seizure Medication

- If no medication is prescribed for the treatment of Epilepsy and you selected no or value “2” *epdxmed*, **(Q18) aedadvr**: During the timeframe from (If validenc = 1, computer display neurpvd; else if validenc = 2, display neurodt2) to 12/31/2021, did the Neurology Physician/APN/PA or Pharmacist document that the patient had an allergic reaction or adverse event to a previously prescribed Epilepsy medication?
 - If there is any documentation of allergy, allergic reaction to Epilepsy medication, or adverse event to any medication listed in Table 2, select value “1” or yes



Adverse Reaction to Seizure Medication

(Q19) aedadvrs1: Select all documented reasons that a medication was not prescribed for the treatment of Epilepsy due to documented allergy or adverse reaction

- | | |
|---------------------|----------------------------|
| • 1. unsteadiness | • 11. concentration |
| • 2. tiredness | • 12. mouth/ gums |
| • 3. restlessness | • 13. shaky hands |
| • 4. aggression | • 14. weight gain |
| • 5. nervousness | • 15. dizziness |
| • 6. headache | • 16. sleepiness |
| • 7. hair loss | • 17. depression |
| • 8. skin | • 18. memory problems |
| • 9. blurred vision | • 19. disturbed sleep |
| • 10. upset stomach | • 99. No reason documented |



Epilepsy Medication(s)

- **(Q20) epymed1**: Select all medications prescribed *for treatment of Epilepsy* during the timeframe from (If validenc = 1, computer display neurpvd; else if validenc = 2, display neurodt2) to 12/31/2021.
- Select all drugs (options 1 – 34, and option 35 for other medication) prescribed to the patient for Epilepsy treatment
 - Some of the medications listed are common Antiepileptic Drugs (AEDs) while some may be prescribed for other purposes than Epilepsy. For example, on the MAR and medication list in the neurology progress note, “Neurontin for diabetic neuropathy” is documented
 - If a medication is solely prescribed for other conditions or reasons, do not select the drug
- If option 35 (other) is selected, **(Q21) epymednme**: Enter any other medication documented as prescribed to the patient for the treatment of Epilepsy



Discontinuation of Seizure Medication

- **(Q22) epymeddc**: During the timeframe from (If validenc = 1, computer display neurpvd; else if validenc = 2, display neurodt2) to 12/31/2021 was the seizure medication discontinued?
 - If the PCP/Neurology Physician/APN/PA OR Pharmacist discontinued the Epilepsy medication during the timeframe select value “1”
- **(Q23) edcmcdsrn1**: select all documented reason(s) for discontinuing the drug



Marijuana or Cannabidiol (CBD) Use or Prescription

- **(Q24) mjause**: On or after the Epilepsy diagnosis on (If validenc = 1, computer display neurpvd; else if validenc = 2, display neurodt2) to 12/31/2021, is there documentation of marijuana or Cannabidiol (CBD) use?
 - If the Neurology physician/APN/PA documents the patient is taking or using marijuana or CBD products, select value “1”
 - If the patient has a positive drug screen for CBD, marijuana or THC during the specified time frame, select value “1”



Remaining Questions for All Cases

- If yes to mjause, answer (Q25 – Q27) to assess:
 - medical versus recreational use, whether prescribed to the patient by the neurologist/PCP, purchased from a dispensary without prescription, or purchased from the street
 - If “2” or no to mjause, (Q25 – Q27) will be skipped
- Based on the selection for (Q8) epystat, other questions will be received as follows:
 - If the patient’s Epilepsy status selected is **the Initial diagnosis of Epilepsy** (epystat=1), (Q28 – Q48) will be received
 - If the patient’s **Epilepsy status is Chronic** (epystat=2), (Q49-61) will be received



Initial Diagnosis & Treatment

- For initial treatment of the diagnosis of Epilepsy the patient should receive the following:
 - Monotherapy: Prescription of one single anti-epileptic drug (AED) or anticonvulsant medication to treat a disease or condition
 - Screening or assessment of depression and suicidal ideation, if positive a referral to mental health care
 - Documentation of all of the following tests with the date completed:
 - Electroencephalogram (EEG)
 - Computed Tomography (CT) scan of the head
 - Magnetic Resonance Imaging (MRI) of the brain
 - Education on diagnosis and treatment options including the importance of taking seizure medications as directed, driving restrictions, safety education, triggers, and family planning for female veterans aged 18-44 years old



Initial Diagnosis of Epilepsy Treatment

- (Q28) monoth** will be auto-filled based on the selection of anti-epileptic drug (AED) or anticonvulsant medication(s) prescribed.
- (Q29) epymdsc**: Review notes for documentation that depression screening was completed or that depression or **(Q30) sucdsc**: suicide related behaviors were assessed during the encounter
 - For example, physician progress note states "Feels her depression has still been pretty strong recently" or during the timeframe, PCP documents "Patient reports no depressed mood." Select value "1"
- If person with Epilepsy is found to have evidence of a mood disorder (e.g., depression or suicide ideation), then s/he should receive treatment or a referral for mental health care, **(Q31) epymhref**



Tests for Initial Diagnosis

- EEG: (Q32) inteeg**: An EEG within the first three months of the onset of seizures, if (Q32) is yes, **(Q33) eegdt**: Enter the date of the earliest EEG, if not done **(Q34) regeeg**: looks for documentation than an EEG was ordered or requested within the study timeframe (05/01/2021 – 12/31/2021)
- CT Scan: (Q35) cthead**: CT scan is completed within the study timeframe; if done in **(Q36) ctdt**: enter the date of earliest CT; if not done **(Q37) ctord**: was CT ordered or requested during the study timeframe
- MRI: (Q38) mri; (Q39) mridt; (Q40) mriord**: look to see that a MRI was completed, the date completed, or that it was ordered or requested within the study timeframe



Education for Initial Treatment

- (Q41) epyedt**: diagnosis and treatment options including the importance of taking seizure medications
 - Education can be provided and documented by a Physician/APN/PA, RN, or Pharmacist
- (Q42) epyedr**: education regarding driving restrictions provided to the patient by a Physician/APN/PA, or Registered nurse (RN)
- (Q43) epyedsaf**: safety and injury prevention by a Physician/APN/PA or RN should include, but is not limited to any of the following:
 - safety with power tools
 - burns
 - bathing
 - swimming
 - ladders safety



Education for Initial Treatment

- (Q44) epyedtrig**: triggers and other lifestyle factors that may affect seizure control documented as provided to the patient by a Physician/APN/PA or RN
 - Triggers may include, but are not limited to the following:
 - sleep deprivation
 - alcohol/drug use
 - menstruation
 - stress
 - video games
 - strobos or photosensitivity
 - missed medications
- (Q45) epyedfm**: contraception and family planning education documented as provided to the patient by a Physician/APN/PA, RN, or Pharmacist
 - May involve discussion of contraception or how pregnancy may affect seizures



Seizure Activity

- (Q46) sezaet**: On (If validenc = 1, computer display neuropdt + 1 day OR if validenc = 2 display neurodt2 + 1 day) to 12/31/2021, is there Neurology Physician/APN/PA documentation that the patient continued to have seizures after initial treatment was prescribed or started?
 - Review documentation after the encounter to determine if there is Neurology Physician/APN/PA documentation that indicates the patient continued to have seizures after the initial treatment was prescribed
 - If "2", go to chronic disease management as applicable or abstraction is complete, otherwise continue assessment of seizure activity documentation



Assessment of Seizure Activity: Initial Diagnosis

- **(Q47) szdt:** enter the date of the earliest seizure documented by a Neurology Physician /APN/PA after initial treatment was started.
 - Enter the exact date if documented. If the exact date is not documented, it may be estimated
 - If there is 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
 - If there is no documentation of when the most recent seizure was and there is no way to estimate, enter 99/99/9999
- **(Q48) epyref:** was the patient referred to a higher level of Epilepsy care, such as an Epilepsy center



Chronic Epilepsy Disease Management

- **(Q49) aedcomp:** did the Neurology Physician/APN/PA document assessment of anti-epileptic drug (AED) or other anti-seizure medication compliance
 - “She has remained seizure free and is compliant on Keppra 100 mg Bid.” Or “Refilled seizure medication, no side effects noted, tolerating well.”
- **(Q50) aedefct:** did the Neurology Physician/APN/PA or Pharmacist document assessment of side effects of anti-epileptic drug (AED) or other anti-seizure medication prescribed to the patient for the diagnosis of Epilepsy
 - For example, the Neurologist documents “At this time seizures well controlled, however given psychiatric issues, I am recommending using a different AED rather than Keppra and will titrate Keppra and order lacosamide.”



Chronic Epilepsy Disease Management

- **(Q51) aeddrgr:** assessing potential drug to drug interactions with AED or other anti-seizure medications
- **(Q52) chepytrg:** discussing triggers and lifestyle issues that may affect seizure
 - For example, “Discussed with the patient that when the patient has had a seizure it is usually because he has not had enough sleep.”
- **(Q53) epysfty:** discussing safety issues and injury prevention
 - Documentation of safety education related to the chronic Epilepsy diagnosis may include, but is not limited to any of the following:
 - safety with power tools
 - burns
 - bathing
 - swimming
 - ladders
 - driving restrictions



Chronic Epilepsy Disease Management

- **(Q54) epyothdis:** did the Neurology Physician/APN/PA document discussing the impact of Epilepsy on other chronic and acute diseases
 - Documentation should include evidence that the impact of Epilepsy on other chronic or acute diseases was discussed with the patient during the timeframe displayed in the question
- **(Q55) epymdsc2:** In the last year, was the patient screened for depression
 - Patient with chronic Epilepsy should be screened for depression at least annually
 - Review progress notes during the timeframe displayed in the question for documentation that the patient was screened or assessed for depression
 - PHQ-2 or PHQ-2 + I9, or progress note documents “Patient reports no depressed mood, select value “1”



Chronic Epilepsy Disease Management

- **(Q56) sucdsc2:** assess the patient for presence of suicidal ideation or thoughts
 - In order to select “1”, the Neurology Physician/APN/PA must document they asked the patient about either suicidal thoughts or ideation.
- **(Q57) epymhref2:** documentation that the patient was referred for mental health care
- **(Q58) intepy:** During the timeframe from 5/01/2021 to 12/31/2021 is there Neurology Physician/APN/PA documentation of intractable Epilepsy
 - Intractable Epilepsy is when seizures cannot be controlled by medicines. Select value “1” if there is any documentation of intractable Epilepsy
- **(Q59) intepdyt:** Enter the date intractable Epilepsy is documented



Chronic Epilepsy Disease Management

- **(Q60) intepyref:** was the patient referred to a comprehensive Epilepsy center for intractable Epilepsy
 - A comprehensive Epilepsy center may be an Epilepsy Center of Excellence at a VA facility or a comprehensive Epilepsy center in the community
- **(Q61) epyfmpl:** did the Physician/APN/PA or Pharmacist document counseling the patient on contraception and family planning
 - If the veteran is female aged ≥ 18 -44 years old, look for documentation that the provider addressed the decreased effectiveness of oral contraception while the patient is taking an anti-seizure medication OR discussed an alternative birth control method
 - If a higher dose of oral contraceptives was ordered during the timeframe, select value “1”



Reminders

- *Pay close attention to the timeframes in the questions as well as the acceptable provider documentation before selecting your answer choice*
 - *For instance some questions are specific to neurology, while other allow for PCP, pharmacist, or Registered Nurse (RN) documentation*
- Please remember to review all suggested data sources to locate the necessary information within the designated timeframes displayed in the questions



Questions

For questions related to specific case documentation, please include all of the following:

1. Facility Name and Number
2. Case Control Number
3. Tool Question Name
4. Brief Summary of Documentation in the Medical Record &
5. Your Question

Send questions to:

Terra Stump: tstump@qualityinsights.org



Next Steps

- ✓ Once you have completed the recording and review of the instrument, let your Regional Manager know you have completed this training
- ✓ The pull list is anticipated to be processed and released by 1/13/2021 with abstraction from 1/14/2022 through mid February
- ✓ We will communicate the due date to complete abstraction with the release of the pull list



**Thank you for your participation in this
Focus Study!**

