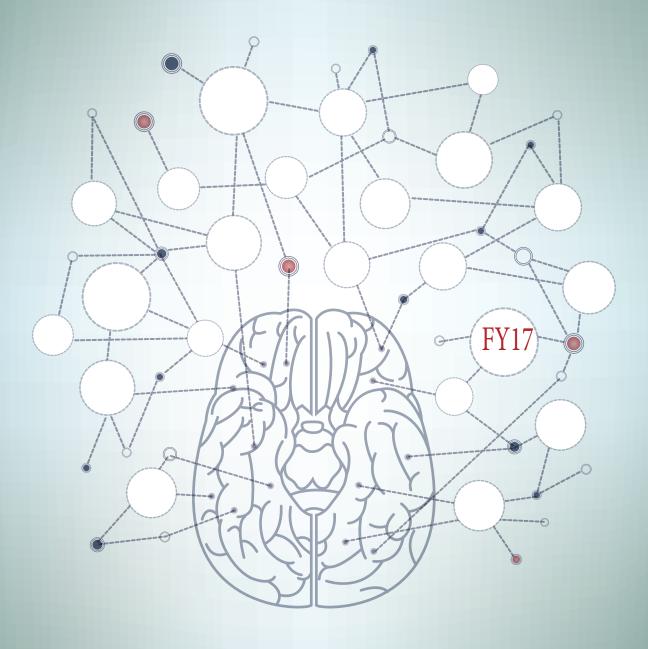




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EPILEPSY

Centers of Excellence



Improving the health and well being of **Veteran patients with epilepsy and other** seizure disorders through the integration of clinical care, research and education.

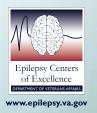














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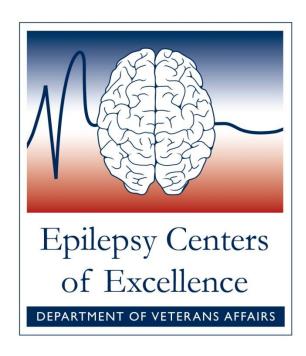
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EPILEPSY CENTERS OF EXCELLENCE

ANNUAL REPORT FY17 October 1, 2016 - September 30, 2017



MISSION

Improve the health and well-being of Veteran patients with epilepsy and other seizure disorders through integration of clinical care, outreach, research, and education.

Message from the VA National Program Director, Neurology

S VERMAN

DEPARTMENT OF VETERANS AFFAIRS Veterans Health Administration Washington DC 20420

November 21, 2017

The closing of the fiscal year provides an ideal time to reflect on the accomplishments, opportunities and challenges faced by the Epilepsy Center of Excellence (ECoE) program. Despite continued budgetary constraints and restrictions on hiring, the ECoE has continued to provide outstanding care to Veterans with epilepsy and epileptiform disorders, their families and caregivers. The recent Annual Directors meeting highlighted the efforts by each ECoE as well as the collaborative endeavors of many workgroups. The energy and enthusiasm was evident, as was the desire for continued improvement and innovation.

The past fiscal year also witnessed the establishment of new policy regarding monitoring and oversight of Centers of Excellence. VHA Directive 1215 "Standards for Veterans Health Administration Centers of Excellence" provides guidance regarding management and supervision of Centers to include a no less often than every five (5) year review by an external advisory committee.

To comply with this new directive the Neurology Center of Excellence programs established a work group with clinician and administrator representation from each program. This group has been working hard to develop the framework needed to comply with the new guidelines. This includes developing a more consistent annual review committee and process to be used by all Centers, establishing the external advisory committee that will be tasked with quinquennial reviews and the infrastructure to support, and examining the economics of the Centers for innovative ways to support continued development and growth. While the work of this group continues, the contributions of Paul Rutecki, Pamela Kelly, and Andrew David have been greatly appreciated, as has the work of Jodie Haselkorn, MD & Angela Young representing the Multiple Sclerosis CoE program and Indu Subramanian, MD, Dawn McHale and John Duda, MD representing the Parkinson's Disease Research Education and Clinical Centers.

In the final weeks of FY17 we learned of a new challenge for the ECoE program. In an effort to increase support to the field, VA leadership has decided to reprogram monies, historically distributed by VA Central Office as Specific Purpose funds supporting target programs, to General Purpose funds managed by the network and medical center. Despite extensive efforts, this decision was not reconsidered. While this could be viewed as a vulnerability, it also represents an opportunity to revitalize and modernize the ECoE program. While there is hard work ahead, the devoted and creative members of the ECoE family are up to the task.

It has been a pleasure and honor to work with this amazing team!

Sincerely,

Donald S Higgins, Jr., MD National Director of Neurology

Donald S. thege fr.

FY17 Message from the National ECoE Director



The past year has been a successful one in that we have seen many projects completed and significant progress occurred in completing others. Dr. Altalib succeeded in obtaining quality assessment data of our outpatient clinic encounters and uncovered opportunities for improvement. We continue to provide EMU evaluations, telehealth visits, EEG store and forward services, and cognitive behavioral therapy for psychogenic non-epileptic seizures. Several sites have begun to provide home telehealth visits and we want to increase those encounters in FY18.

A research project lead by Drs. Gidal, Rehman, and Tran that investigated seizure and psychotropic medications was completed, and did not demonstrate a clear difference in the use dosage of psychotropic medications with enzyme inducing seizure medications. Drs. Rehman and Tran have continued to look at seizure medication use in the VA. We have continued to partner

with the Chronic Effects of Neurotrauma Consortium (CENC) largely through the efforts of Drs. Pugh and Towne. Dr. Pugh's grant funded by the department of defense (DoD) has continued to assess the epidemiology of epilepsy and traumatic brain injury. Three new DoD grants have been funded to look at PNES, their co-morbidities, and imaging substrates in Veterans (Drs. Altalib, Garga, and LaFrance are the VA investigators).

Our educational efforts continue. Three new Basic Training YouTube videos were released. A new version of the self-management brochure has been created to more directly address patients' needs. Two TMS courses on epilepsy mimics and choosing a seizure medication are near completion. We had a provider webinar on vagus nerve stimulation titration by Dr. Spitz, a consortium member at the Denver VA. The epilepsy manual has been revised and is in press. The AED card has been updated with special areas of focus regarding women with epilepsy issues addressed.

In the coming year we plan to address women Veteran with epilepsy quality assessment, increase home telehealth encounters, and continue to integrate co-morbidity care in our clinics. We are on the verge of rolling out a multi-center evaluation of peer navigation for Veterans in 5 or our sites. Dr. Van Cott, a consortium member at the Pittsburgh VA, is planning a quality assessment of bone health in management in our clinics. We are re-establishing provider and patient/care giver webinars to address a number of topics. Dr. Rehman will be converting her popular statistic webinars into a TMS course. Dr. Lopez at the Miami VA is working with the employee education service to produce a YouTube video regarding issues for Women with epilepsy.

Lastly, I want to thank Pamela Kelly and Andrew David for taking on extra work to support national administrative needs. Without their help the Centers of Excellence could not be successful.

Paul Rutecki, MD

Acting National Director
Epilepsy Centers of Excellence

INTRODUCTION

In 2008 under Public Law S. 2162, the Department of Veterans Affairs (VA) set upon its mission to revolutionize services for the Veterans afflicted by epilepsy and other seizure disorders. The VA founded the Epilepsy Centers of Excellence (ECoE), establishing 16 sites that are linked to form 4 regional centers. The ECoE seek to provide the best possible epilepsy care to Veterans throughout the United States with state-of-the-art diagnostic and therapeutic services. Our goal is to deliver the highest quality of ongoing medical care to Veterans suffering from epilepsy. We also seek to promote outreach and educational efforts for both patients and their physicians in order to further the understanding of this chronic condition. The ECoE offers a range of services in both the outpatient and inpatient realms. The ECoE provides outpatient epilepsy clinics with a staff of neurology sub-specialists. From these clinics, patients can be directed to the most advanced testing methods for the evaluation of epilepsy, including magnetic resonance imaging (MRI), electroencephalography (EEG), and video monitoring. For those patients that require more intensive testing or attention, the ECoE also provide inpatient units for examining certain seizure types more closely, changing medications in a monitored setting, and presurgical evaluation. The epilepsy centers are also linked with the Polytrauma Centers to increase ability to mutually follow Veterans with moderate and severe traumatic brain injury that are at the greatest risk for post-traumatic epilepsy. The sites are developing protocols to identify Veterans with epilepsy and to develop referral networks to enable Veterans to obtain specialized treatment such as epilepsy surgery and advanced electro-diagnosis within the Veteran healthcare system

If you are a Veteran with seizures and are interested in seeking services at one of the Epilepsy Centers, please inquire with your local VA primary care physician. This doctor will be able to determine if you might benefit from the services provided by ECoE and assist you with scheduling an appointment. You can also contact your local ECoE site directly for assistance in connecting to services. For more information please visit our website at www.epilepsy.va.gov.

NATIONAL PROGRAM GOALS

- Establishing a national system of care to all Veterans with Epilepsy, to function as a center of
 excellence in research, education, and clinical care activities in the diagnosis and treatment of
 epilepsy.
- Collaboratively develop a national consortium of providers with interest in treating epilepsy at VA
 healthcare facilities lacking an epilepsy center of excellence in order to ensure better access to stateof-the-art diagnosis, research, clinical care, and education for traumatic brain injury and epilepsy
 throughout the VA healthcare system.
- To collaborate with VA Polytrauma / TBI System of Care that provide research, education, and clinical care to Veteran patients with complex multi-trauma associated with combat injuries.
- Utilizing national VA and other databases in order to inform providers and policy makers in VA
 Central Office about healthcare delivery and health policy decisions, conducting state-of-the-art
 research in Epilepsy, and implementing an informatics backbone to meet the above objectives.
- To ensure an affiliation with accredited medical schools, providing education and training in neurology, and the diagnosis and treatment of epilepsy (including neurosurgery).
- Providing health professional education and training to nursing staff, medical students, house staff, fellows, and referring physicians, in order to deliver the highest quality of standard of care to Veterans with epilepsy.

FY 17 National ECoE Goals & Accomplishments

Clinical

- · Meet access demands
- Develop performance improvement projects: intractable epilepsy, depression
- Continue to build and enhance hub and spoke model of care, increase eConsults access
- Submit NAEC applications from at least 4 sites
- Foster relationships with primary care
- Identify a mental health champion at each site
- Re-establish clinical work load group

Research/Surveillance

- Complete pilot evaluation of anti-epileptic drug (AED) and psychotropic drug use and possible interactions of enzyme inducing AEDs
- Tracking AED use in the VA with regard to ECoE, consortium, and other sites
- Increase epilepsy patient enrollment in the 1 million Veteran program
- Collaboration with Mary Jo Pugh on DoD grant: The Epidemiology of Epilepsy and Traumatic Brain Injury: Severity, Mechanism, and Outcomes

Education

- Continue Roll out for patient and care giver "Epilepsy Basic Training" videos
- Produce "Epilepsy Basic Training" videos
 - Wellness and self-management
 - Women Veterans with epilepsy
 - Create provider talks for primary care
 - Epilepsy mimics
 - First line seizure medications

Operations

- Development of VA Handbook on the Epilepsy Centers of Excellence (Chen and Rutecki)
- Re-establish administrative infrastructure

Other Accomplishments

- Revised epilepsy manual
- Patient self-management brochure
- AED card update
- Partnership with Anita Kaufmann Foundation
- Membership Epilepsy Leadership Council
- Developed research project with UCB regarding peer navigation
- Proceeding with planning for cooperative study on PNES therapy

FY 17 National ECoE Goals (Status)

FY 17 Goals	Met	In	On	Comment
CLINICAL	Expectations	Progress	hold	
CLINICAL				
Meet access demands		X		Always a goal
Develop performance improvement projects:	X			
intractable epilepsy, depression (Altalib, Rutecki)				
Continue to build and enhance hub and spoke		X		
model of care, increase eConsults access (Rutecki)				
Submit NAEC applications from at least 4 sites			X	Funding requirement
Foster relationships with primary care		X		
Identify a mental health champion at each site (Altalib)		X		Currently one in each region
Re-establish clinical work load group (Garga)			Х	Members currently collaborating on other workgroup projects
RESEARCH/SURVEILLANCE				
Complete pilot evaluation of anti-epileptic drug (AED) and psychotropic drug use and possible interactions of enzyme inducing AEDs (Rehman and Tran)	X			AES poster and publication pending
Tracking AED use in the VA with regard to ECoE, consortium, and other sites (Rehman, Rutecki, and Tran)	x			publication pending
Increase epilepsy patient enrollment in the 1 million Veteran program.		X		
Collaboration with Mary Jo Pugh on DoD grant: The Epidemiology of Epilepsy and Traumatic Brain Injury: Severity, Mechanism, and Outcomes (Pugh and Towne)		х		
EDUCATION				
Continue Roll out for patient and care giver "Epilepsy Basic Training" videos (David)	X			
Produce "Epilepsy Basic Training" videos (David, Rutecki)		X		4 in cue and 1 on hold
OPERATIONS				
Development of VA Handbook on the Epilepsy Centers of Excellence (Chen and Rutecki)		х		1 st draft ready for Central office review
Re-establish administrative infrastructure			X	Stalled – internal hire freeze

FY 18 National ECoE Goals

Clinical

- QI/QA for women veterans with epilepsy
- Increase store and forward EEG services
- · Increase home telehealth encounters
- Standard operating procedure for remote access to EEG
- Meet co-morbidity management needs
 - o Bone health, general medical problems, mental health
- · Guidelines for care coordination regarding EMU referrals

Research/Surveillance

- New DoD grants regarding TBI, PNES, and epilepsy
- QA/QI on bone health
- UCB peer navigation project
- Brain Sentinel project
- EMU data base
 - o Capture consortium work load and affiliate studies on Veterans
- Pharmacy
 - Levetiracetam and pyschotropic medications
 - o Further assessment of AED usage in VA
- Quantify VERA allocations and who/where provides epilepsy care

Education

- Reestablish webinar series
 - Providers: 6 presentations
 - Veterans and caretakers: 5 presentations
- Federal Practitioner paper on self-management
- YouTube series
 - Women Veterans with epilepsy
 - o If possible SUDEP or self-management
- TMS courses
 - Complete epilepsy mimics and AED choice presentations
 - Statistical course

Operations

- Handbook
- Standard operating procedures for Store and Forward EEG
- Enhance consortium collaborations

FY 18 National ECoE Goals Crosswalk (Alignment of FY18 goals with VA Goals and MYVA Priorities) *

GOALS								
	ACCESS	VET	ERAN-Centric Care	QUALITY/Transparency				
Objective 1A	Increase store and forward EEG services	Objective 1V	Meet co-morbidity management needs	Objective 1Q	QI/QA for women veterans with epilepsy			
Objective 2A	Increase home telehealth encounters	Objective 2V	UCB peer navigation project	Objective 2Q	Standard operating procedure for remote access			
Objective 3A	Guidelines for care coordination regarding EMU referrals	Objective 3V	Patient caretaker webinar series	Objective 3Q	QA/QI on bone health			
Objective 4A	Enhance consortium collaborations	Objective 4V	Women Veterans with epilepsy YouTube video	Objective 4Q	EMU data base to include consortium sites			
Objective 5A		Objective 5V	DoD grants regarding TBI and PNES	Objective 5Q	Standard operating procedures for Store and Forward EEG			
	Crosswalk	My VA	Priorities					
1A,2A, 3A,	4A, 1V, 2V, 3V, 4V	I	with a seamless, integrate experience. VA will restructe give Veterans a single point	ed, and rure our organic of access beloped five of	VA means providing Veterans responsive customer service unization to unify our work and to their benefits and personal districts integrating VHA, NCA,			
3A, 5V, 4Q,	5Q	II	Improve the Employee Experience: Employees are the face of the VA: MyVA empowers them to deliver excellent customer service to improve the Veteran experience. MyVA removes barriers our employees face in providing Veterans with timely, high-quality service, and provides employees the tools, training, and leadership development needed for success.					
1A, 3A, 4A,	1V, 1Q, 2Q, 3Q, 4Q, 5Q	III	Achieve Support Services Excellence: MyVA has taken steps to improve our internal support services for VA employees to help them deliver exceptional customer service.					
3A, 1V,1Q,	2Q, 3Q, 5Q	IV	Continuous Performance Improvement: Establish a culture of continuous improvement so that problems are identified and corrected; promote use of Lean strategies for process improvement and spread best practices.					
4A, 2V, 5V		V	Enhance Strategic Partnerships: Expand our strategic partnerships with national and community groups to extend the reach of services available for Veterans and their families.					

^{*}Each of the FY18 Goals are categorized as aligning with one of the 3 major VA Mission goals and then cross walked to illustrate how each of the ECoE goals supports 1 or more of the MYVA Priorities

Centers of Excellence

Southwest

States Covered: California, Utah, Colorado, Kansas, Nebraska, Nevada, Hawaii, Arizona, New Mexico, Texas, Oklahoma, and Philippines

Linked Polytrauma Site: Palo Alto and San Antonio

Albuquerque	New Mexico VAHCS	505.256.2752
Houston	Michael E. DeBakey VAMC	713.794.8835
San Antonio	Audie L. Murphy VA Hospital	210.617.5161
San Francisco	San Francisco VAMC	415.379.5599
West Los Angeles	Greater Los Angeles HCS	310. 268.3595

Northeast

States Covered: Virginia, W. Virginia, Ohio, Pennsylvania, Delaware, New Jersey, New York, Vermont, Maine, Connecticut, Rhode Island, New Hampshire, Massachusetts, Maryland, and District of Columbia

Linked Polytrauma Site: Richmond

Baltimore	VA Maryland HCS	410.605.7414
Richmond	Hunter Holmes McGuire VAMC	804.675.5000 x3734
West Haven	VA Connecticut HCS	203.932.5711 x2420

Northwest

States Covered: Alaska, Washington, Oregon, Idaho, Montana, Wyoming, N. Dakota, S. Dakota, Minnesota, Iowa, Illinois, Indiana, Michigan, and Wisconsin.

Linked Polytrauma Site: Minneapolis

Madison	William S. Middleton Memorial VA	608.256.1901 x17728
Minneapolis	Minneapolis VAMC	612.467.2047
Portland	Portland VAMC	503.220.8262 x58330
Seattle	Puget Sound	206.277.4292

Southeast

States Covered: Florida, Alabama, Georgia, Mississippi, Tennessee, Kentucky, S. Carolina, Puerto Rico, Arkansas, Louisiana, N. Carolina, and Missouri

Linked Polytrauma Site: Tampa

Durham	Durham VAMC	919.416.5982
Gainesville	Malcom Randall VAMC	352.376.1611 x6818
Miami	Miami VAHCS	305.575.7000 x7008
Tampa	James A. Haley VAMC	813.972.7633

Definition of Centers

ECoE sites and Regional Centers will be designated by the ECoE National Program as ECoE program sites or centers.

Each ECoE - referred to as an ECoE site

- Offers weekly specialty Clinics in Epilepsy (not seen within a general neurology clinic)
- Providers for these clinics are trained specifically in epilepsy care
- Provide V-tel epilepsy consultation
- Provide epilepsy monitoring
- Have a single director that is an epileptologist
- Has a designated administrative support person that works within the ECoE and participates on a national level
- Participate in national ECoE initiatives and workgroups

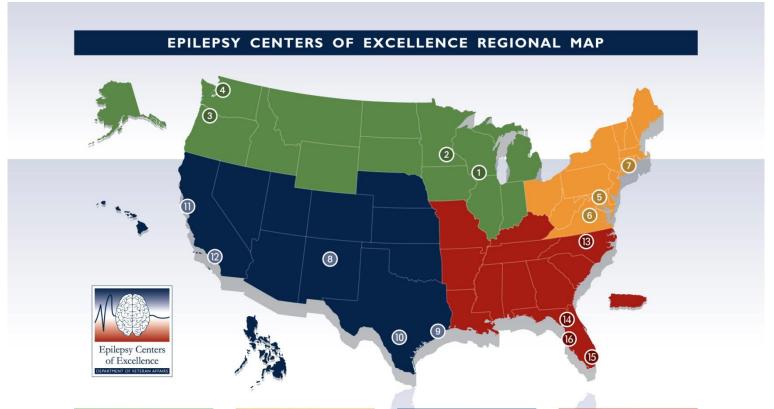
Each Region - referred to as an ECoE Regional Center

- An established network covering all Veterans in their region with a specified pathway for referral
 of Veterans with epilepsy to a surgical center if needed
- Be able to see Veterans in a timely manner in accordance with VA Policy and procedures.
- Have at least one surgical center that is comparable to a NAEC level 4 center to include:
 - 1. Interdisciplinary and comprehensive diagnostic team approach
 - 2. Team to include epileptologists, neurosurgeon, neuropsychologists, nurse specialists, EEG technologists
 - 3. Offer complete evaluation for epilepsy surgery including Wada testing
 - 4. Offer neuropsychological and psychosocial treatment
 - 5. Offer specialized brain imaging
 - 6. Have fixed EMU beds that can provide Video EEG Telemetry to include: Intracranial electrode, functional cortical mapping, electrocorticography,
 - 7. Provide a broad range of surgical procedures for epilepsy
- Be involved in clinical trials
- Have a dedicated fulltime epilepsy AO who serves as part of the national team
- · Has opportunities for specialized education in clinical epilepsy care

Consortium Site

- Applies to the National ECoE for site designation and is recognized locally and nationally as a ECoE consortium site
- Has a provider specifically trained in treating and managing epilepsy
- Is linked to the ECoE network and has established administrative pathway to refer patients to ECoE
- Provides ECoE epilepsy resources to Veterans
- Available to participate in collaborate research projects
- Participates in ECoE educational programs for clinical epilepsy care
- Can participate in national ECoE initiatives and workgroups

Regional Map



NORTHWEST

I MADISON

William S. Middleton Memorial VA 2500 Overlook Tr. Madison, WI 53705 (608) 256-1901 Ext. 17728

2 MINNEAPOLIS

Minneapolis VA HCS One Veterans Dr. Minneapolis, MN 55417 (612) 467-4236

3 PORTLAND

Portland VAMC 3710 SW U.S. Veterans Hospital Rd. Portland, OR 97239 (503) 220-8262 Ext. 58330

4 SEATTLE

Puget Sound HCS 1660 S. Columbian Way Seattle, WA 98108 (206) 277-4292

NORTHEAST

5 BALTIMORE

VA Maryland HCS 10 North Greene St. Baltimore, MD 21201 (410) 605-7414

6 RICHMOND

Hunter Holmes McGuire VAMC 1201 Broad Rock Blvd. Richmond, VA 23249 (804) 675-5000 Ext. 3748

7 WEST HAVEN

VA Connecticut HCS 950 Campbell Ave. West Haven, CT 06516 (203) 932-5711 Ext. 4724

SOUTHWEST

B ALBUQUERQUE

New Mexico VA HCS 1501 San Pedro Dr. SE Albuquerque, NM 87108 (505) 265-1711 Ext. 2752

9 HOUSTON

Michael E. DeBakey VAMC 2002 Holcombe Blvd. Houston, TX 77030 (713) 794-8835

10 SAN ANTONIO

Audie L. Murphy VA Hospital 7400 Merton Minter San Antonio, TX 78229 (210) 617-5161

II SAN FRANCISCO

San Francisco VAMC 4150 Clement St. San Francisco, CA 94121 (415) 379-5599

12 WEST LOS ANGELES

VA Greater Los Angeles HCS 11301 Wilshire Blvd. Los Angeles, CA 90073 (310) 268-3595

SOUTHEAST

13 DURHAM

Durham VAMC 508 Fulton St. Durham, NC 27705 (919) 416-5982

14 GAINESVILLE

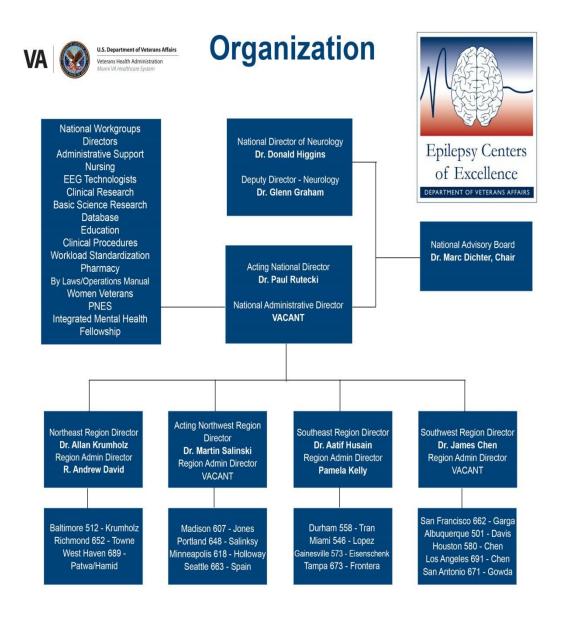
Malcom Randall VAMC 1601 SW Archer Rd. Gainesville, FL 32608 (352) 374-6082

15 MIAMI

Miami VA HCS 1201 NW 16th St. Miami, FL 33125 (305) 575-7000 Ext. 7008

16 TAMPA

James A. Haley VAMC 13000 Bruce B. Downs Blvd. Tampa, FL 33612 (813) 972-7633

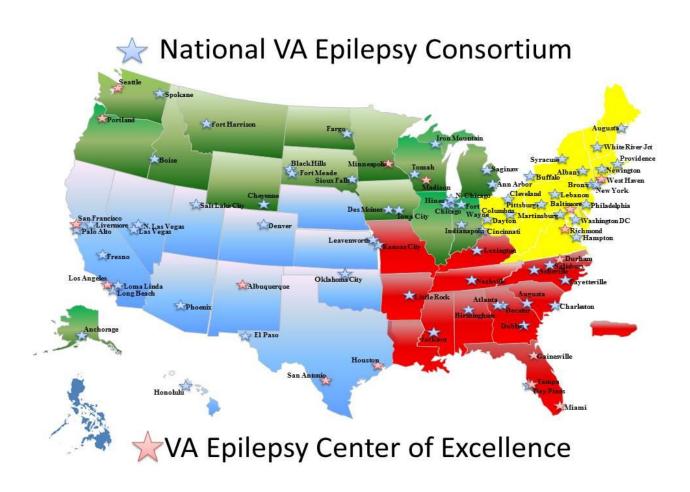


National VA Epilepsy Consortium

The goal of the National VA Epilepsy Consortium* is to support the delivery of optimal care for Veterans diagnosed with epilepsy and seizure disorders through professional education, collaboration, and peer support across the collective VA Healthcare System. All interested VA clinicians, including epileptologists, neurologists, general internists, and other allied health professionals who serve Veterans with epilepsy and related seizure disorders (regardless of capacity), are invited to participate.

Together with the Epilepsy Centers of Excellence (ECoE), the National VA Epilepsy Consortium will create a hub and spoke model of care across the VA Healthcare System, expanding and streamlining the referral network for specialized epilepsy treatment, advanced neuro-diagnostics, and surgical evaluation. The Epilepsy Consortium will ensure accessibility and continuity of specialized care for Veterans regardless of locality, broadening the impact of the ECoE network. The National VA Epilepsy Consortium serves as a direct link to the 16 ECoE sites, which are staffed by epilepsy specialist or neurology clinicians, and provide administrative assistance, professional collaboration, and educational offerings in epilepsy care.

Members of the National VA Epilepsy Consortium will be offered a variety of epilepsy educational resources and updates on state-of-the-art epilepsy care from the ECoE. Additionally, Consortium members that provide more comprehensive epilepsy services to Veterans can engage with the ECoE sites to assist in the development of standardized clinical processes and procedures ensuring consistent quality of care across the VA Healthcare System.



Inventory of Services

			<u> </u>	01.3	, С1	1100	.0									
ECoE Inventory of Services - FY15	San Francisco, CA	Los Angeles, CA	Houston, TX	San Antonio, TX	Albuquerque, NM	Baltimore, MD	Richmond ,VA	West Haven, CT	Madison, WI	Minneapolis, MN	Portland, OR	Seattle, WA	Durham, NC	Miami, FL	Gainesville, FL	Tampa, FL
Outpatient EEG	х	х	х	х	Х	х	Х	х	Х	х	Х	Х	х	х	Х	х
Specialty Epilepsy Clinics	х	Х	х	х	Х	х	Х	х	х	х	Х	Х	х	Х	Х	х
Epilepsy Inpatient Consultation	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	х
Scalp Video-EEG Telemetry (Phase 1), # of Beds	4	3	4	3		1	2	2	3	2	3	2	3	2	4	2
Epilepsy Protocol MRI Imaging	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	х
PET Scanning	х	Х	Х	х	Х	Х	Х	х	х	Х	Х	Х	Х	Х	Х	х
Magneto encephalography																
Radio Surgery (Gamma Knife)			Х													
Functional MRI (fMRI)			х	х			Х				х					х
Ambulatory EEG		Х	Х	х		Х	Х	х	х	Х	Х	Х	Х	Х	Х	х
Epilepsy Video Telehealth Clinics	Х	Х	Х		х	Х	Х	Х	Х	Х	Х	Х	х	Х	Х	х
eConsult	х	Х	х	х	Х	х	Х	х	х	х	Х	Х	х	Х	Х	х
Telephone Clinics	х	х	х	х	х	Х	Х	Х	Х	х	Х	Х	х	Х	Х	х
SCAN-ECHO	х					х	Х	х	х	Х	х	Х				
Patient Home Telehealth	х							х	х			Х	х			
Store & Forward Remote EEG Reading			х	х							х	Х	Х		Х	
On-Site Therapy for PNES	х		х			х		х				Х	Х			
NTMHC Tele-NES Provided	х		х				Х	х	х							
Ability to Perform Wada Testing	х		х	х		х			х		х		Х			
Ability for Pre-Surgical Neuropsych Testing	х	Х	Х	х	Х	Х	Х	Х	х	Х	Х	Х	Х	Х	Х	х
Resection Surgery	х	Х	Х	х		Х			х		Х		Х		Х	
Intracranial Recordings: Grids/ Strips	х	Х	Х	х					х		Х		Х			
Intracranial Recordings: Standard Depth	х	Х	Х	х					х		Х		Х			
Intraoperative Electrocorticography (ECoG)	х	Х	Х	х					х		Х		Х		Х	
Intraoperative Cortical Stimulation / Mapping	х	Х	Х						х				Х			
Extraoperative Cortical Stimulation / Mapping	х	Х	х						х		х		х			
Placement of VNS	х	Х	х	х		х	Х		х	Х	х		х	Х	Х	х
Placement of Neuropace		Х														
Programming Neuropace	х		х			Х										
Deep Brain Stimulation	х	Х		х			Х				х		х			
Primary ECoE Contact Phone Number	415.379.5599	310.268.3595	713.794.8835	210.617.5161	505-265.1711 x2752	410.605.7414	804.675.5000 x3748	203.932.5711 x4724	608.256.1901 x17044	612.467.4236	503.220.8262 x58330	206.277.4292	919.416.5982	305.575.7000 x7008	352.374.6082	813.972.7633

FY17 CLINICAL WORKLOAD

Data Source: VSSC Encounter Cube

Data collected using ECoE stop code 345 (in the primary or credit stop code position)

	Outpa	atient Clinic		EEG		LTM
Facility	Unique Patients	Unduplicated Encounters	Unique Patients	Unduplicated Encounters	Unique Patients	Unduplicated Encounters
(1V01) (689) Connecticut HCS	196	354	160	166	43	87
(1V05) (512) Baltimore, MD HCS	355	604	185	214	35	169
(1V06) (558) Durham, NC HCS	528	892	249	276	44	158
(1V06) (652) Richmond, VA HCS	580	1042	459	655	52	174
(2V08) (546) Miami, FL HCS	294	624	297	342	67	180
(2V08) (573) Gainesville, FL HCS	186	336	515	585	58	157
(2V08) (673) Tampa, FL HCS	246	405	682	729	79	315
(3V12) (607) Madison, WI HCS	270	513	206	220	54	271
(4V16) (580) Houston, TX HCS	791	1448	740	907	152	689
(4V17) (671) San Antonio, TX HCS	410	563	537	601	2	2
(5V20) (648) Portland, OR HCS	573	992	279	315	60	241
(5V20) (663) Puget Sound, WA HCS	534	856	412	430	45	137
(5V21) (662) San Francisco, CA HCS	243	580	101	105	76	268
(5V22) (501) New Mexico HCS	269	458	162	176		
(5V22) (691) Greater Los Angeles, CA HCS	327	681	557	626	148	446
(3V23) (618) Minneapolis, MN HCS	414	727	399	462	48	170
Total	6,207	11,075	5,938	6,809	963	3,464

PSYCHOGENIC NON-EPILEPTIC SEIZURE WORKLOAD

Data Source: Self Report

Facility	Unique Patients	Encounters
(V01) (689) VA Connecticut HCS, CT	45	228
(V01) (650) Providence, RI	20	118
(V06) (558) Durham, NC	23	235
(V16) (580) Houston, TX	9	81
(V20) (663) Puget Sound, WA HCS	2	12
(V21) (662) San Francisco, CA	15	47
Total	114	721

Unduplicated Encounters: a count of clinic stops made by patients where duplicates have been removed. A duplicate clinic stop occurs when a patient makes more than one of the same type of PRIMARY clinic stop at the same station on the same day. An encounter is a professional contact between a patient and a practitioner vested with primary responsibility for diagnosing, evaluating, and/or treating the patients' condition.

FY17 TELEHEALTH WORKLOAD

Data Source: VSSC Encounter CubeData collected using appropriate stop code

Facility	Video Telehealth Clinic Local Station			ehealth Clinic ent Station	Home Video Telehealth		
Facility	Unique Patients	Unduplicated Encounters	Unique Patients	Unduplicated Encounters	Unique Patients	Unduplicated Encounters	
(V01) (689) VA Connecticut HCS, CT	2	3			1	1	
(V05) (512) Baltimore HCS, MD	1	1					
(V06) (558) Durham, NC	72	97	25	32	9	18	
(V06) (652) Richmond, VA	73	94	21	30			
(V08) (546) Miami, FL	61	117					
(V08) (573) Gainesville, FL	48	69					
(V08) (673) Tampa, FL							
(V12) (607) Madison, WI	47	73	16	16	4	10	
(V16) (580) Houston, TX	45	66					
(V17) (671) San Antonio, TX							
(V20) (648) Portland, OR			56	56	1	1	
(V20) (663) VA Puget Sound, WA			25	26			
(V21) (662) San Francisco, CA	45	78	6	14	11	18	
(V22) (501) New Mexico HCS	30	45	2	2			
(V22) (691) Greater Los Angeles HCS			6	8			
(V23) (618) Minneapolis, MN	31	45	17	25			
Total	455	688	174	260	26	48	

	Telephone Clinic		eC	onsults	Store & Forward EEG*		
Facility	Unique Patients	Unduplicated Encounters	Unique Patients	Unduplicated Encounters	Unique Patients	Unduplicated Encounters	
(V01) (689) VA Connecticut HCS, CT	54	101					
(V05) (512) Baltimore HCS, MD	127	255	7	7			
(V06) (558) Durham, NC	35	42	3	3	199	204	
(V06) (652) Richmond, VA	97	145	51	51			
(V08) (546) Miami, FL	14	15					
(V08) (573) Gainesville, FL	7	8			6	6	
(V08) (673) Tampa, FL	37	78					
(V12) (607) Madison, WI	92	187					
(V16) (580) Houston, TX	56	65	5	5			
(V17) (671) San Antonio, TX	59	118					
(V20) (648) Portland, OR	184	411	59	61	226	226	
(V20) (663) VA Puget Sound, WA	78	103	16	16			
(V21) (662) San Francisco, CA	85	193	13	13			
(V22) (501) New Mexico HCS	9	10					
(V22) (691) Greater Los Angeles HCS	60	82	51	54			
(V23) (618) Minneapolis, MN	34	43	15	15			
Total	1,023	1,856	220	225	431	436	

^{*}For Store & Froward EEG local station and different station data are combined.

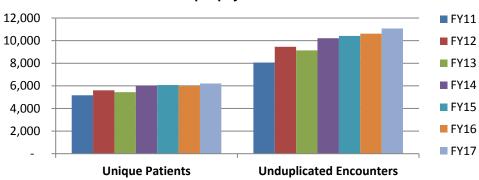
FY17 SURGERY WORKLOAD

ECoE Surgery Workload FY16-FY17	•	Resection Surgery	Intracranial Recordings:	Grid/Strip	Intracranial Recordings: Standard Depth (Free	Hand and Neuro- Navigation)	Intracranial Recordings:	StereoEEG Depths - Sterotactic Frame	Intraoperative	Electrocorticography (ECoG)	Intraoperative Cortical	Stimulation / Mapping	Extraoperative Cortical	Stimulation / Mapping	:	N N
	FY 16	FY 17	FY 16	FY 17	FY 16	FY 17	FY 16	FY 17	FY 16	FY 17	FY 16	FY 17	FY 16	FY 17	FY 16	FY 17
(V01) (689) VA Connecticut HCS, CT	10	17	10	17	10	17	10	17	10	17	10	17	10	17	10	17
(V05) (512) Baltimore HCS, MD															2	
(V06) (558) Durham, NC	1		1													
(V06) (652) Richmond, VA															1	2
(V08) (546) Miami, FL																
(V08) (573) Gainesville, FL																
(V08) (673) Tampa, FL																
(V12) (607) Madison, WI	3	2		2	1										1	
(V16) (580) Houston, TX	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2
(V17) (671) San Antonio, TX																
(V18) (501) Albuquerque, NM																
(V20) (648) Portland, OR	1	0	2	0		0		0		0		0		0		1
(V20) (663) VA Puget Sound, WA																
(V21) (662) San Francisco, CA	1	0	2	0		0		0	3	0	1	0	1	0		1
(V22) (691) West Los Angeles, CA	2	1					1	1	4	2			1		1	2
(V23) (618) Minneapolis, MN															1	
Total	10	4	6	3	2	1	2	2	8	3	2	1	3	1	7	8

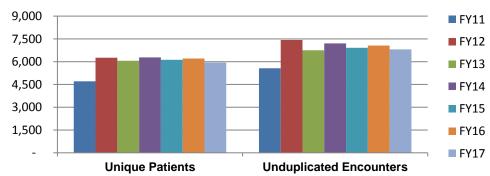
ECOE WORKLOAD TRENDS

Facility Clinic Visits

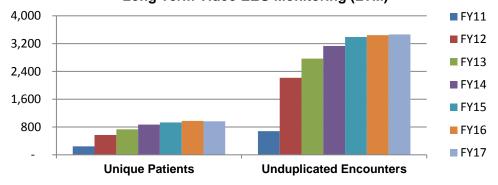
Epilepsy Patients



Electroencephalogram (EEG)



Long Term Video EEG Monitoring (LTM)

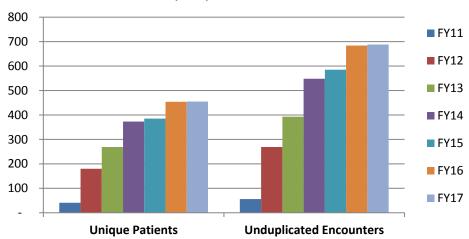


Data Source: VSSC Encounter Cube.

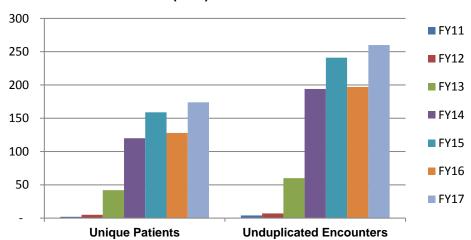
Numbers for FY11-FY12 maybe under reported due to workload capture issues.

OUTREACH: TELE-EPILEPSY

Clinical Video Teleconference (CVT) Same Station



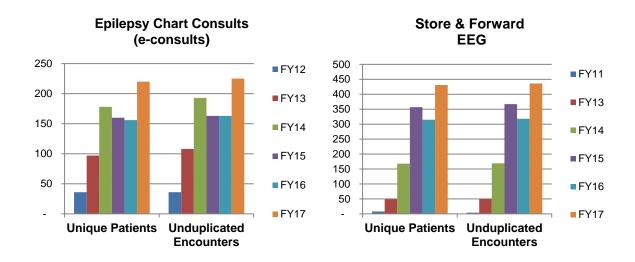
Clinical Video Teleconference (CVT) Other Station

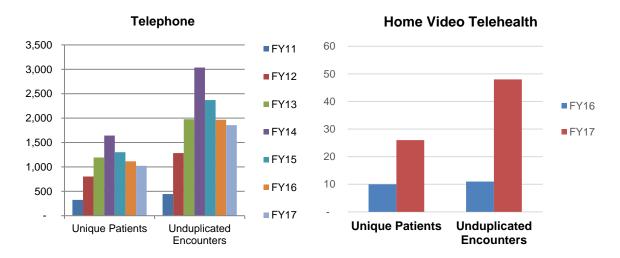


Data Source: VSSC Encounter Cube.

Numbers for FY11-FY12 maybe under reported due to workload capture issues.

OUTREACH: TELE-EPILEPSY



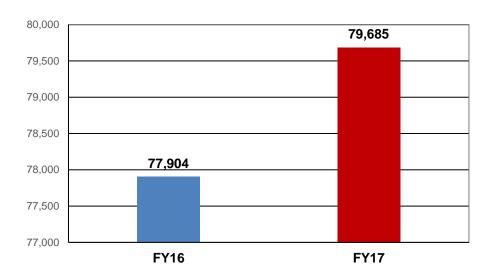


Data Source: VSSC Encounter Cube

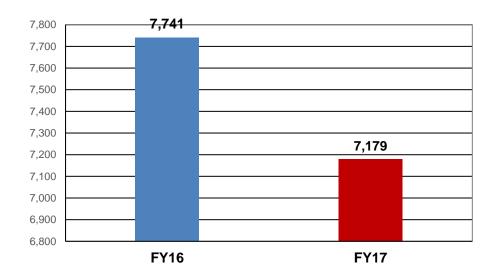
Numbers for FY11-FY12 maybe under reported due to workload capture issues.

VHA SEIZURE, EPILEPSY, OTHER EVENTS UNIQUE PATIENTS' COUNT

¹Seizure, Epilepsy, Transient Alteration of Awareness



²Conversion Disorder with Seizures or Convulsions



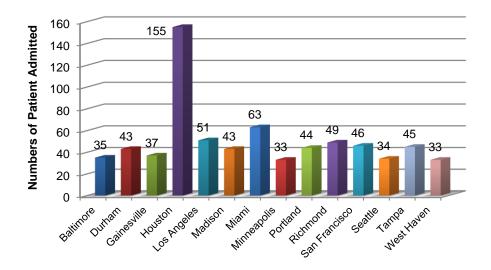
Algorithm: Data collected using ICD-10-CM codes: ¹G40.xxx Epilepsy, R56.9 Unspecified Convulsion, R40.4 Transient Alteration of Awareness, R56.1 Post traumatic seizures. ²F44.5 Conversion disorder with seizures or convulsions.

Data Source: VSSC Encounter Cube: VA inpatients and/or VA outpatients.

EPILEPSY MONITORING UNIT DATABASE*

The aim of the FY17 EMU data collection is to assess elements of care and utilization provided through the network of ECoEs. Each of the 14 sites reporting epilepsy monitoring unit admissions, collected information on the elements; age, gender and length of stay along with monitoring classification for each visit and cumulative visits (if appropriate) and primary and secondary diagnoses. Traumatic brain injury information (when available) was also collected. The total number of reported patients for long-term monitoring was 944 over all sites, with 711 being EMU patient admissions.

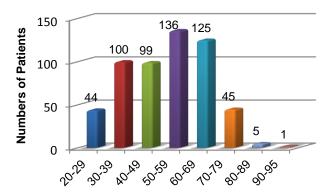
EMU Admissions FY17 Oct 2016 - Sept 2017 Epilepsy Centers of Excellence



The median length of stay was 4 days with a maximum of 17 days and overall site admissions totaling 2230 days.

EMU Days per Admission Numbers of Patients Admitted >7 **Days**

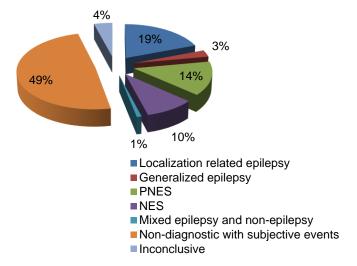
EMU Ages



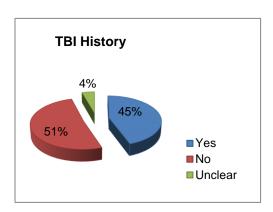
EMU admission ages ranged from 20-95 years with median ages between 50-59 with the majority (84%) of known gender patients being male.

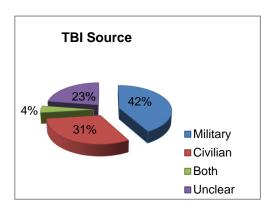
This chart highlights the seizure classifications most diagnosed in the EMUs. Predominant classification categories were; localization related epilepsy with ictal EEG changes (17%), PNES (14%) and the non-diagnostic category with subjective events (49%) representing episodes with insufficient electrographic evidence to be of diagnostic value. Four percent of the non-diagnostic category was unclassified in any of the listed categories.

EMU Diagnostic Classifications



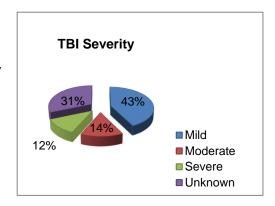
Of the reported traumatic brain injuries, forty-five percent of patients admitted to the EMU had a documented TBI in the medical record. In 4% of admissions, it was not possible to determine if the patients had suffered a TBI.





Military trauma was the biggest source of reported brain injury in EMU patients at 42%, followed by civilian TBI at 31%. In 27% of cases, the source of brain injury was either undetermined or unknown.

The percentage of EMU admissions classified by the severity of a traumatic brain injury is shown in this chart. For 29% of the patients it was not possible to determine the severity of the TBI.



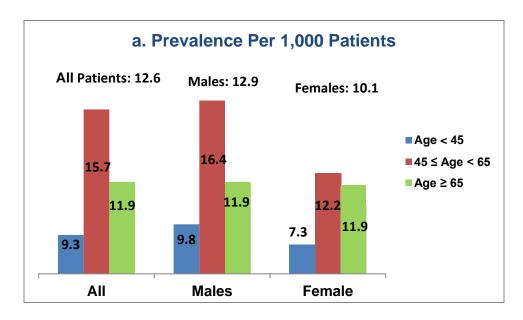
*Data Source: Site self-reported data from ECoE designed EMU database

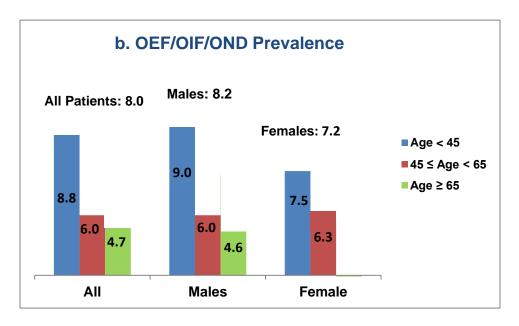
VHA FY16 Patient Counts

Cohort	Epilepsy Pa	itients, %	All VA Patients, %		
All Patients	79,56	62	6,324,938		
Age <45	10,840	13.6%	1,171,642	18.5%	
45≤ Age<65	30,349	38.2%	1,931,058	30.5%	
Age ≥ 65	38,373	48.2%	3,222,238	50.9%	
Males	73,04	45	5,678,3	35	
Age <45	8,834	12.1%	897,403	15.8%	
45≤ Age<65	26,740	36.6%	1,634,612	28.8%	
Age ≥ 65	37,471	51.3%	3,146,320	55.4%	
Females	6,51	7	646,60)3	
Age <45	2,006	30.8%	274,239	42.4%	
45≤ Age<65	3,609	55.4%	296,446	45.8%	
Age ≥ 65	902	13.8%	75,918	11.7%	
OE	F/OIF/OND I	Patient Co	unts		
All Patients	6,34	2	788,923		
Age <45	5,067	79.9%	576,042	73.0%	
45≤ Age<65	1,238	19.5%	204,979	26.0%	
Age ≥ 65	37	0.6%	7,902	1.0%	
Males	5,59	5	685,119		
Age <45	4,475	80.0%	496,725	72.5%	
45≤ Age<65	1,086	19.4%	180,993	26.4%	
Age ≥ 65	34	0.6%	7,401	1.1%	
Females	747	,	103,80)4	
Age <45	592	79.3%	79,317	76.4%	
45≤ Age<65	152	20.4%	23,986	23.1%	
Age ≥ 65	3	0.4%	501	0.5%	
Epilepsy: Males 91.8%,	Females 8.2%	All VA: Mal	es 89.8%, Female	es 10.2%	

Algorithm: Patients prescribed at least thirty days of anti-epileptic drugs in FY16 cross matched with seizure diagnosis (ICD-09-CM 345.xx, 780.39, ICD-10-CM G40.xxx, R40.4, R56.1, R56.9) during FY14-FY16. Diagnoses data from EEG and LTM clinics were excluded. Estimated positive predictive value of 85.1% from chart review of 625 patients (95% confidence interval: 82.1% to 87.8%) Data Sources: CDW, VSSC Unique Patients Cube and Pharmacy Benefit Management (PBM). Numbers rounded to the nearest one decimal digit for percentages. Unknowns have been excluded from the analysis.

VHA FY16 EPILEPSY PREVALENCE ESTIMATES





Algorithm: Patients prescribed at least thirty days of anti-epileptic drugs in FY16 cross matched with seizure diagnosis (ICD-09-CM 345.xx, 780.39, ICD-10-CM G40.xxx, R40.4, R56.1, R56.9) during FY14-FY16. Diagnoses data from EEG and LTM clinics were excluded. Estimated positive predictive value of 85.1% from chart review of 625 patients (95% confidence interval: 82.1% to 87.8%) Data Sources: CDW, VSSC Unique Patients Cube and Pharmacy Benefit Management (PBM). Numbers rounded to the nearest one decimal digit for percentages. Unknowns have been excluded from the analysis.

OUTREACH

OPERATIONS

- Expansion of telehealth services nationally
- PNES services provided by VA ECoE trained professional in all 4 Regions.

SOIAL MEDIA

- Website has been undergoing revisions ongoing.
- VHA ECoE is now recognized on the National Association of Epilepsy Centers website.
- Epilepsy website link added to VA Caregiver website

PARTNERSHIPS

- ECoE Partnering with Epilepsy Foundation on activities associated with the Connectors Provider Outreach Program.
- New ECoE Consortium members.
- Member of Epilepsy Leadership Council (American Epilepsy Society).
- Partner with CSR (Center for SUDEP research).

EDUCATION

- Epilepsy Basic Training Series for patients and care givers (see page 67).
- CME Provider series (see page 67).
- AED Physician Pocket Card revision (women focus addendum).
- Epilepsy Manual 2nd edition.

AWARENESS ISSUES

- Representation at National Epilepsy Awareness Day
- Purple Day events Participants in Genius Book of World Records largest training.
- Multiple patient education events
 - ECoE/Duke Patient education symposium
 - Epilepsy Foundation and ECoE collaborative meetings.
 - West LA partnership with Southern California Epilepsy Foundation.
 - West Haven partnership with Epilepsy Foundation Connecticut in 1 Veteran Outreach program.

SOUTHWEST REGION

James Chen, MD, Southwest ECoE Regional Director Vacant, Southwest ECoE Regional Administrative Director



GREATER LOS ANGELES VA MEDICAL CENTER

11301 Wilshire Blvd, Los Angeles, CA 90073 Phone: 310.268.3595 www.losangeles.va.gov



Greater Los Angeles Healthcare System

West Los Angeles ECoE Staff									
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Naylor, David	Neurologist	Dnaylor @ucla.edu	310.478-3711ext 53999	0.625					
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Davidson, Tricia	Administrative Officer/ Coordinator	Tricia.davidson@va.gov	310.478.3711 x41408	0.000					
Sunita Dergalust	Clinical Pharmacist in Neurology and neurosurgery	Viet-Huong.Nguyen@va.gov, Sunita.dergalust@va.gov	310.268.3595	0.250					
Langevin, Jean- Phillipe	Neuro-surgeon	Jean- Philippe.Langevin@va.gov	310-478-3711 x41747	0.000					

FY17 Accomplishments:

- EMU: 3 units EMU for continuous video EEG recording
- High density EEG recording: 256, 64 and 32 channels
- Continuous 24/7 monitoring technician nearby in a dedicated monitoring room for increase patient safety
- Over 50 WLA nurses have completed the in-service training for providing epilepsy cares.
- The first VA case of implanting responsive neurostimulator (Neuropace)
- One phase 2 study with stereo EEG implantation and cortical stimulation for eloquent cortex mapping
- Continue the "Take Action Group", a patient support group in collaboration with the epilepsy
 foundation: this is a monthly program hosted by a psychologist through teleconference/online
 meeting. The program is supported by a grant from Sunovion to the Epilepsy Foundation of
 Southern California.
- Provide fellowship training in Clinical Neurophysiology and Epilepsy
- Various research projects in the genetics of epilepsy, basic mechanism of status epilepticus, basic mechanism of seizures, quantitative EEG analysis, outcome research

Future Initiatives:

- Adding the EMU video monitoring capability by adding second camera that is synchronized with the first camera for every monitoring unit
- Software upgrade of the current video EEG equipment
- Continue ECOE cares at the current level.

- Continue to provide invasive monitoring using intracranial electrodes
- Continue to provide surgical treatment of epilepsy including resection surgery, RNS, DBS and VNS, and respective programming of the stimulators.
- Expand surgical therapy to include Visualase therapy.
- Continue to provide education component in the Take Action Group, an epilepsy foundation organized veterans' support group through teleconference/online meeting.
- Provide EEG reading service to Long Beach VA as needed.

Fellowships:

Name	Fellowship	ACGME	VA FTE	Start Date	End Date
Rafael Lopez- Baquero	Polytrauma Epilepsy	No	1.0	07/01/13	06/30/16
Justin Cheongsaitmoy MD	Clinical Neurophysiology	Yes	025	10/1/13	06/30/15
Inna Kesleman, MD, Ph.D	Clinical Neurophysiology	Yes	025	12/15/13	6/30/15
Chutima Saipetch, MD	Clinical Neurophysiology	Yes	0.25	07/01/14	06/30/15
Inna Keselman, MD, Ph.D	Polytrauma Epilepsy	No	1.0	07/01/15	06/30/16
Christopher Cheng MD	Clinical Neurophysiology	yes	025	07/01/15	06/30/16
Parrisa Vassef, MD	Clinical Neurophysiology	Yes	025	07/01/15	6/30/16
Rafael Lopez- Baquero	Polytrauma Epilepsy	No	1.0	07/01/13	06/30/16

Name	Fellowship	ASHP	VA FTE	Start Date	End Date
Yana Bukovskaya PharmD, BCPS	PGY-2 Neurology Specialty Pharmacy Resident	Candidacy Status	1.0	July 1, 2014	June 30, 2015
Grace Minassian	PGY-2 Neurology Specialty Pharmacy Resident		1.0	July 1, 2015	June 30, 2016
Chris Lening	Clinical Neurophysiology		.25	July 1, 2016	June 30, 2017
Joanna Gan	1 st year Clinical Neurophysiology/2 nd year Epilepsy	Yes 1 year	.25	July 1, 2016	June 30, 2018
George Lai	Clinical Neurophysiology	Yes	.25	July 1, 2016	June 30, 2018
Bertrand Tseng	Clinical Neurophysiology	Yes		October 1, 2017	June 30, 2018

San Francisco VA Medical Center

4150 Clement Street (127E), San Francisco, CA 94121 Phone 415.379.5599 Fax 415.379.5666

www.epilepsy.va.gov/SouthWest/SanFrancisco



ECoE Staff							
Name	Position	Email	Phone	ECoE FTE			
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Hegde, Manu	Epileptologist	Manu.hegde@va.gov	415.221.4810 x26347	0.375			
Hixson, John	Epileptologist	John.hixson@va.gov	415.221.4810 x24797	0.125			
Parko, Karen	Epileptologist	Karen.parko@va.gov	415.221.4810 x24702	0.000			
Rao, Vikram	Epileptologist (WOC)	Vikram.rao@ucsf.edu		0.000			
Scheid, Guiomar	Program Specialist	Guiomar.scheid@va.gov	415.221.4810 x24689	1.000			
Houston, Christine (retired mid-year)	Social Worker			0.25 prior to retirement			
Broughton, Janice	Neurodiagnostic Technologist	Janice.broughton2@va.gov	415.221.4810 x22696	0.000			
Reznic, Jeffrey	Neurodiagnostic Technologist	Jeffrey.reznic@va.gov	415.221.4810 x24013	0.000			
Chang, Edward	Neurosurgeon (WOC)	Edward.chang@ucsf.edu		0.000			
Rothlind, Johannes	Neuropsychologist	Johannes.rothlind@va.gov	415.221.4810 x26346	0.000			
Hetts, Steven	Neuro-interventional radiologist	Steven.hetts@ucsf.edu	415.221.4810 x25190	0.000			
Cooke, Daniel	Neuro-interventional radiologist	Daniel.cooke@ucsf.edu	415.221.4810 x25190	0.000			
Poon, Linda	Clinical Pharmacist	Linda.poon@va.gov	415.221.4810x24375	0.000			
Mueller, Susanne	Epilepsy Imaging Research	Susanne.mueller@ucsf.edu	415.221.4810 x22538	0.000			

FY17 Accomplishments:

- Maintained comprehensive epilepsy services, inpatient and outpatient
- Expanded video-to-home telehealth clinic volume
- Expanded telehealth clinics for CBT-informed therapy for PNES both in volume and sites
- Maintained continuous quality improvement program for EMU patient safety. Trained and recertified RN staff during annual nursing skills day.
- Trained clinical staff in suicide prevention and screening
- Purchased software upgrades for LTM EEG systems, and new portable unit
- Stewarded national QI initiative to change maximum single dose of fosphenytoin for IV infusion in status epilepticus via CPRS (nationally) and IV pumps (locally)
- Continued RNS device programming and open-loop cortical stimulator programming with Dr. Rao.

Future Initiatives:

- Become site for reading store-and-forward EEG recordings from Phoenix VA and other potential sites
- Develop SOP for non-EMU continuous EEG monitoring outside of the ICU
- Become an NAEC-accredited level III site independent from university affiliate, pending agreement between ECoE and NAEC
- Expand video-to-home telehealth clinic volume

- Begin tele-NES CBT clinic in Denver to serve our referral site
- Collaborate with mental health providers to reduce teratogenic anticonvulsant prescriptions for mental health indications in women veterans with childbearing potential.
- Collaborate with women's clinic to optimize family planning and management for women veterans taking teratogenic anticonvulsants
- Maintain current services without increased funding, having reached maximum manageable clinical volume with increasing administrative demands limiting patient care service expansion, and challenges backfilling vacant positions.

Fellowships:

Name	Fellowship	ACGME	VA FTE	Start Date	End Date
Proleta Datta, MD, PhD	Epilepsy	Yes	0.5	07/01/16	06/30/17
Brandy Ma, MD	Epilepsy	Yes	0.5	07/01/17	06/30/18
Phillip Larimer, MD, PhD	Epilepsy	Yes	0.5	07/01/17	06/30/18
June Yoshii-Contreras, MD	Polytrauma Epilepsy	No	0.5	07/01/16	06/30/17
Proleta Datta, MD, PhD	Polytrauma Epilepsy	No	0.5	07/01/17	06/30/18

NEW MEXICO VA HEALTHCARE SYSTEM

1501 San Pedro SE, Albuquerque, NM 87108 Phone: (505) 256-2752 Fax: (505) 256-5720 www.albuquerque.va.gov



New Mexico VA Health Care System

Albuquerque ECoE Staff						
Name	Position	Email	Phone	ECoE FTE		
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Anna Vigil, MD	Physician	Anna.Vigil@va.gov	(505) 256-5701	0.130		
JoAnn Harnar, RN	Neurology Nurse	JoAnn.Harnar@va.gov	(505) 256-5701	0.290		

FY17 Accomplishments:

- Over 93% satisfaction rating by veterans with epilepsy who we care for my tele neurology.
- Generally seen as an excellent epilepsy clinic in New Mexico in spite of the fact that we do not have an EMU (these patients are sent to other VAMCS in California).

- Continue to support VAMCs that have unique expertise so our relatively small VA can send very complicated veterans to their hospitals.
- Support tele neurology as a viable alternative to face to face epilepsy care.

MICHAEL E. DEBAKEY VA MEDICAL CENTER

2002 Holcombe Blvd, Houston, TX 77030 Phone: 713.794.8835 Fax: 713.794.8986

www.epilepsy.va.gov/SouthWest/Houston



Welcome to the Michael E. DeBakey VA Medical Center

Houston ECoE Staff							
Name	Position	Email	Phone	ECoE FTE			
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Van Ness. Paul	ECoE Co-Director (Houston)	Paul.VanNess@bcm.edu	713-794-7393	-0-			
Yoshor, Daniel	Neurosurgeon	dyoshor@bcm.edu	713-794-8835	-0-			
Haneef, Zulfi	ECoE Staff Physician	haneef@bcm.edu	713-794-8835	.125			
Collins, Robert	Neuropsychologist	Robert.Collins3@va.gov	713-794-8835	-0-			
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McGrew, Janice	Neurophysiology Lab Secretary	McGrew.Janice@va.gov	713-794-8835	-0-			

FY17 Accomplishments:

- Dr. Collins has been recognized as President Elect of the Association of Postdoctoral Programs in Clinical Neuropsychology.
- Dr. Chen has been promoted to Associate Professor (with tenure), Department of Neurology, Baylor College of Medicine.
- We secured funding to not only completely replace EMU equipment in its entirety, but enhance our technical capabilities. This upgrade will encompass new equipment for all 4 patient monitoring units, EEG technician monitoring room, 2 reading stations for attendings, 2 reading stations for fellows, EEG remote access system, video monitors of EMU patients to be placed in the nurses' station, new EEG recording unit for prolonged ambulatory EEGs, and one new portal EEG recording unit for additional bedside, continuous EEG monitoring capability. Equipment has been purchased, and the anticipated installation of new equipment is 10/2017.
- We have received approval as a site for Neuropace implantation and management. One patient with Neuropace is now regularly monitored and managed at our center.
- New full-time faculty members, Drs. Chu and Dr. Krishnan, have joined and will participate in VA EEG on-call coverage, as well as occasional VA seizure clinic coverage.

- New part-time faculty member, Dr. Hill, has joined will participate in regular VA EEG interpretation duties, as well as occasional VA seizure clinic coverage.
- We have hired a new Lead EEG technologist (Ritu Jain).
- Research conducted by Dr. Haneef regarding current state of Clinical Neurophysiology
 Fellowship training was recognized in a News Article in "Clinical Neurology News."
 http://www.mdedge.com/clinicalneurologynews/article/119419/practice-management/survey-sheds-light-clinical-neurophysiology
- Commenced process to expand clinical video telehealth (tele-seizure clinic) to cover the VA clinic in Shreveport, LA.

Future Initiatives / FY18 Goals:

- Expand quantity of epilepsy surgeries and VNS implantations performed within Houston ECOE.
- Implant Neuropace on site at our ECoE.
- Standardize the montages used across all of our affiliated teaching hospitals (Houston ECoE, Ben Taub General Hospital, and Baylor St. Luke's Medical Center)
- Optimize VA remote EEG access following installation of new EEG server and remote access system.
- Implement new after-hours EEG policies.
- Seek ABRET certification for the EEG laboratory.
- Continue to expand clinical video telehealth census at our current CBOC's.
- Our Epilepsy NP to continue her role as the liaison between EEG technologists and nursing staff, aiming to optimize overall quality and safety of care delivered to veterans in our EMU.
- Our Epilepsy NP to reinvigorate our epilepsy support group, as well as our PNES support group programs.

Fellowships:

The Michael E. DeBakey VA Medical Center (MEDVAMC) supports 2 FTE for the Clinical Neurophysiology & Epilepsy Fellowship programs. The fellows rotate at the MEDVAMC approximately 1/3 of their fellowship.

Name	Fellowship	VA FTE	Start Date	End Date
Kareem Gadelmola	Clinical Neurophysiology	0.33	July 1, 2016	June 30, 2017
Danah Marafie	Clinical Neurophysiology	0.33	July 1, 2016	June 30, 2017
Asbhisek Purohit	Clinical Neurophysiology	0.33	July 1, 2016	June 30, 2017
Jennifer Chu	Epilepsy	0.33	July 1, 2016	June 30, 2017
Ezekiel Sachs	Epilepsy	0.33	July 1, 2016	June 30, 2017
Sunita Misra	Epilepsy	0.33	July 1, 2016	June 30, 2017

AUDIE L. MURPHY VA HOSPITAL

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South Texas Veterans Health Care System

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Marceaux, Janice C.	Neuropsychologist	Janice.Marceaux@va.gov	210.617.5300 x16321	0.000		
Sanchez, Cassandra	Clinical Pharmacist – 1/8 ECoE	Cassandra.Sanchez@va.gov	210.617.5300 x15636	0.000		
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Hernandez, Deborah D.	EEG Technologist, Supervisor	Deborah.Hernandez@va.gov	210.617.5300 x14371	0.000		
Pugh, Mary Jo	National ECoE Quality Assurance Officer	MaryJo.Pugh2@va.gov pughm@uthscsa.edu	210.617.5300 x17193	0.000		

FY17 Accomplishments:

- Hired second EEG technologist.
- Established epilepsy e-consult service.
- Implemented outside video-EEG review using a secured Citrix-based utility in the CAG access.
- Hired part time Epilepsy nurse.
- Hired second epileptologist.
- Obtained approvals and policy procedures for operation of our Epilepsy Monitoring Unit (EMU).
- Expanded outpatient epilepsy clinics.
- Working with mental health to provide training and mentoring opportunities to neuropsychology fellows.

Future Initiatives / FY16 Goals:

- Recruit and hire Nurse Practitioner for Epilepsy to fill the ECoE Program Coordinator position.
- Obtain approval for hiring an additional EEG Technologists for EMU.
- Continue to work on operations for EMU set up.
- Develop tools to identify a battery of tests for brief neuropsychological assessment for patients with newly diagnosed epilepsy.

NORTHEAST REGION

Allan Krumholz, MD, Northeast ECoE Regional Director R. Andrew David, MS, MHSA Northeast ECoE Regional Administrative Director



VA MARYLAND HEALTH CARE SYSTEM

VA Maryland Healthcare System 10 N Greene St Baltimore, MD 21201 410.605.7414; 410.605.7906 www.maryland.va.gov

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Coleman, James	Health System Specialist	Robert.David@va.gov	(410) 605-7000 x6578	0.500		
David, R. Andrew	Nurse Practitioner	Regina.McGuire@va.gov	(410) 605-7414	0.500		
McGuire, Regina	Research Physician	Ctang@som.umaryland.edu	(410) 605-7414	0.000		

FY17 Accomplishments:

- Held virtual Northeast Advisory Board meeting in January 2017
- Added EEG services at Perry Point campus (~1hr N of Baltimore campus)
- Expand telehealth to Lebanon VAMC
- Expanded outpatient seizure clinic
- Integrated neuropsychology screening in outpatient seizure clinic
- Relocated EEG laboratory
- Improved stability of remote video EEG access
- Neuropsychologist in training with Dr. LaFrance for CBT for PNES

- Expand telehealth and eConsults
- Open an additional EMU bed in CICU
- Establish an ACMGE accredited Epilepsy fellowship with affiliate
- Participate in future PNES Research
- Participate in future UCB pilot research study an Epilepsy Peer Support Program in the U.S. Veterans Administration's Epilepsy Centers of Excellence (ECOE)

Fellowships:

Name	Fellowship	ACGME	VA FTE	Start Date	End Date
Jennifer Haagensen, MD	Polytrauma/ TBI	No	1.0	July 1, 2017	June 30, 2018
Ahmareen Baten, MD	Clinical Neurophysiology	No	0.0	July 1, 2017	June 30, 2018
Miguel Melo Bicchi, MD	Clinical Neurophysiology	No	0.0	July 1, 2017	June 30, 2018
Chalita Atallah, MD	Polytrauma/ TBI	No	1.0	July 1, 2016	June 30, 2017
Hassan Elnour, MBBS	Clinical Neurophysiology	No	0.0	July 1, 2016	June 30, 2017
Sara Hefton, MD	Clinical Neurophysiology	No	0.0	July 1, 2016	June 30, 2017

HUNTER HOLMES McGUIRE RICHMOND VA **MEDICAL CENTER**

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Elizabeth Waterhouse, MD	Associate Director	Elizabeth.Waterhouse@va.gov	804.675.5000 x3742	0.125		
Ken Ono, DO	Director, Epilepsy Monitoring Unit	Kenichiro.Ono@va.gov	804.675.5000 x3742	0.000		
VACANT	Nurse Coordinator			1.000		
Linda L. Benson, MPH	Statistician	Linda.Benson4@va.gov	804-675.5000 x3734	1.000		
Rachel Van Aken, CNIM	Intraoperative Monitoring & EEG technologist	Rachel.VanAken@va.gov	804.675.5000 x4149	0.000		
Katherine Brewer	EEG technologist	Katherine.Brewer@va.gov	804-675.5000 x5370	0.000		
Brenda Robertson- Wilson	EMG and EEG technologist	Brenda.Robertson- Wilson@va.gov	804.675.5000 x5414	0.000		
Natacha Jean-Noel, NP	Telehealth Nurse Practitioner	Natacha.Jean-Noel@va.gov	804-675-5000 x3508	0.000		
Kathy Browning, BSN	Telehealth Nurse	Kathy.Browning@va.gov	804-675-5000 x3946	0.000		

FY17 Accomplishments:

- Continued clinical and research collaboration with the Richmond Polytrauma Program
- Neuro-volumetric studies continuing
- Increasing referrals from Polytrauma and expanding CVT program
- Educational programs- Hosted Hans Berger & VCU Acute Care Nurse Lectures

- Clinical Neurophysiology and Clinical Polytrauma/Epilepsy Fellowships
- Expand CVT patient sites with store and forward capabilities
- Collaborate with VCU dense array providers
- Hire a clinical nurse coordinator for EMU
- Initiate a support group
- Involved in specialized research activities including data collection and management in posttraumatic epilepsy.
- Research collaboration with other ECoE sites related to TBI and epilepsy.

VA CONNECTICUT HEALTHCARE SYSTEM

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Vacant	AO					
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Phyllis Laryea	Administrative Support Asst	Phyllis.Laryea@va.gov	203-932-5711 ext. 2420	0		

FY17 Accomplishments:

- Obtained up to date portable EEG machines, replacing older limited equipment
- Sustained telephone f/u post EMU admission, >95% for last 4 quarters
- Awarded Department of Defense research grant to study to epidemiology of psychogenic nonepileptic seizures
- Led and completed quality improvement of epilepsy management across ECOEs
- Opened second weekly seizure clinic
- Started store forward EEG collaboration with Albany Medical Center

- Hold at least two outreach visits to VA medical centers in our region to educate providers about epilepsy and ECoE services during FY18.
- Add an additional tele EEG clinic by the end of FY18.
- Purchase, install, and bring online remote back-up server to ensure long-term survival of patient EEG records by end of FY18.
- Secure service contract to ensure high quality maintenance of EEG equipment during FY18.
- Expand store forward EEG collaboration with other centers

NORTHWEST REGION

Martin Salinsky, MD, Acting Northwest ECoE Regional Director VACANT, Northwest ECoE Regional Administrative Officer



WILLIAM S. MIDDLETON VETERANS HOSPITAL

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Vacant	Administrative Officer		608.256.1901 ext. 17858	1.000				
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FY17 Accomplishments:

- Grew telemental health to provide CBT for epilepsy and PNES
- Participation in regional SCAN-ECHO presentations
- VA ECoE Table at Mall of America in Minneapolis for Purple Day (March 18, 2017).
- · Began to provide home telehealth visits
- Completed performance improvement analysis of epilepsy clinic
- Manned VA ECoE booth at 2017 ASET meeting
- Hosted YouTube video production on Epilepsy Surgery for Basic Training series

- Develop store and forward EEG service
- Increase home telehealth visits
- Continue to enroll epilepsy patients in the 1 million veteran program
- Use performance improvement data to improve adherence to quality measures
- Develop EMU data base to include other measures of TBI and mental health

Fellowships:

Name	Fellowship	ACGME	VA FTE	Start Date	End Date
Li, Ang	Clinical Neurophysiology	Yes	0.25	7/1/2017	6/30/2018
Boly, Melanie	Clinical Neurophysiology	Yes	0.25	7/1/2016	6/30/2018

MINNEAPOLIS VA HEALTH CARE SYSTEM

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Bohemier, B	Monitor Tech	Bernadene.Boheimer@va.go	612-467-4265	0.00			

FY17 Accomplishments:

- Establish an employment training program with local epilepsy advocacy group to help Veterans with epilepsy overcome barriers for employment and find jobs
- Hosted employment class at the Minneapolis VA for Veteran's with Epilepsy seeking employment and provided education to staff on topic
- Participated in Anita Kaufmann Foundation Purple Day Walk for Epilepsy and Brain Games at the Mall of America and had VA booth at event
- Participated in successful Guinness Book of World Records Mass Seizure Training and Minneapolis VA Medical staff presented at event.
- Hosted The National ECoE Directors Meeting in Minneapolis
- Present Nursing Grand Rounds Focused on Epilepsy and Seizure Management in Oct 2016
- Continue Annual Epilepsy Awareness event to coincide with national Epilepsy month in November
- Participated in TBI awareness event with ECoE Booth
- Seizure awareness and management added to annual Nursing Skills Fair with Seizure simulation training
- Collaborate with the Minnesota Epilepsy Foundation to bring additional resources to Veterans with epilepsy
- Collaborate with Madison, Wisconsin ECOE to benchmark, obtain ideas for streamlining services, improving efficiency and expanding services
- Collaborated with Minneapolis EOE employment staff on job opportunities for Veteran's with epilepsy

- Increase Clinic visits and Tele-Health to reduce wait times
- Increase EMU admissions to decrease wait times and increase patient scheduling choices
- Initiate EMU satisfaction questioner
- Hire and train additional two EMU monitor techs
- Implemented off- site EEG review for EMU
- Continued formal Neurophysiological evaluation for all patients admitted to the EMU
- Revised EMU consenting process
- Implemented RCA to improve patient safety in the postictal state in EMU and Hospital wide
 - o Improved education for nursing staff management on the postictal state
 - Increased mandatory seizure education for hospital EMU and nursing staff to twice yearly (from annually)
 - Improved EMU room set-up process and signage
 - Improved communication with EMU nursing staff by establishing rounding by NP, nursing staff attendance at Physician rounds, and end of week debriefings
- EEG Laboratory Supervisor attended national ASET meeting networking with other ECoE Technologists

- Hire an additional Epileptologist
- Move EMU to new location in service line to streamline EMU processes
- Train new Nursing Staff in EMU
- Hire and train additional EMU monitor techs
- Hire additional EEG Technologist
- Hire APRN
- Include Quality of Life, Seizure Patient Questionnaire, Pittsburg Sleep Quality index, PTSD Checklist, and Beck Depression Inventory to EMU evaluation.
- Continue Annual Epilepsy Awareness event to coincide with national Epilepsy month in November
- Continue collaboration with employment training program with local epilepsy advocacy group to help Veterans with epilepsy overcome barriers for employment and find jobs
- Collaborate with the Minnesota Epilepsy Foundation to bring additional resources to Veterans with epilepsy
- Explore opportunities for a Telemedicine Epilepsy support group for Veteran's across the VISN
- EEG Lab Accreditation
- Collaborate with local VA TBI/DVBIC Groups
- Promote Telehealth access among Epilepsy patients to improve access options
- Implement Home Tele Heath for rurally located Veterans
- Increase EMU admissions to decrease wait times and increase patient scheduling choices
- Implement outreach to referral base and improve coordination of care with consortium sites
- Initiate CBT services
- Continue ECOE based satisfaction survey improve patient EMU experience and utilize data for outreach to referral base
- Continue Art project with EMU patients for future art display for epilepsy awareness
- Increase participation in national ECOE efforts
- Develop a procedure manual for the EEG/EMG lab
- Explore and initiate integrative health opportunities and care for EMU and outpatient Veterans
- Develop EMU newsletter for service line staff promoting education, communication and opportunities to participate in Epilepsy outreach efforts and education.
- Develop traveling board and other promotional efforts to highlight the presence and work of the ECOE and EMU

- Add EEG Technologists to recognition day celebrations to enhance awareness of role within the VAMC
- Initiate ECOE based research project

PORTLAND VA MEDICAL CENTER

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Joel Mack	Psychiatrist	jmack@ohsu.edu	503-220-8262 x58330	0.000

FY17 Accomplishments:

- Expansion of Tele-EEG clinics to include San Antonio VAMC, Expansion of outpatient clinic visits, decreased wait times for appts. Continued telemedicine Clinics (Boise and Roseburg),
- Research
 - Ongoing funded, multi-center research (COVE study)
 - Approval of ECoE VA cooperative study LOI (Treatment of PNES). Planning for full submission underway.
- Initiation of comprehensive EMU evaluation program including QOLIE, PCL, BDI-II, PSEQ, PSQI, TBI.
- Completion of 'Klein' EMU database and report program.

Future Initiatives / FY17 Goals:

- Recruitment of third EEG technologist
- Recruitment of Administrative Assistant
- Expansion of NW Epilepsy SCAN-ECHO provider education with affiliates
- Expansion of both the Telehealth and Tele-EEG offerings to the White City VA.
- Implementation of 2nd generation EMU reporting software ('Klein' software package)

- Submission of full VA cooperative studies grant application, and DoD TBI-PNES grant applications.
- Initiate formal depression screening program in OPC. Train psychiatrist (Dr. Mack) in CBT for PNES.

Fellowships:

Name	Fellowship	ACGME	VA FTE	Start Date	End Date
Joseph Nguyen, MD	VA Polytrauma/Traumatic Brain Injury Rehab -	Epilepsy	1.0	7/1/16	7/1/17
	Clinical Advanced Fellowship		1.0	7/1/17	7/1/18
Amro Abdulsattar MD	VA Polytrauma/Traumatic Brain Injury Rehab - Clinical Advanced Fellowship		1.0	7/1/16	7/1/17
Jessica Stachyra MD		Epilepsy	1.0	7/1/17	7/1/18

PUGET SOUND VA HEALTHCARE SYSTEM

1660 South Columbian Way, Seattle, WA 98108 Phone: 206.764.2021

Fax: 206.764.2802

http://vaww.puget-sound.med.va.gov/www.pugetsound.va.gov/services/epilepsy.asp



	ECoE Staff					
Name	Position	Email	Phone	ECoE FTE		
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Judy Ozuna	Neurology Nurse Specialist Chair Nursing Workgroup	Judy.Ozuna@va.gov	206 277-6614	0.20		
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Larissa Ronich, R- EEG Technologist	EEG technologist	Larissa.Ronich@va.gov	206 277-3313	0.00		
Deborah Perkins, R- EEG Technologist	EEG technologist	Deborah.Perkins@va.gov	206 277-3313	0.00		
Tracy Broomhead RN	Neurology Service nurse coordinator	Frank.Smith@va.gov	206 277-4292	1.00		
Kathleen Pagulayan, PhD	Deployment Health Neuropsychologist	Kathleen.Pagulayan@va.gov	206 768-5321	0.00		

FY17 Accomplishments:

- Judy Ozuna continued chairmanship of the Nursing Workgroup
- Nik Dembreau served as chair for Basic Science workgroup.
- Seattle ECoE staff has presented didactic lectures and clinical cases in newly established NW ECoE SCAN-ECHO.
- Ongoing in-service training on "Safety in the Epilepsy Monitoring Unit" provided to nursing staff.
- Tracy Broomhead, RN, provided education on Epilepsy to patients and staff on Epilepsy Awareness Day.
- Expanded telehealth epilepsy clinics to western Washington sites (Pt. Angeles, Bremerton, Mt. Vernon, Chehalis)
- Phase 1 of a research project started in collaboration with Univ. of Washington, "Self-management of epilepsy in Veterans" has been completed (veteran focus groups).
- Published original research (Ransom, Spain)
- VA Puget Sound staff have presented scientific and clinical talks at national, regional, and local conferences
- Developed information package for veterans interested in obtaining service animals

- Formalize practice of instructing patients' family members/care givers to use personal smart
 phone to video spells/seizures (especially for suspected psychogenic seizures). Explore the
 feasibility of implementing a procedure to incorporate this important diagnostic information in a
 viewable fashion within the patient's medical record (with input from ethics, legal, & CPRS
 administration).
- New RN coordinator will be providing more consistent patient/family education and counseling.

- Continued expansion of telehealth epilepsy care to western Washington.
- Expansion of epilepsy monitoring with ambulatory EEG for patient's unable or unwilling to come into EMU
- Implementation of 24/7 video-monitoring of EMU patients by telemetry technicians.
- Expand access to CBT for patients with PNES by training local providers or establishing CBT access via telehealth to remote site
- Develop plan to hire another EEG technologist, address EEG technologist staffing issues
- Implement local note template to ensure documentation of important quality measures for epilepsy care are addressed and documented

SOUTHEAST REGION

Aatif M. Husain, MD Regional Director Pamela Kelly-Foxworth, Regional Administrative Director



Southeast ECoE Regional Staff						
Name	Position	Email	Phone	ECoE FTE		
Husain, Aatif M., MD	Director, ECoE	Aatif.Husain@duke.edu	919.416.5982	0.125		
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	Administrative Support					
Finley, Winona	Assistant	Winona.Finley@va.gov	919.286.0411 x7647	1.000		

FY17 Accomplishments:

- Continued to facilitate national critique and assessment of the National Epilepsy Clinical Template/Registry Version 2 pending release.
- Mining national data from the Clinical Template/Registry AES presentation of data 12/2016.
- Continued to facilitate the expansion of telemedicine for epilepsy in the Southeast region, to include Tele-Home clinics and CBT clinks.
- Project Managers for the Epilepsy Manual 2nd Edition.

- Clinical
 - Increase CVT (Home)
 - Increase CBT
 - o Increase SFT EEG
- Research & Surveillance
 - Collaborative publications
 - Support women with epilepsy template- spearhead
- Education
 - o TMS statistician developed courses How to read a research paper.
 - Increase education efforts to non-neurology specialist.
 - o Continue to develop community partnerships for shared education resources.
 - Publish Epilepsy Manual 2nd edition (Project Managers).
- Program/Operation
 - o Expand and improve electrologists' remote access capabilities for robust infrastructure
 - Review and update MOU's
 - Categorize consortium sites for toward improvement of referral paradigm and collaboration.

DURHAM VA MEDICAL CENTER

508 Fulton Street, Durham, NC 27705 Phone: 919.416.5982 Fax: 919.416.5919 www.durham.va.gov



ECoE Durham Staff					
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Sinha, Saurabh, MD	Epileptologist	Saurabh,Sinha@duke.edu	919.416.5982	0.375	
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Young, Margaret	Technical Supervisor NDC	Margaret.Young2@med.va.gov	919.286.0411 x7199	0.000	

FY17 Accomplishments:

- Continue home tele-epilepsy clinics and remote CBOC tele-epilepsy growth
- Maintain tele-EEG at remove sites: Greenville, Asheville & Orlando
- Continued continuous and overnight EEG monitoring in ICU
- Advancing care of Cognitive Behavioral Therapy (CBT) for psychogenic nonepileptic seizures (PNES)
- Full implementation of Neuropsychologist Cognitive Behavioral Therapy (CBT) to improved service delivery for psychogenic non-epileptic seizures (PNES) cases.
- Supported and participated in local annual epilepsy walk events as a team.
- Participated in Facility Homeless Veteran stand down event by manning table with epilepsy education material for purpose of increasing community awareness about epilepsy.
- VA/Duke collaborative patient education symposium "Living with Epilepsy: Life without Limits" (November, 2016).

- Increase collaborations with remote-site Greenville CBOC to improve patient access.
- Increase interactions with community, to promote more epilepsy education.
- Continue to expand tele-medicine clinics, including tele-EEG, tele-epilepsy (CVT) and teleepilepsy (home) to include assisting with implementation for other neurology areas and on more varied devices.
- Expand CBT treatment to groups and tele-medicine to improve access.
- Continued support and participation in community events to increase awareness of epilepsy.

MALCOM RANDAL VA MEDICAL CENTER

1601 SW Archer Road, Gainesville, FL 32608 Phone: 352-376-1611 x6818 www.northflorida.va.gov



North Florida/South Georgia Veterans Health System

	ECoE Staff					
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Steven Roper MD	Neurosurgery	Steven.roper@va.gov	352-376-1611 x6903	0		
Ilona Schamlfuss MD	Radiology	Ilona.scmalfuss@v.gov	352-376-1611 x7541	0		

FY17 Accomplishments:

- Re-establishment of GS12 line to hire EEG technologist
- Growing telemedicine clinic participation
- Continued maintenance of funding for Clinical Neurophysiology Fellow at the NF-SG VAMC
- Continued driving simulation research to assist in determination of safe driving for persons with epilepsy
- Publication of chapter pertaining to driving simulation in persons with epilepsy
- Continued collaboration with the Orlando VAMC allow for direct admissions and hospital-tohospital transfers for videoEEG LTM

Future Initiatives:

- Acquisition of GS12 EEG technologist
- Institution of wireless EEG technology for remote monitoring throughout the hospital
- Tele EEG services in Tallahassee, Lake City and Jacksonville
- Telemedicine clinics, Palatka and Lake City, Florida
- Establishment of driving questionnaire to assist in assessment of safe driving in veterans

Fellowships:

Name	Fellowship	ACGME	VA FTE	Start Date	End Date
Cui yang, MD	Clinical Neurophysiology	Yes	0.5	July 1, 2016	June 30, 2017
Nakia Wilson, MD	Clinical Neurophysiology	Yes	0.5	July 1, 2017	June 30, 2018

BRUCE W. CARTER DEPARTMENT OF VA MEDICAL CENTER

1201 N.W. 16th St. Miami, FL 33125 Phone: 305.575.7008 www.miami.va.gov



ECoE Staff					
Name	Position	Email	Phone	ECoE FTE	
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Alexander Zuleta	Program Support Assistant	Alexander. Zuleta@va.gov	305.575.7008	1.00	
Rosario Carballo	Chief EEG Tech	Rosario.Carballo@va.gov	305.575.3192	0.00	
Michael. Perez	EEG Tech	Michael.Perez2@va.gov	305.575.3192	0.00	
Erin, Bailey	Neurophysiologist	Erin.Bailey@va.gov	305.575.700	0.00	

FY17 Accomplishments:

- Dr. Lopez completed the CBT training with Dr. LaFrance in order to treat PNES pts.
- Expanded the telehealth clinic, now providing 3/month.
- Monitored 2 pts at the EMU weekly.
- Dr. Lopez provided 2 talks to the South Florida PCD rendering education about epilepsy and Teratogenesis of AEDs.
- Dr. Lopez gave a talk to the South Florida Psychiatrist about Teratogenesis of AEDS.
- Maintained easy access to the outpatient clinic.
- Screen psychiatric comorbidities in all the outpatient epilepsy patient using GAD 7 and NDDI -E.

Future Initiatives:

- Implement a weekly CBT clinic.
- Update xltech equipment.
- Purchase 2 Units of 24h ambulatory EEG with video camera included.
- Recruit a general neurologist/Epileptologist to help taking care of patients with epilepsy.
- Produce the video of women with epilepsy

Fellowships:

Name	Fellowship	ACGME	VA FTE	Start Date	End Date
Karlo Lizarraga	Clinical Neurophysiology	+	.33	7/1/2016	6/30/2017
Marcella Coutts	Clinical Neurophysiology	+	.33	7/1/2016	6/30/2017
Michael Basseyn	Clinical Neurophysiology	=	.33	7/1/2016	6/30/2017

JAMES A. HALEY VETERANS HOSPITAL

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		0000000			
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Jennifer Marrero	Program Support Assistant	Jennifer.marrero@va.gov	(813)972-2000 x 5076	0.50	
Melinda Anello	Neurology AO	Melinda.anello@va.gov	(813)972-7633	0.00	

FY17 Accomplishments:

- Retained 2 bed EMU in the medical step-down unit to provide continuous nursing video surveillance of EMU patients (max patient to nurse ratio of 3:1)
- Reduced wait time and increased volume of long term video EEG monitoring.
 10/1/16-9/24/17: 89 patients and 252 days of monitoring.

EMU: 42 patient/152 days of monitoring

ICU: 47 patients/89 days of monitoring

- Increased access to the ECOE Epilepsy Clinic
- Expanded EMU Nursing Educational Series/gave keynote address on Epilepsy at the 8th Annual Neuroscience Symposium in Tampa.
- Increased weekend EEG tech coverage to accommodate longer EMU stays
- Submitted NIH R03 Grant

Future Initiatives:

- Expand V-Tel and E-consult capabilities.
- Establish V-Tel with New Haven VA for CBT for PNES patients.
- · Acquire remote EEG reading capabilities.
- Increase outreach through educational activities both within and outside of the VA.
- · Implement patient satisfaction survey to assess strengths and needs for improvement.

Fellowships AY 2017-2018:

Name	Fellowship	ACGME	VA FTE	Start Date	End Date
Angelica Rivera Cruz, MD	Clinical Neurophysiology	Yes	0.33	7/1/2017	6/30/2018
Niraja Suresh, MD	Clinical Neurophysiology	Yes	0.33	7/1/2017	6/30/2018
Himali Jayakody,MD	Clinical Neurophysiology	Yes	0.33	7/1/2017	6/30/2018

NATIONAL ECOE WORKGROUPS



ECOE BASIC SCIENCE RESEARCH SEMINAR GROUP

VA Puget Sound Health Care System 1660 S Columbian Way, Seattle, WA 98108 (206) 616-7085

https://www.pugetsound.va.gov/services/epilepsy.asp

ECoE Staff					
Name	Position	Email	Phone	ECoE FTE	
Nikolai Dembrow	ECoE Seminar director	ndembrow@uw.edu	(206) 616-7085	100%	
Chris Ransom	ECoE Seminar co-coordinator	Christopher.Ransom2@va.gov	(206) 277-1449	20%	

FY17 Accomplishments:

• The Epilepsy Center of Excellence Basic Research Group currently has 26 members within the VA system invited to this series, in addition to 67 former speakers and invited participants in the field of epilepsy. It is comprised of a mixture of MD's, PhD's and MD/PhD's, candidates for these degrees as well as associated administrative staff. We have a monthly national teleconference meeting where we share, present and discuss recent impactful findings in the field of epilepsy. The goal is to further member education regarding latest research advances associated with the field of epilepsy. We discuss recent and noteworthy publications, and invite speakers within the VA system and throughout academia to present their recent findings. In addition, those who attend the annual Society for Neuroscience meeting get together for an in person discussion with invited speakers to informally discuss portions of the meeting relevant to group members' research.

Future Initiatives:

 To help with continued research education of our group we are planning to have post-conference recaps for two major meetings in our field: The Society for Neuroscience Meeting and the American Epilepsy Society Meeting. Our goal is to supply members the group who were unable to physically attend that calendar year with a summary of relevant findings.

FY 17 Presentations:

- 11/13/2016: Society for Neuroscience meet up and Discussion.
- 03/08/2017: Stephen E.P. Smith, University of Washington: "Multiplex coimmunoprecipitation reveals an activity-dependent synaptic protein interaction network"
- 04/12/2017: Christine Cheah, University of Washington: "Deletion of Scn1a in CGE derived inhibitory cells leads to social deficits in mice"
- 05/10/2017 Journal Club Discussion Optogenetic Low-Frequency Stimulation of Specific Neuronal Populations Abates Ictogenesis
- 06/14/2017 Darrin Brager, University of Texas Austin "Bidirectional regulation of dendritic Ih by FMRP"
- 07/12/2017 Christopher Makinson, Stanford "Differential regulation of thalamic and cortical networks by voltage-gated sodium channels"
- 08/23/2017 Journal Club Discussion Voluntary Control of Epileptiform Spike–Wave Discharges in Awake Rats
- 09/13/2017 John J. Hablitz, University of Alabama Birmingham "Roles of specific cortical interneurons in GABAergic network synchronization"

WORKGROUP NAME: CLINICAL RESEARCH

Chair: Alan Towne, MD, MPH Admin Support: Linda L. Benson, MPH

Workgroup Members		
Alan Towne, Richmond, Chair	Karen Parko, San Francisco	Mary Jo Pugh, San Antonio
Linda L. Benson, Richmond, Admin	Maria Lopez, Miami	Katharine K. McMillan, San Antonio
Curt LaFrance, Providence	Paul Rutecki, Madison	Jackie Pugh, San Antonio
Hamada Hamid, West Haven	Martin Salinsky, Portland	Chris Ransom, Seattle
Tung Tran, Durham	Allan Krumholz, Baltimore	
Rizwana Rehman, Durham	R. David Andrew, Baltimore	

FY17 Accomplishments:

- Expanded use of national ECoE epilepsy monitoring unit database including TBI variables continuing
- Pugh Epidemiology of Epilepsy and Traumatic Brain Injury: Severity, Mechanism and Outcomes project initiated
- LaFrance CBT training at sites for PNES diagnosis
- Continue to obtain normalized volumetric NeuroQuant data from brain MRI's in patients with TBI
- Towne Co-PI of CENC Epidemiology Project Aim #3

- Salinsky-Revise co-op study pertaining to chart review of epilepsy and PNES
- Develop and submit abstract from standardized EMU database
- Collaborative efforts with CENC to examine TBI and epilepsy
- Propose research to distinguish symptoms of mild TBI from posttraumatic stress disorder
- Develop a protocol for dense array EEG guided TMS or TDCS in TBI
- Initiate UCB's Peer Support Study within ECoE study sites
- Initiate Brain Sentinel's PNES detection device trial at several ECoE study sites
- Examine other collaborative arrangements with outside agencies

WORKGROUP NAME: EDUCATION

Chair: R. Andrew David, MS, MHSA

Workgroup Members		
Andrew David (Chair)	Angela Young	Pamela Kelly
Maria Lopez	Janice Broughton	Judy Ozuna
Denise Riley	Ann Carncross	Karen Parko
Paul Rutecki	David Chen	Mary Jo Pugh
Janet Spencer	Winona Finley	Guiomar Scheid
Tung Tran	Nina Garga	

FY17 Accomplishments:

- Webinar: Titrating Vagus Nerve Stimulator
- Accredited VA Talent Management System education modules under development
 - Anti-Epileptic Drugs
 - Recognizing Imitators of Epilepsy
- Veterans & Epilepsy Basic Training
 - Released three new YouTube videos
 - Introduction to Epilepsy and the Epilepsy Centers of Excellence
 - Psychogenic Non-Epileptic Seizures
 - Surgical Treatment
 - Developing one new YouTube video
 - Women's focused issues

- Revive clinical and patient education webinars
 - Host six accredited clinician webinars
 - Host five patient webinars
- Develop new VA Talent Management System accredited education modules
 - Statistics in Evidence Based Medicine
- Veterans & Epilepsy: Basic Training: develop two new videos
 - Lifestyle/co-morbid conditions
 - SUDÉP

WORKGROUP NAME: EEG TECHNOLOGIST WORKGROUP

Chair: Ronda Tschumper Admin Support: Ronda Tschumper

NW Acting AO	NE AO	SW AO	SE AO	CONSORTIUM
Ronda	Andrew David	Vacant	Pamela Kelly	CONSORTION
Tschumper				
NORTHWEST	NORTHEAST	SOUTHWEST	SOUTHEAST	Iron Mountain
Madison	Baltimore	Albuquerque	Durham	Patty Leatherman
Ronda	James Coleman	Robert Spears	Margaret Young	Hines
Tschumper				
Mary Maier		Katharine McMillian	Josie Brame	Paz Martinez
Vonda Elmer			Susan Hayes	FHCC Lovell
Joan Schultz	Richmond		Lisa Sisk	Valerie Krasne
	Christopher Madson	Houston		Jesse Brown
	Brenda Robert-Wilson	Betty Calahan		Mary Ocansey
Minneapolis	Katherine Brewer	Phenita Groves	Gainesville	Victor Cabrales
Melanie Seal		Harold Walker	Scott Bearden	Milwaukee, WI
Yuliya Volkov		Debra Dennis	Paula Crew	Juba Mattice
	West Haven	Rodney Hall	Donna Horton	Cleveland. OH
	George Gregoire			Galina khutoryan
Portland	James Vera			Huntington, WV
Michael Wilson	Dominica Rodriguez	San Antonio	Miami	Mary Miller
WINCHAEL WINSOIT	Dominica Rounguez			
Bryanna Lilies	Dominica Rodriguez		Rosario Carballo	San Diego, CA
	Dominica Rodriguez		Rosario Carballo Michael Perez	Richie Secody
Bryanna Lilies	Dominica Nounguez	San Francisco		•
Bryanna Lilies Seattle	Dominica rounguez	San Francisco Janice Broughton		Richie Secody Little Rock, AK Corena Johnson
Bryanna Lilies	Dominica rounguez	San Francisco		Richie Secody Little Rock, AK
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Bryanna Lilies Seattle Debra Perkins	Dominica rounguez	San Francisco Janice Broughton		Richie Secody Little Rock, AK Corena Johnson Stratton LaRae Bearden
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Bryanna Lilies Seattle Debra Perkins	Dominica rounguez	San Francisco Janice Broughton Jeffrey Reznic W. Los Angeles Denise Robinson		Richie Secody Little Rock, AK Corena Johnson Stratton LaRae Bearden Fayetteville Debra Goozner Orlando, FL Steven Castaneda Tampa, FL
Bryanna Lilies Seattle Debra Perkins	Dominica rounguez	San Francisco Janice Broughton Jeffrey Reznic W. Los Angeles Denise Robinson		Richie Secody Little Rock, AK Corena Johnson Stratton LaRae Bearden Fayetteville Debra Goozner Orlando, FL Steven Castaneda Tampa, FL Cynthia Jackson
Bryanna Lilies Seattle Debra Perkins	Dominica rounguez	San Francisco Janice Broughton Jeffrey Reznic W. Los Angeles Denise Robinson		Richie Secody Little Rock, AK Corena Johnson Stratton LaRae Bearden Fayetteville Debra Goozner Orlando, FL Steven Castaneda Tampa, FL Cynthia Jackson Christopher Holt
Bryanna Lilies Seattle Debra Perkins	Dominica rounguez	San Francisco Janice Broughton Jeffrey Reznic W. Los Angeles Denise Robinson		Richie Secody Little Rock, AK Corena Johnson Stratton LaRae Bearden Fayetteville Debra Goozner Orlando, FL Steven Castaneda Tampa, FL Cynthia Jackson

FY17 Accomplishments:

 Purple Day / Anita Kaufmann Foundation (March 18, 2017) – Minneapolis, MN Spread the awareness of seizures/epilepsy

Megan Cassidy (Founder of Purple Day) – "I hope to try and help erase the stigma associated with epilepsy world-wide because epilepsy doesn't discriminate, people do."

VA ECOE Table at Mall of America for Brain Games – Seizure Simulation with mannequin - Walk VA ECOE Staff: Ronda Tschumper (Madison), Kimberly Heckman, Melanie Seal, David J. Adriansen (Minneapolis) Largest epilepsy training session (272) - Guinness Book of World Records

2017 ASET – ECoE Information Booth

Northwest: Ronda Tschumper and Mary Maier (Madison)

Northeast: James Coleman (Baltimore)

Southeast: Lisa Sisk (Durham), Michael Perez (Miami), Donna Horton

(Gainesville)

Consortium: Richie Secody (San Diego), Mary Miller (Huntington)

- Incorporated case studies with each call for continuing learning opportunities and discussing "Best Practices"
- Introduced ABRET standardization policy and procedures for EEG and LTM (following the American Clinical Neurophysiology Society Guidelines)
- Worked with other ECoE sites regarding appropriate PSB recommendations (VISN 6, 8, 16, 23)
- Several Technologists received educational materials for ABRET Registration in EEG and LTM

- Develop National SOP for Remote Access
- Continued efforts to increase consortium and non-consortium site involvement
- Continued efforts to promote and provide information for ABRET Registration in EEG and LTM

WORKGROUP NAME: MENTAL HEALTH

Chair: Hamada Hamid Altalib, DO Admin Support: R. Andrew David

Workgroup Members		
Altalib, Hamada Hamid (Chair)	Jung, Yoon	Marceaux, Janice
David, R. Andrew (Admin)	Krumholz, Allan	Parko, Karen
Bottomley, Sharon	LaFrance, Curt	Rutecki, Paul
Chen, David	Lopez, Maria	Spencer, Janet
Graham, Glenn	Ortega, Adriana	Scheid, Guiomar
Karasov, Ariela		

FY17 Accomplishments:

- Established mental health champions at all ECoE sites
- Held five mental health journal club discussions
- Dr. LaFrance has continued training ECoE members in Cognitive Behavioral Therapy for Psychogenic Non-Epileptic Seizures (CBT for PNES). In the last fiscal year he has completed the training for individuals from two ECOEs and has started training individuals from an additional ECOE and the first consortium site.
- Dr. Altalib led a nationwide quality improvement initiative to investigate ECoE adherence to American Academy of Neurology epilepsy quality measures.

- Train at least three additional providers to conduct CBT for PNES and epilepsy in ECoE network in FY18
- Implement interventions to improve quality measures identified to have low-adherence
- Conduct research project on the utilization of services among Veterans with PNES within the VA system

WORKGROUP NAME: NURSING

Chair: Judy Ozuna Admin Support: R. Andrew David FY 2017

Members		
Judy Ozuna, Seattle - Chair	Regina McGuire, Baltimore	
Andrew David, Baltimore	Elizabeth Aprile, Charleston	
Maria Lea Quiane, San Francisco	Greg Head, Boston	
Tracy Broomhead, Seattle	Kathy Browning, Richmond	
Collette Evrard, Portland	Carol Riley- Boston	
Denise Riley, Gainesville	Kathy Browning, Richmond	
Natalya Kan, West LA	Kim Heckman, Minneapolis	
Natacha Jean-Noel, Richmond	Regina McGuire, Baltimore	
Melissa Fadipe, Houston	Paul Rutecki, Madison	
Ann Carncross, Madison		

FY17 Accomplishments:

- Completed 3 modules for the Nursing Curriculum, (orientation to the Epilepsy Monitoring Unit)
- Finalized comprehensive slide set for Nursing Curriculum, Epilepsy Monitoring Unit
- Finalized "Self-Management for Veterans with Epilepsy" booklet in press

- Develop slide set on psychogenic non-epileptic seizures (PNES) for the Nursing Curriculum
- Develop pamphlet on PNES for patients and families
- Develop guidelines for establishing epilepsy support groups in the ECoEs

WORKGROUP NAME: PHARMACY WORKGROUP

Chair: Aatif M. Husain, MD & Kathy Tortorice Admin Support: Pamela Kelly & Winona Finley

Workgroup Members		
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Tortorice, Kathy	Clinical Pharmacist – Co-Chair	708-786-7873
Boucher, Elise	Research Associate	210-617-5300 x15991
Chiao, Teresa	Pharmacist	415-221-4810 x2927
Clark, Adam	PharmD	352-548-6000 x4425
Dergalust, Sunita	PharmD	310-268-3244
Finley, Winona	SE ECoE Administrative Support Assistant	919-416-5982
Frontera, Alfred MD	Director, Tampa ECoE	813-972-7633
Garga, Nina MD	San Francisco ECoE Director	415-221-4810 x4147
Gidal, Barry	PharmD	608-256-1901
Kabir, Arif	Physician	410-605-7000 x6633
Kelly, Pamela	SE ECoE Regional Administrative Director	919-416-5982
McMillan, Katharine	Researcher	210-617-5300 x17355
Nguyen, Quynh-Nhu	Pharmacy Resident	415-221-4810 x4375
Parko, Karen, MD	Neurologist	415-221-4810 x4702
Poon, Linda Hue-Ma	Clinical Pharmacist	415-221-4810 x4375
Rehman, Rizwana	SE ECoE Statistician	919-286-0411 x5024
Rutecki, Paul MD	National ECoE Director	608-256-1901
Tran, Tung MD	Chief Neurology & ECoE Director (Durham)	919-286-0411 x4663

FY17 Accomplishments:

- Provided input and recommendations for national formulary discussions of brivaracetam, eslicarbazepine
- Completed a study titled Prescribing Trends of AEDs among VHA Providers for Epilepsy Patients.
- Using very stringent criteria for identification of epilepsy patients treated in VHA during FY14, 68,308 patients were identified.
- Update of the Antiseizure Drug Selection Table
- Collaboration with the Women in Epilepsy subgroup on the drug selection table and research initiatives

- Address issues with access to VANF medications
- Potential Research possibilities
 - 1. Adherence
 - 2. Generic conversions
 - 3. Adequacy of VANF
- Improve communication with the field/ECoE sites

WORKGROUP NAME: WOMEN VETERANS WITH EPILEPSY (WVE)

Chair: Anne C. Van Cott Admin Support: Pamela Kelly, Winona Finley

Workgroup Members		
Cusak, Cait (WH Services)	Parko, Karen	
Dergalust, Sunitra	Pugh, Mary Jo	
Felton, Elizabeth	Pritchard, Jennifer	
Finley, Winona	Rehman, Rizwana	
Garga, Nina	Rolstead, Deanna	
Gidal, Barry	Rutecki, Paul	
Hamid, Hamada	Tortorice, Kathy	
Kelly, Pamela	Van Cott, Anne (Chairperson)	
Lopez, Maria		

FY17 Accomplishments:

- Completed education project to create women focused AED portion for the ECoE AED Pocket card/Antiepileptic Drug Guidance that addresses unique concerns associated with the treatment of women diagnosed with epilepsy.
- Contribute to project to update and new version of the CPRS teratogenicity counseling template (T drugs Phase 2) for CPRS v31b designed for usage in the diagnosis and treatment of women veteran experiencing
- Completed epidemiology surveillance project to obtain better understanding of the population of Women Veterans diagnosed with epilepsy
- Completed QI/QA project (in conjunction with PBM/Dr. Fran Cunningham) to look at VA Healthcare System practices to assess bone health in veterans treated for epilepsy
- Educational program for behavioral health: 'Treatment of Women with epilepsy, AEDs and considerations in women" via VANTS, Adobe Connect, VTEL (Dr. Raquel Lopez, Psychiatry Service: Bruce W. Carter VA Healthcare System)
- Catamenial epilepsy- workgroup topic review lead by Dr. Elizabeth Felton.
- Maintained ECoE WVE SharePoint Site and expanded WVE library reference on ECoE website
- Expanded Workgroup membership to incorporate stakeholders from affiliate and for a more complete interdisciplinary representation.

- Continue to contribute to project to update and new version of the CPRS teratogenicity counseling template (T drugs Phase 2) for CPRS v31b designed for usage in the diagnosis and treatment of women veteran experiencing
- Work with VA Women's Health Program Office to post information on AED Pocket card/Antiepileptic Drug Guidance addresses unique concerns associated with the treatment of women diagnosed with epilepsy (Ileana Galvan, WH Program Office)
- Planned Educational Programs:
 - "Seizure Medications: consideration in Women" for VA Women's Health Services (Dr. Nina Garga) followed by Q&A
 - ECoE Webinar 2018 "Managing Epilepsy in women of Childbearing Age' (Dr. Nina Garga)

- o ECoE Webinar 2018 "Bone Health in Patients Treated for Seizures" (Dr. Anne Van Cott)
- Analyze QI/QA bone health data with the intent to offer recommendations and guidelines toward standardization within the ECoEs and throughout Veteran Affairs Healthcare System.
- Develop educational program about catamenial epilepsy to increase VA providers' awareness of issue.
- Develop catamenial epilepsy self-management tool for WVE in conjunction with Drs. John Hixson SFVA and Curt LaFrance (Dr. Elizabeth Felton)
- Explore Quality of Care for WVE at ECoE sites (Dr. Raquel Lopez)
- Annual review of Anti- Epileptic Drug physician pocket card that highlights concerns specific to the care of Women living with epilepsy and continued monitoring of FDA Pregnancy Labeling Changes.
- Continue to expand workgroup membership in efforts to establish interdisciplinary and geographically diverse membership
- Continue to maintain ECoE WVE SharePoint Site and expand WVE library reference resource on ECoE website

PUBLICATIONS/PRESENTATIONS

NORTHEAST Region

Baltimore

Publications / Manuscripts / Chapters:

Krumholz A, Hopp JL, Sanchez AM. Counseling Epilepsy Patients on Driving and Employment Neurol Clin. 2016:34:427-42

Gloss DS, Krumholz A., Managing an Unprovoked First Seizure in Adults.CNS Drugs. 2016;30:179-83.

Espay AJ, Wissel BS, Dwivedi AK, Gaston TE, Rodriguez-Porcel, Aljaafari D, Hopp JL, **Krumholz A**, van der Salm SMA, van Rootselaar AF, Andrade DM, Borlot F, Moseley BD, Cavitt JL, Williams S, Stone, LaFrance WC, Szaflarski JP. Which patients with epilepsy are at risk for psychogenic non-epileptic seizures (PNES)? A multicenter case control study. Epilepsy and Behavior 2016;61:180-184.

Altalib H, Cavazos J, Hussain A, Kelly P, **Krumholz A**; LaFrance WC,Pugh MJ, Rutecki P, Tran T, Van Cott A. Providing Quality Epilepsy Care for Veterans. Federal Practitioner 2016 September; 33(9):26-32.

Ma BB, Bloch J, **Krumholz A**, Hopp JL, Foreman PJ, Soderstrom CA, Scottino MA, Matsumoto M, Krauss GL. Regulating drivers with epilepsy in Maryland: Results of the application of a United States consensus guideline Epilepsia. 2017 Aug; 58(8):1389-1397.

Khambhati AH, Bassett DS, Oommen BS, Chen SH, Lucas TH, Davis KA, Litt B. Recurring functional interactions predict network architecture of interictal and ictal states in neocortical epilepsy. eNeuro 4(1) e0091-16.2017

Britton JW, Frey LC, Hopp JL, Korb P, Koubeissi MZ, Lievens WE, Pestana-Knight EM, St LE. Electroencephalography (EEG): An introductory text and atlas of normal and abnormal findings in adults, children, and infants. American Epilepsy Society, 2016

Pritchard JM and Hopp JL. Epidemiology of Seizures in Critically III Adults. Continuous EEG Monitoring: Principles and Practice, 1st edition. Husain & Sinha, eds., Springer International Publishing: Chapter 2, 2017

Hopp JL, Vossler DG, Sazgar M. Lamotrigine and Pregnancy. In Controversies in Caring for Women with Epilepsy 2016 (pp. 125-132). Springer International Publishing

Lee JW, LaRoche S, Choi H, Rodriguez Ruiz AA, Fertig E, Politsky J, Herman S, Loddenkemper T, Sansevere A, Korb PJ, Abend N, Goldstein JL, Sinha SR, Dombrowski KE, Ritzl EK, Westover BM, Gavvala J, Schmitt S, Szaflarski JP, Ding K, Haas KF, Buchsbaum R, Hirsch LJ, Wusthoff CJ, Hopp JL, Hahn CD. Development and Feasibility Testing of a Critical Care EEG Monitoring Database for Standardized Clinical Reporting and Multicenter Collaborative Research. J Clin Neurophys 2016 Apr 1;33(2):133-40.

Abstracts / Posters / Presentations:

Krumholz A, Management of a First Seizure in Adults. Neurology Grand Rounds University of Maryland Medical School of Medicine, Baltimore, MD, 2016.

Chen S University of Maryland School of Medicine Neurology Grand Rounds: Imaging in Refractory Epilepsy – the Tried and the New. Baltimore, MD, 2016

Chen S. XVI William J. Weiner, MD Town Gown Neurology Update: Imaging in Refractory Epilepsy – the Tried, the True, and the New. University of Maryland School of Medicine. Baltimore MD, 2016

Curry, P., Pritchard, J., Park, J., Gordon, B., Hopp, J. Behavioral and Electrophysiologic Assessment of Consciousness in the Acute Care Setting. University of Maryland School of Medicine Student Research Forum 2016, Baltimore, MD. July 2016.

Atallah, C., Badjatia, N., Pritchard, J. Survey of American Clinical Neurophysiology Society (ACNS) standardized critical care electroencephalography (EEG) terminology in the Neurocritical care unit. American Epilepsy Society Annual Meeting, Houston, TX. December 2016.

Richmond

Publications / Manuscripts / Chapters:

Waterhouse, E; Missed Diagnosis of Prehospital Status Epilepticus: Is it serious doctor? Rossetti AO, Waterhouse E. Neurology 2017 Jul 24: 89(4):314-315.

Waterhouse, E; Are Scores From MBME Subject Examinations Valid Measures of Knowledge Acquired During Clinical Clerkships? Ryan MS, Bishop S, Browning J, Anand RJ, Waterhouse E, Rigby F, Al mateen CS, Lee C, Bradner M, Colbert-Getz JM. Acad Med. 2017 Jun;92(6):847-852

Abstracts / Posters / Presentations:

Ono, K. (5/24/16). *EEGenes-Putting the pieces together,* The 44th Annual Hans Berger Clinical Neurophysiology Symposium, Richmond, Virginia.

Ono, K. (8/19/16) *Understanding Neurological Dilemmas-Case Studies to learn by*, National VA Scan Echo Neurology Lecture.

Ono, K. (9/16/16). *Judgement Calls in the state of the art of stroke care*, National VA Scan Echo Neurology Lecture.

Towne, A. (09/29/16). Epilepsy and Traumatic Brain Injury. AACN Conference, Williamsburg, VA,

Towne, A. (5/24/16). *New Horizons in Dense Array EEG*. The 44th Annual Hans Berger Clinical Neurophysiology Symposium, Richmond, Virginia.

Towne, A. (05/13/16). *Epilepsy and Traumatic Brain Injury* Spinal Cord Service Grand Rounds, Richmond Virginia,

Towne, A. (04/15/16). *Neurological Sequelae of Traumatic Brain Injury in OEF/OIF Veterans*, National VA Specialty Care Access Network Lecture.

Towne, A. (10/21/15) *Post-Traumatic Epilepsy in the Military,* National VA Specialty Care Access Network Lecture.

Towne, A. (10/08/15). *Traumatic Brain Injury and Epilepsy in Veterans*, National VA Scan Echo Neurology Lecture,

Waterhouse, E. (April, 2016). Epilepsy Skills Workshop, American Academy of Neurology.

Waterhouse, E. (May, 2016). Name that Pattern, Hans Berger Clinical Neurophysiology Symposium.

Waterhouse, E. (2016). Current Treatment Options in Neurology, Epilepsy Section Editor

Vu, Thuy-Anh MD ☆, Ono, Kenichiro DO ☆, Gonzalez Montoya, Victor MD, Gowda, Soundarya N. MD ☆ & Morton, Lawrence D. MD ☆ (December, 2015). *EEG Findings in Pediatric Patients with Immune Mediated Encephalitis* 69th Annual Meeting of the American Epilepsy Society Philadelphia, PA.

Jean-Noel, N "Let's Talk About Women and Epilepsy." 45th Annual Hans Berger Clinical Neurophysiology Symposium presentation. Richmond, VA May 2017

Jean-Noel, N "Seizure and Epilepsy: diagnosis and Management in Acute Care Settings. VCU Acute Care Nurse Practitioner Students. Spring 2017

Ono, K "Expanded Use of Dense Array EEG." 45th Annual Hans Berger Clinical Neurophysiologic Symposium presentation. Richmond, VA May 2017

VanAken, R. "Save My Skin! Improving Skin Safety for Patients." 45th Annual Hans Berger Clinical Neurophysiologic Symposium presentation. Richmond, VA May 2017

West Haven

Publications / Manuscripts / Chapters:

Altalib HH, Elzamzamy K, Pugh MJ, Gonzalez JB, Cheung KH, Fenton BT, Kerns RD, Brandt CA, LaFrance WC. Communicating Diagnostic Certainty of Psychogenic Nonepileptic Seizures- A National Study of Provider Documentation. Epilepsy & Behavior. 2016; 64:4-8

Ramsey C, Dziura J, Justice AC, **Altalib HH**, Bathulapalli H, Burg M, Decker S, Driscoll M, Goulet J, Haskell S, Kulas J. Incidence of Mental Health Diagnoses in Veterans of Operations Iraqi Freedom, Enduring Freedom, and New Dawn, 2001–2014. American Journal of Public Health. 2017; 107:329-335

Berg A, **Altalib H**, Devinsky O Psychiatric and Behavioral Comorbidities in Epilepsy: A Critical Reappraisal. Epilepsia; 2017:1123-1130

Altalib HH, Fenton BT, Cheung KC, Pugh MJ, Bates JR, Valente TW, Kerns RD, Brandt CA Care Coordination in Epilepsy: Measuring Neurologists' Connectivity Using Social Network Analysis. Epilepsy & Behavior. 2017; 73:31-35

Tolchin B, Dworetzky BA. Nonepileptic psychogenic status. In: Drislane F, Kaplan P, Editors. Status Epilepticus: A Clinical Perspective. New York: Springer Science and Business Media. 2017.

Baslet G, **Tolchin B**, Dworetzky BA. Altered responsiveness in psychogenic nonepileptic seizures and its implication to underlying psychopathology. Submitted.

Tolchin B, Dworetzky BA, Baslet G. Long-term adherence with psychiatric treatment among patients with psychogenic nonepileptic seizures. Submitted.

Abstracts / Posters / Presentations:

University of Kentucky Department of Neurology "Update on Epilepsy & Mood Disorders"

International Conference on Functional Neurological Disorders, Edinburgh, Scotland: "Presence of multiple comorbid functional symptoms impacts Psychogenic Nonepileptic Seizures (PNES) outcomes." 2017

West Haven VA Medical Center, Neurology Symposium for Primary Care Providers, "Epilepsy Management for Primary Care Providers. 2017."

New York University Comprehensive Epilepsy Center "The Neuropsychiatry of Epilepsy". 2016

Albany Stratton VA Medical Center Neurology Grand Rounds "Improving Epilepsy Quality of Care". Albany, NY. 2016

NORTHWEST Region

Madison

Publications / Manuscripts / Chapters:

Berg M, Welty TE, **Gidal BE**, Diaz FJ, Krebill R, Szaflarski JP, Dworetzky BA, Pollard JR, Elder EJ Jr, Jiang W, Jiang X, Switzer RD, Privitera MD. Bioequivalence Between Generic and Branded Lamotrigine in People With Epilepsy: The EQUIGEN Randomized Clinical Trial. JAMA Neurol. 2017 Aug 1;74(8):919-926. doi: 10.1001/jamaneurol.2017.0497. PMID: 28654954

Gidal BE, Mintzer S, Schwab M, Schutz R, Kharidia J, Blum D, Grinnell T, Sunkaraneni S. Evidence for a pharmacokinetic interaction between eslicarbazepine and rosuvastatin: Potential effects on xenobiotic transporters. Epilepsy Res. 2017 Sep;135:64-70. doi: 10.1016/j.eplepsyres.2017.05.005. Epub 2017 May 18. PMID: 28624574

Gidal BE, Maganti R, Laurenza A, Yang H, Verbel DA, Schuck E, Ferry J. Effect of enzyme inhibition on perampanel pharmacokinetics: Why study design matters. Epilepsy Res. 2017 Aug;134:41-48. doi: 10.1016/j.eplepsyres.2017.04.018. Epub 2017 Apr 26. PMID: 28535410

Gidal BE, Clark AM, Anders B, Gilliam F. The application of half-life in clinical decision making: Comparison of the pharmacokinetics of extended-release topiramate (USL255) and immediate-release topiramate. Epilepsy Res. 2017 Jan;129:26-32. doi: 10.1016/j.eplepsyres.2016.10.020. Epub 2016 Nov 9. PMID: 27883934

Gidal BE, Wechsler RT, Sankar R, Montouris GD, White HS, Cloyd JC, Kane MC, Peng G, Tworek DM, Shen V, Isojarvi J. Deconstructing tolerance with clobazam: Post hoc analyses from an open-label extension study. Neurology. 2016 Oct 25;87(17):1806-1812. Epub 2016 Sep 28.PMID: 27683846

Privitera MD, Welty TE, **Gidal BE**, Diaz FJ, Krebill R, Szaflarski JP, Dworetzky BA, Pollard JR, Elder EJ Jr, Jiang W, Jiang X, Berg M. Generic-to-generic lamotrigine switches in people with epilepsy: the randomized controlled EQUIGEN trial. Lancet Neurol. 2016 Apr;15(4):365-72. doi: 10.1016/S1474-4422(16)00014-4. Epub 2016 Feb 12. PMID: 26875743.

Gefroh-Grimes HA, **Gidal BE**. Antiepileptic drugs in patients with malignant brain tumor: beyond seizures and pharmacokinetics. Acta Neurol Scand. Acta Neurol Scand. 2016 Jan;133(1):4-16.

Gilda BE, Laurenza A, Hussein Z, Yang H, Fain R, Edelstein J, Kumar D, Ferry J.

Johnson EL, Chang YT, Davit B, **Gidal BE**, Krauss GL. (2016) Assessing bioequivalence of generic modified-release antiepileptic drugs. Neurology 86(17):1597-604.

Gidal BE Cannabidiol and Epilepsy: Sifting, Winnowing and Buzz. Epilepsy Curr. 2016 Jul-Aug;16(4):239-41. doi: 10.5698/1535-7511-16.4.239. PMID: 27582660

Gidal BE. (2016) Generic Substitution of AEDs: Is it Time to Put This Issue to Rest? Epilepsy Curr. Jan-Feb;16(1):18-20.

Privitera MD, Welty TE, **Gidal BE**, et al. (2016) Generic-to-generic lamotrigine switches in people with epilepsy: the randomised controlled EQUIGEN trial. Lancet Neurol. 15(4):365-72.

Calkins AM, Gudin J, **Gidal B,** Jaros MJ, Kim R, Shang G. Impact of Data Imputation Methodology on Pain Assessment over 24 Hours in a Randomized, Placebo-Controlled Study of Gabapentin Enacarbil in Patients with Neuropathic Pain Associated with Postherpetic Neuralgia. Pain Med. 2016 Jan 6. pii: pnv072. [Epub ahead of print]

Rowland JA, Stapleton-Kotloski JR, Alberto GE, Davenport AT, **Kotloski RJ**, Friedman DP, Godwin DW, Daunais JB. Changes in nonhuman primate brain function following chronic alcohol consumption in previously naïve animals. Drug Alcohol Depend. 2017 Aug 1;177:244-248. doi: 10.1016/j.drugalcdep.2017.03.036. Epub 2017 May 30. PMID: 28622627

Rowland JA, Stapleton-Kotloski JR, Alberto GE, Rawley JA, **Kotloski RJ**, Taber KH, Godwin DW. Contrasting Effects of Posttraumatic Stress Disorder and Mild Traumatic Brain Injury on the Whole-Brain Resting-State Network: A Magnetoencephalography Study. Brain Connect. 2017 Feb;7(1):45-57. doi: 10.1089/brain.2015.0406. Epub 2017 Jan 24. PMID: 28006976

Geller EB, Skarpaas TL, Gross RE, Goodman RR, Barkley GL, Bazil CW, Berg MJ, Bergey GK, Cash SS, Cole AJ, Duckrow RB, ..., **Rutecki PA**, ...Sun FT, Morrell MJ. Brain-responsive neurostimulation in patients with medically intractable mesial temporal lobe epilepsy. Epilepsia. 2017 Jun;58(6):994-1004. doi: 10.1111/epi.13740. Epub 2017 Apr 11. PMID: 28398014

Jobst BC, Kapur R, Barkley GL, ... **Rutecki P**, ..., Skarpaas TL, Morrell MJ. Epilepsia. 2017 Jun;58(6):1005-1014. doi: 10.1111/epi.13739. Epub 2017 Apr 7. PMID: 28387951

Rutecki PA, Sutula TP (2016) Hippocampal abnormalities and sudden childhood death. *Forensic Sci Med Pathol.* 2016 Jun;12(2):200-1. doi: 10.1007/s12024-016-9767-z. Epub 2016 Mar 29. No abstract available. PMID: 27020889

Pugh MJ, Van Cott AC, Amuan M, Baca C, **Rutecki P**, Zack MM, Kobau R. Epilepsy Among Iraq and Afghanistan War Veterans - United States, 2002-2015. MMWR Morb Mortal Wkly Rep. 2016 Nov 11;65(44):1224-1227. doi: 10.15585/mmwr.mm6544a5. PMID: 27832054

Salinsky M, Parko K, **Rutecki P**, Boudreau E, Storzbach D. (2016) Attributing seizures to TBI: Validation of a brief patient questionnaire. Epilepsy Behav. 2016 Apr;57(Pt A):141-4. doi: 10.1016/i.vebeh.2016.02.003. Epub 2016 Mar 5.

Pizarro R1, Nair V, Meier T, Holdsworth R, Tunnell E, **Rutecki P**, Sillay K, Meyerand ME, Prabhakaran V. (2016) Delineating potential epileptogenic areas utilizing resting functional magnetic resonance imaging (fMRI) in epilepsy patients. Neurocase. Aug;22(4):362-8. doi: 10.1080/13554794.2016.1195845. Epub 2016 Jun 30.

Abstracts / Posters / Presentations:

- T. Welty, **B. Gidal**, M. Privitera, M. Berg, F. Diaz, R. Krebill. <u>Coffee and Tobacco Interactions with Lamotrigine</u> AES annual meeting 2016
- T. Finnegan, G. Dolson, S. Hughes, **B. Gidal**. Education Improves Neurologists' Knowledge and Clinical Competence of Third Generation Antiepileptic Drugs. AES annual meeting 2016

A. Lloyd-Smith, R. Hennessy, M. Hegde, **B. Gidal**, J. French. Comparison of Levetiracetam Versus Sodium Channel Blockers as First Line Antiepileptic Drug in Participants with High Seizure Burden Using Human Epilepsy Project Data. AES annual meeting 2016

A. Alexopoulos, **B. Gidal**, E. Ben-Menachem, A. Biraben, H. Gama, J. Moreira, F. Rocha, H. Cheng, T. Grinnell, D. Blum. Analysis of Indices of Thyroid Function with Short- and Long-Term Use of Eslicarbazepine Acetate as Adjunctive and Monotherapy. AES annual meeting 2016

M. Salinsky, E. Goy, K. Parko, **P. Rutecki**, S. Joos, D. Storzbach. Psychiatric Co-Morbidity of Veterans with Psychogenic Seizures. AES annual meeting 2016

T. Tran, R. Rehman, **P. Rutecki**. Epilepsy Treatment Prescribing Trends for Veterans. AES annual meeting 2016

Pan, YZ, Sutula, TS, **Rutecki, PA** Effects of glucose and 2DG concentration on epileptiform activity in the hippocampus. Society for Neuroscience Annual meeting 2016.

Minneapolis

Abstracts / Posters / Presentations:

Lewis S, Foster L, Chorn G, Meekins G, & Georgopoulos A. (2016). *Magnetoencephalography as a biomarker for the diagnosis of amyotrophic lateral sclerosis*. Minneapolis VA Research Day 2016.

Portland

Publications / Manuscripts / Chapters:

Ernst, L., **Boudreau, EA.** 2016. Recent Advances in Epilepsy Management. Current Opinion in Anesthesiology. October 2016.

Wong V, **Salinsky M**. Neurologic and medical factors. In Dworetsky B, Baslett G. (eds.) <u>Psychogenic Seizures</u>; Oxford University Press 2017

Geller EB, Skarpaas TL, Gross RE, Goodman RR, Barkley GL, Bazil CW, Berg MJ, Bergey GK, Cash SS, Cole AJ, Duckrow RB, Edwards JC, Eisenschenk S, Fessler J, Fountain NB, Goldman AM, Gwinn RP, Heck C, Herekar A, Hirsch LJ, Jobst BC, King-Stephens D, Labar DR, Leiphart JW, Marsh WR, Meador KJ, Mizrahi EM, Murro AM, Nair DR, Noe KH, Park YD, Rutecki PA, Salanova V, Sheth RD, Shields DC, Skidmore C, Smith MC, **Spencer DC**, Srinivasan S, Tatum W, Van Ness PC, Vossler DG, Wharen RE Jr, Worrell GA, Yoshor D, Zimmerman RS, Cicora K, Sun FT, Morrell MJ. Brain-responsive neurostimulation in patients with medically intractable mesial temporal lobe epilepsy. Epilepsia. 2017 Jun;58(6):994-1004. doi: 10.1111/epi.13740. Epub 2017 Apr 11.PMID: 28398014

Jobst BC, Kapur R, Barkley GL, Bazil CW, Berg MJ, Bergey GK, Boggs JG, Cash SS, Cole AJ, Duchowny MS, Duckrow RB, Edwards JC, Eisenschenk S, Fessler AJ, Fountain NB, Geller EB, Goldman AM, Goodman RR, Gross RE, Gwinn RP, Heck C, Herekar AA, Hirsch LJ, King-Stephens D, Labar DR, Marsh WR, Meador KJ, Miller I, Mizrahi EM, Murro AM, Nair DR, Noe KH, Olejniczak PW, Park YD, Rutecki P, Salanova V, Sheth RD, Skidmore C, Smith MC, **Spencer DC**, Srinivasan S, Tatum W, Van Ness P, Vossler DG, Wharen RE Jr, Worrell GA, Yoshor D, Zimmerman RS, Skarpaas TL, Morrell MJ. Brain-responsive neurostimulation in patients with medically intractable seizures arising from eloquent and other neocortical areas. Epilepsia. 2017 Jun;58(6):1005-1014. doi: 10.1111/epi.13739. Epub 2017 Apr 7.PMID: 28387951

Motika PV, Spencer DC. Treatment of Epilepsy in the Elderly. Curr Neurol Neurosci Rep. 2016 Nov;16(11):96. doi: 10.1007/s11910-016-0696-8. Review. PMID: 27628963 [PubMed - indexed for MEDLINE

Hughes AJ, Parmenter BA, Haselkorn JK, Lovera JF, Bourdette D, **Boudreau E**, Cameron MH, Turner AP. Sleep and its associations with perceived and objective cognitive impairment in individuals with

multiple sclerosis. J Sleep Res. 2017 Aug;26(4):428-435. doi: 10.1111/jsr.12490. Epub 2017 Jan 17.PMID: 28093823

Abstracts / Posters / Presentations:

Salinsky M, Goy E, Parko K, Rutecki P, Joos S, Storzbach D. Psychiatric comorbidity in Veterans with Psychogenic Seizures; presented at the annual meeting of the American Epilepsy Society; Houston, Texas. 2016.

Seattle

Publications / Manuscripts / Chapters:

Ransom C.B., Ye Z., Spain, W.J., Richerson G.B. Modulation of tonic GABA currents by anion channel and connexin hemichannel antagonists. *Neurochem Res.*, April 12, 2017.

Abstracts / Posters / Presentations:

Dembrow, NC, Newkirk, GS, Spain, WJ. Dendritic Integration in the basal and proximal apical oblique dendrites of two distinct layer 5 pyramidal neuron populations. *Soc Neurosci Abstr* 40, 2016.

Newkirk GS, Pathak D, Dembrow NC, Pathak D, Guan D, Foehring RC, & Spain WJ. Effects of internal recording anion on neuronal properties and firing of a genetically identified layer 5 pyramidal cell types. *Soc Neurosci Abstr* 41, 2016.

SOUTHEAST Region

Publications / Manuscripts / Chapters:

Altalib H, Cavazos J, **Hussain A, Kelly P**, Krumholz A; LaFrance WC,Pugh MJ, **Rehman, R.**, Rutecki P, **Tran T**, Van Cott A. Providing Quality Epilepsy Care for Veterans. Federal Practitioner 2016 September; 33(9):26-32.

Hixon, J., Ozuna, J., Towne, A., **Kelly, P**. Self-Management in Epilepsy Care: Untapped Opportunities. *Federal Practitioner*, in press

Rehman R, Everhart A, Frontera AT, Kelly PR, Lopez M, Riley D, Sajan S, Schooff DM, Tran TT, Husain AM. Implementation of an established algorithm and modifications for the identification of epilepsy patients in the Veterans Health Administration. Epilepsy Res. 2016 Nov;127:284-290 doi: 10.1016/j.eplepsyres.2016.09.012. Epub 2016 Sep 23.

Durham

Publications / Manuscripts / Chapters:

Englot DJ, Hassnain KH, Rolston JD, Harward SC, **Sinha SR**, Haglund MM. Quality-of-life metrics with vagus nerve stimulation for epilepsy from provider survey data. *Epilepsy Behav. 2017 Jan;66:4-9. doi:* 10.1016/j.yebeh.2016.10.005. *Epub 2016 Dec 11*.

Keenan, JE, Benrashid, E, Kale, E, Nicoara, **A, Husain**, AM, and Hughes, GC. Neurophysiological Intraoperative Monitoring During Aortic Arch Surgery. *Seminars in cardiothoracic and vascular anesthesia* 20, no. 4 (December 2016): 273-282. (Review)

Swisher CB, **Sinha SR**. Utilization of Quantitative EEG Trends for Critical Care Continuous EEG Monitoring: A Survey of Neurophysiologists. *J Clin Neurophysiol.* 2016 Dec;33(6):538-544.

Abstracts / Posters / Presentations:

Rehman, R., Kelly P., Husain A. (2016)

An update on the Veterans Health Administration Epilepsy Centers of Excellence Registry Project. *P3.344 AES*

Tran, T., Rehman R., Rutecki P. (2016)

EPILEPSY TREATMENT PRESCRIBING TRENDS FOR VETERANS. P.3.242 AES

Lopez M., Kanner A., Rehman R. (2016)

OUTPATIENT TREATMENT OF DEPRESSION AND ANXIETY DISORDERS IN VETERANS WITH EPILEPSY. WHY AREN'T PATIENTS GETTING BETTER? A FOLLOW UP STUDY. P2.169 AES

Gainesville

Publications / Manuscripts / Chapters:

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Tampa

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SOUTHWEST Region

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- S. Thanaviratananich, **P. Van Ness**, **Z. Haneef**, **D. K. Chen**. The predictability of smartphone video in distinguishing epileptic and nonepileptic seizures. Presented at the 2017 American Academy of Neurology Meeting, Boston MA, poster P1.245.

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Title: Increasing Quality of Care Measures and Self-Management Behaviors: A Case Study from the Epilepsy Foundation Connectors Project in Michigan. Authorship: Jody Kakacek, Russell Derry, Marianna Spaneki, Joseph I. Sirven, Patricia Osborne Shafer, Steven Owens, Jesse Fishman, **John Hixson**, **Karen Parko**, Wendy R. Miller, and Epilepsy Foundation Connectors Project (submitted for AES 2017)

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RESEARCH/GRANTS

Baltimore

Principle Investigators Last, First, MI	Grant/Study Title	Project Start Date mm/dd/yyyy	Project End Date mm/dd/yyyy	Name of Funding Source
Kabir, Arif	30-Day Readmission From Epilepsy Monitoring Units, a multicenter study	12/1/2015	12/1/2016	Quality Indicators Group of the American Epilepsy Society
Hopp. Jennifer, L (Site PI)	Established Status Epilepticus Treatment Trial (ESETT)	3/1/2015	Future date	National Institute of Nervous Disease NINDS 1 UO1 NS08803401
Hopp. Jennifer, L (Site PI)	A Randomized, Double-Blind, Placebo-Controlled Study to Evaluate the Efficacy and Safety of SAGE-547 Injection in the Treatment of Subjects with Super- Refractory Status Epilepticus, Protocol #: 54-SSE-301	5/12/2015	7/1/17	Industry sponsored by Sage Therapeutics
Krauss, Gregory (A. Krumholz, J. Hopp Co- investigators	Identifying risk factors for motor vehicle crashes in patients with seizures.	11/1/2009	3/1/2017	Johns Hopkins Epilepsy Center (JHMI) Protocol #NA 00030008 and University of Maryland Medical School the Rosen Fund
Tang, Cha-Min	NMDA receptor mediated feedforward memory	4/2014	3/2018	VA BLR&D

Gainesville

Principle Investigators Last, First, MI	Grant/Study Title	Project Start Date mm/dd/yyyy	Project End Date mm/dd/yyyy	Name of Funding Source
Eisenschenk, Stephan	Utilization of EEG Following Stroke for Prediction of Future Risk for Seizures	June 2017	Indefinite	Densch Epilepsy Research Fund

Houston

Principal Investigators Last, First, MI	Grant/Study Title	Project Start Date mm/dd/yyyy	Project End Date mm/dd/yyyy	Name of Funding Source
Chen, David, Site Principal Investigator	Treatment of Psychogenic Non- epileptic Seizures in U.S. Veterans	pending	pending	VA Cooperative Studies Program, LOI accepted
Chen, David, Site Principal Investigator	Detecting psychogenic nonepileptic seizures with single-channel sEMG	pending	pending	Brain Sentinel, IRB protocol submitted
Yoshor, Daniel Site Principal Investigator	BISC Bioelectronic Interfacing to Sensory Cortex with massive, fully implanted, flexible wireless CMOS surface recording and stimulating arrays	04/24/2017	04/23/2021	Defense Advanced Research Projects Agency (DARPA)
Yoshor, Daniel Principal Investigator	"Multisensory Processing of Human Speech Measured with msec and mm Resolution"	10/1/2014	9/30/2017	VA Merit Review Award
Yoshor, Daniel Principal Investigator	"Visual Form Perception Produced by Electrically Stimulating Human Visual Cortex"c NIH R01EY023336	9/1/2013	8/31/2017	National Eye Institute National Institutes of Health
Van Ness, Paul, Co- Investigator (Robertson, Claudia, PI)	Spreading Depolarizations II (SdII): Development And Validation Of Spreading Depolarization Monitoring For Tbi Management. H40147	2016	TBD	NIH
Van Ness, Paul, Co- Investigator (Kuo, Dick, PI)	Established Status Epilepticus Treatment Trial (ESETT) A Multicenter, Randomized, Blinded, Comparative Effectiveness Study Of Fosphenytoin, Valproic Acid, Or Levetiracetam In The Emergency Department Treatment Of Patients With Benzodiazepine-Refractory Status Epilepticus. H40990 (Ben Taub)	Pending	Pending	NIH grant submitted

Madison

Principle Investigators Last, First, MI	Grant/Study Title	Project Start Date mm/dd/yyyy	Project End Date mm/dd/yyyy	Name of Funding Source
Salinsky, M	Psychogenic Non-epileptic	01/01/2013	12/30/2016	VA CSR&D
Co-investigator	Seizures in U.S. Veterans			
Rutecki, P				
Rutecki, P	Mechanisms of 2DG Anti-epileptic Effects	10/01/2014	9/30/2018	VA BLR&D
Sutula, T	IND-enabling Preclinical Studies of 2DG for Prevention of Post-	09/01/2014	8/31/2017	CURE
Co-investigator	traumatic Epilepsy in Plasticity			
Rutecki, P	Susceptible Rats			
Kotloski, R	RCDA: TBI and posttraumatic epilepsy in plasticity susceptible and resistant rats	04/01/2016	03/30/2021	VA BLR&D

Miami

Principle Investigators		Project Start Date	Project End Date	Name of Funding
Last, First, MI	Grant/Study Title	mm/dd/yyyy	mm/dd/yyyy	Source
Lopez, Maria R	Outpatient Treatment of	06/26/2015	07/26/2017	N/A
	Depression and Anxiety			
	Disorders in Veterans with			
	epilepsy. Why aren't patients			
	getting better? A follow up			
	study.			

Portland

Principle Investigators Last, First, MI	Grant/Study Title	Project Start Date mm/dd/yyyy	Project End Date mm/dd/yyyy	Name of Funding Source
Salinsky, Martin	Psychogenic Seizures in US Veterans. VA Merit Review			

Richmond

Principle Investigators Last, First, MI	Grant/Study Title	Project Start Date mm/dd/yyyy	Project End Date mm/dd/yyyy	Name of Funding Source
Towne, Alan R (Sub I)	Chronic Effects of Neurotrauma Consortium (CENC) Award. Study 1. Longitudinal case-controlled cohort study of OEF-OIF Veterans to evaluate for the late effects of combat-related mTBI.	10/1/14	10/1/19	DOD
Towne, Alan R (Site PI)	Epidemiology of Epilepsy and Traumatic Brain Injury: Severity, Mechanism, and Outcomes			DOD
Towne, Alan R (site PI)	Detecting PNES with single- channel sEMG	10/1/17	9/30/18	Brain Sentinel
Towne, Alan R (site PI)	Evaluation of an Epilepsy Peer Support Program in the US Veterans Affairs' Epilepsy Centers of Excellence (ECoE): A Pilot Study	future		UCB
Ono, Ken	Clinical Validation of Automated Feature Detection in Dense Array EEG via a Computerized Neural Network	08/1/2017		VA

San Francisco

Principle Investigators Last, First, MI	Grant/Study Title	Project Start Date mm/dd/yyyy	Project End Date mm/dd/yyyy	Name of Funding Source
Mueller, Susanne (main) Garga, Nina (clinical PI)	The Imprint of Psychogenic Nonepileptic Seizures on the Brain: A New Model and Imaging Biomarker	09/01/2017	09/01/2020	DOD/CDMRP
Parko, Karen (site PI) Salinsky, Martin (PI)	Characteristics of Veterans with Epilepsy	08/12/2012	Present	VA Merit Review Award (CSR&D)
Mueller, Susanne (Co- investigator, site PI)	Center for SUDEP Research: Morphometrics Core	09/01/2014	08/31/2019	NIH/NINDS
Parko, Karen (site PI) Chen, David (PI)	Novel Group Treatment for Patients with Non-Epileptic Seizures	08/30/2016	Present	

Seattle

Principle Investigators Last, First, MI	Grant/Study Title	Project Start Date mm/dd/yyyy	Project End Date mm/dd/yyyy	Name of Funding Source
Spain, William	Mechanisms of synaptic integration in central neurons.	11/1/2013	10/302017	Veterans Administration Merit Review
Spain, W.: PI on Subcontract; R. Foehring: Overall PI	Slowly inactivating K ⁺ channels in neocortical pyramidal neurons.	7/01/2012 –	6/30/2017	NIH (NINDS) RO1
Ransom, Christopher	Regulation of extrasynaptic GABA _A receptors in health and disease	10/1/2015	09/30/2019	Veterans Administration Merit Review

West Haven

Principle Investigators Last, First, MI	Grant/Study Title	Project Start Date mm/dd/yyyy	Project End Date mm/dd/yyyy	Name of Funding Source
Altalib, Hamada H	Post-Traumatic Psychogenic Seizure & Epilepsy Project	10/01/2017	09/30/2020	Department of Defense

West LA

Principle Investigators Last, First, MI	Grant/Study Title	Project Start Date mm/dd/yyyy	Project End Date mm/dd/yyyy	Name of Funding Source
Wasterlain, Claude	Treatment of Status Epilepticus: a Translational Proposal- \$650,00	04/01/2013	09/30/2017	VA
Wasterlain, Claude	UO1 NS074926-01 (PI), (NINDS). Rational polytherapy in the treatment of cholinergic seizures \$3,239,509	09/01/2011	08/31/2018	NIH
Wasterlain, C	UC-Mexus: Studies of the Antiepileptic and Antiepileptogenic Potential of Propylparaben. Collaborative grant with Dr L. Rocha	2015	2017	CINVESTAV, Mexico
Golshani, Peyman	Optogenetic treatment of social behavior in autism." \$1,250,000	08/01/2013	07/31/2018	NIMH (RO1MH101198-1
Yang, William, Golshani, Peyman	"Novel Genetic Strategy for Sparse Labeling and Manipulation of Mammalian Neurons" U01MH106008 \$103,270	09/01/2014	08/31/2017	NIH (NINDS) Brain Initiative Grant
Golshani, Peyman, Xu, Xiangmin	"Inhibitory neuron circuit organization and function in prefrontal cortex."\$1,705,664	07/01/2015	06/30/2020	1R01MH105427- 01A1

Golshani, peyman	"UCLA Center for Translational Research in Neurodevelopment :Direct funding to Golshani Lab \$625,000 (UC-TRaN)" Main Project Title: "Neurophysiological biomarkers of cognition in Dup15 syndrome: From mouse models to patients."	09/01/2015	08/30/20120	NIH/NICHD: U54
Golshani, Peyman, Markovic, Khakh, Silva	"Building the next generation of wireless, two-channel miniaturized microscopes for imaging freely moving mice." Total Direct Funding: \$1,665,000	09/30/2015	09/30/2018	"Building the next generation of wireless, two-channel miniaturized microscopes for imaging freely moving mice."
Golshani, Peyman, Markovic, Khakh, Silva	"Building the next generation of wireless, two-channel miniaturized microscopes for imaging freely moving mice." Total Direct Funding: \$72,156	07/26/2016	06/30/2017	3U01NS094286- 02:S1 (Supplement for workshops to teach miniature microscope assembly, use, and analysis.)
Golshani, Peyman, Levine, Michael	"Cortical pathophysiology in Huntington's Disease." Total Direct Funding: \$1,700,000	07/01/2016	06/30/2021	1R01NS096994- 01A1
	Carol Moss Spivak Scholar in Neuroscience Award Golshani Lab \$60,000	10/01/2016	09/30/2019	UCLA Brain Research Institute
Golshani, Peyman, Houser	Epilepsy related cell loss and cognitive dysfunction." NIH/NINDS R01NS099137 Total Direct Funding: \$1,750,000 Total Direct Funds to Golshani Lab: \$875,000	07/01/2017	06/30/2022	NIH/NINDS R01NS099137
Golshani, Peyman, Novitch	"Organoid modeling of human cortical microcircuits", Total Direct Funding: \$300,0 Total Direct fo to Golshani Lab: \$7,00000	09/01/2016	08/31/2018	CIRM grant DISC1-08819,
Golshani, Peyman, Houser	"GABA Receptor Plasticity and Tonic Inhibition in Epilepsy" Total Direct Funding: \$1,192,230.Total Direct Funds to Golshani Lab: \$65,400	02/01/2017	01/31/2021	NIH/NINDS 2 R01 NS075245-06A1
Golshani, Peyman	"Miniaturized open source devices for calcium imaging, electrophysiology, and real-time control of neural activity." Total direct funding: \$6,500,000	07/01/2017	06/30/2022	NSF Neurotech hub

	Total direct funds to Golshani Lab: \$1,500,000			
Golshani, Peyman, Evans	Center for Study of Opioid Receptors and Drugs of Abuse (CSORDA) NIDA P50 Renewal" Total direct funds to Golshani Lab: \$250,000	07/01/2017	06/30/2022	DA-005010

NATIONAL ADVISORY COMMITTEE

The National Advisory Committee is an important part of the ECoE overall team. The National Advisory Committee is responsible for providing guidance and direction to the ECoEs. It will assist in the planning phases of the ECoE to maximize cooperation between the facilities and enhance referral patterns across the VA healthcare system. The National Advisory Committee will also assist in the collaboration between VA sites and affiliate universities. It will establish performance measures with an emphasis on measurable outcomes for the ECoE and will provide oversight of all clinical, educational, and research related activities within the ECoE.

NATIONAL ADVISORY COMMITTEE MEMBERS

Marc Dichter, MD, PhD, University of Pennsylvania, ECoE Advisory Committee Chair

Michael Amery, Legislative Counsel, American Academy of Neurology

Susan Axelrod, C.U.R.E.

John Booss, MD, American Academy of Neurology

David Cifu, VA Poly-Trauma Centers Director

Tony Coelho, Epilepsy Foundation

Ramon Diaz-Arrastia, MD, Uniformed Service University

Sandy Finucane, Executive Vice President, Epilepsy Foundation

Glenn Graham, MD, VA Deputy Director of Neurology

COL Jamie B Grimes, MD, MC, USA, Uniformed Service University, Department of Neurology Chair

Donald Higgins, MD, VA National Director of Neurology

Patty Horan, Military Officers Association of America

David Labiner, MD, University of Arizona, National Association of Epilepsy Centers

Richard Mattson, MD, Yale Epilepsy Program

Shane McNamee, MD, VA Poly-Trauma Centers

Angela Ostrom, Chief Operating Officer & Vice President Public Policy, Epilepsy Foundation

Jack Pellock, MD, Virginia Commonwealth University

Robert Ruff, MD, VA Director of Neurology - Retired

Brien Smith, MD, Spectrum Health Medical Group, Michigan State University

William Theodore, MD, Chief of the Clinical Epilepsy Section, NINDS

Kathy Tortorice, Clinical Pharmacist, VA Pharmacy Benefits Management

Michael Flowers, LTCOL, USMC (Retired)

Ann Marie Bezuyen, Director of Special Projects, Anita Kaufmann Foundation

Phil Gattone, CEO, Epilepsy Foundation

Jan Buelow, VP of Programs & Research, Epilepsy Foundation

Princess Katana, Senior Director for Programs, Epilepsy Foundation

Rosemarie Kobau, MPH, MAPP, Centers for Disease Control and Prevention, Epilepsy Division

Tim Tilt, ECoE Veteran Patient

Francis White III, Veteran Patient

Ed Perlmutter, Congressman, Representing 7th District of Colorado

Karen Parko, MD, Former ECoE National Director

Rvan Rieger, MHA, Former ECOE National Administrative Director

Advisory Committee Chair 2016 Letter to SecVA



Marc A. Dichter, M.D., Ph. Professor of Neurology

January 19, 2017

Laurence J. Meyer, MD PhD Chief Consultant of Specialty Care Services Laurence.Meyer@va.gov

Re: Annual External Evaluation of the VA Epilepsy Centers of Excellence (ECoEs)

ECoE National Advisory Board Meeting Report - Friday, December 1, 2016

Dear Dr. Meyer,

As Chairman of the ECoE National Advisory Board, I'm submitting this year's progress report and evaluation of the activities, accomplishments, challenges, and future goals of the VA Epilepsy Centers of Excellence (ECoEs). The Board met at this year's Annual Meeting of the American Epilepsy Society to review each of these issues. As you know, the Board is composed of non-VA personnel – experts in epilepsy and representatives of individuals with epilepsy both in the VA and in civilian life. To summarize our past evaluations and the present one, the Board has been very impressed with the progress made by the ECoEs in their 7 years of existence, including the improvements to access to specialized care for Veterans with epilepsy, the clinical and educational programs developed, the connection with mental health programs required by these Veterans, and the likely significant cost savings to the VHA by the new centralized facilities. These accomplishments were fostered by a close collaboration among the centers on a national scale, the competence and caring exhibited by all the personnel within the multiple ECoEs, the leadership provided by first Dr. Karen Parko and in the last two years, Dr. Paul Rutecki, as well as all of the individual ECoE Directors, and the senior staff with whom our Board has interacted, and who developed and implemented many of the educational and outreach programs established by the ECoEs. Of particular note is that in 2014, at the AES Annual Meeting, Drs. Karen Parko and Robert Ruff were awarded the Epilepsy Service Award by the AES for their service in developing this outstanding national program and for overseeing its initial activities. The AES Service Award is the highest award bestowed by our society for service to individuals with epilepsy.

In the sections below, I will briefly outline this year's accomplishments of the ECoEs and then discuss briefly the challenges the ECoEs face going forward, as well as their goals for the upcoming year. The National VHA consortium established by the ECoEs now includes 110 VHA healthcare providers in 56 VA facilities all over the country. The program is divided into four regions, roughly based on geography and number of veterans served. Each region is considered as a Center and has at least three sites, at least one of which is at the same location as a polytrauma center. Each of the Centers is staffed by epilepsy specialists and trained staff and includes inpatient monitoring programs and surgical expertise.

At last year's annual meeting, discussion highlighted the data on the psychological problems commonly associated with individuals with epilepsy, as well as with traumatic brain injury and the strong relationship between PTSD, epilepsy, and psychogenic non-epileptic seizures (PNES). This has been an increasingly recognized issue in the civilian population as well as in our veterans. Research at the Portland VA, one of the ECoE centers, demonstrated that a significant portion of veterans who had events that were thought to be epileptic seizures and were sent to the epilepsy monitoring unit, were determined to have psychogenic non-epileptic seizures. These can be as disabling as true epileptic seizures and are particularly resistant to pharmacological therapies. In response to this increasingly recognized problem, as well as the issues of the significant frequency and potentially devastating impact of PTSD in

the veteran population, several new initiatives were developed to provide enhanced psychological support and a program of cognitive behavioral therapy (CBT) was instituted. CBT is currently recognized as a major therapeutic modality for PNES and epilepsy. Providers using CBT have been trained by Dr. Curt LaFrance (Providence, RI) using ECoE funds. All four regional centers now provide CBT for PNES, an issue that was emphasized during last year's evaluation as a critical addition to the therapeutic armamentarium for Veterans with epilepsy. A white paper that assesses existing mental health epilepsy services and describes existing models of care across ECoE sites was completed and gaps in care were identified and recommendations for a potential health service intervention were made and implemented.

A second area of growth within the ECoEs relates to providing specialty care to veterans with epilepsy who are unable to attend clinics either at the ECoEs or even, often, at local VHA facilities. The ECoEs have continued to utilize a variety of telehealth initiatives to serve these veterans, which is a win-win situation, as the veterans are able to receive excellent consultative interactions with highly skilled specialists either at participating facilities near where they live, or even, at times, at home. Currently, the ECoEs can perform chart reviews with local physicians, perform remote patient consults, analyze remote EEGs, and have direct patient contacts, all without the veterans having to travel to a distant site. This is also a potential cost saving measure for the VHA system. This is the kind of system that the "private sector" has been very slow to develop, at least in part because of reimbursement issues for these services. Overall, the VA ECoEs appear to be at the forefront of using telehealth and related technologies for delivering cost efficient and patient satisfying health care to Veterans with epilepsy living significant distances from specialized VA facilities.

Another continuing activity among the ECoEs in optimizing Epilepsy Monitoring Unit (EMU) services and enhancing interactions with the VH health care network is an ongoing process and will be continued this fiscal year. Issues included the number of beds and staffing for epilepsy monitoring units. None the less, access improvements will be a goal effort to address in the current fiscal year. Of note, was that 3444 days of video-EEG monitoring was logged for FY16 at ECoE sites. Although the calculations may be rough, this translates to a saving of at least 6 million dollars (and possibly \$8M) of potential outsourcing of hospital costs for these monitoring procedures. This is also approximately the size of the total ECoE annual budget.

Physicians within the ECoEs have also developed their own patient intake system within the ECoE electronic medical record that will facilitate patient encounters, insure that all relevant data is obtained, even by non-specialists, and also enable the capture of all the data for subsequent clinical research including outcomes research. This was tested in Phase I by the ECoEs, reworked in Phase II and is now being distributed to the "spokes" in the "hub and spoke" system for widespread use. It is anticipated that this will be distributed throughout all VHA facilities within one or two years. Nothing this comprehensive exists within the civilian epilepsy community.

Research efforts continue to be strong at the ECoE sites, although not directly funded by the ECoE funds. A prospective study is evaluating characteristics of patients with epilepsy and psychogenic non-epileptic seizures (PNES). This research will help our understanding of the relationship of PTSD with epilepsy and PNES. Many prominent epilepsy specialists feel that some of the intermittent behavioral and cognitive symptoms of PTSD, especially PTSD after TBI, could be due to subtle, non-convulsive seizures. If identified, these seizures could be treated and some of the issues related to PTSD could be resolved. Thus, the relationship between post-TBI PTSD could go in two directions: PTSD patients may have non-epileptic events that are mistakenly diagnosed and unnecessarily treated and other PTSD patients may have subtle events that are, in fact, seizures that are not diagnosed or treated. This research by the ECoEs has the promise of dramatically improving the care of Veterans with PTSD and also has consequences for the civilian population as well. This is one of many examples where the VA can be out front in clinical research that has significant impact both within the Veteran population but also for our country as a whole.

A letter of intent was submitted for a nationwide ECoE VA Cooperative Study of 'TBI and Psychogenic Seizures: Characterization and Treatment of a model Post-Traumatic Conversion Disorder'.

The San Francisco VA ECoE used an online patient community platform directed to Veterans to show that self-management and self-efficacy improved for those that participated. The Durham VA used the VHA Support Service

Center (VSSC) to assay the number of Veterans with epilepsy and co-morbidities and found comorbid TBI and PTSD were 15.8% and 24.1%, respectively. For OIF/OEF/OND Veterans, these percentages increased to 52.6% and 70.4%, respectively. The higher percentage of TBI and PTSD in Veterans of the most recent conflicts could represent patients with PNES carrying the diagnosis of epilepsy. Another grant is funded by the DOD entitled: The Epidemiology of Epilepsy and Traumatic Brain Injury: Severity, Mechanism, and Outcomes. In addition, physicians within the ECoEs received 9 Merit grants, 1 Career Development Award, 7 NIH grants, and 13 other grants in the past year.

The ECoEs have continued their educational activities directed at epilepsy specialists, other physicians, other medical providers, and the veterans and their families. A "Self-Management in Epilepsy" guide was developed. The production of a series of videos for providers is complete and being reviewed by employee educational services. A series of videos of patients explaining their condition was rolled out and entitled "Epilepsy Basic Training". This series also included videos focusing on Introduction to Epilepsy & Seizures, Seizure First Aid, Traumatic Brain Injury, Medications, Psychosocial Issues, Epilepsy Surgery, Psychogenic Non-Epileptic Seizures, and Advocacy & Awareness. The Advisory Board was very impressed by these efforts.

CME presentations available through the Employee Educational Services were also targeted to primary care providers (Intro to Epilepsy/TBI, Seizure Identification and Workup, Epilepsy Treatment Basics, Adverse Effects of Epilepsy Medications, and Psychogenic Non-Epilepsy Seizures). For general neurologists, the videos were Epileptogenic Lesions on MRI, Management of Status Epilepticus, Women and Epilepsy, Medically Refractory Epilepsy and Pre-Surgery Evaluations, and Sleep and Epilepsy. For epilepsy specialists, the videos were New Antiepileptic Medications and Mental Health and Epilepsy.

Goals for the fiscal year 2017 were reviewed and included developing improved mechanisms for meeting increasing demands for the ECoE services, finalizing the EMU safety policy, pursuing data mining for evaluating the economic impact of the ECoEs on VA health care savings and for outcomes research, developing performance improvement projects for intractable epilepsy and depression associated with epilepsy, continuing to build and enhance the hub and spoke model of care, and increasing eConsults access. In addition, the ECoEs will work with the National Association of Epilepsy Centers to obtain certification for at least 4 sites. The Centers will also continue to foster relationships with primary care providers and identify a mental health champions at each site

There are also plans to complete the pilot evaluation of seizure medications and psychotropic drug use and possible interactions of enzyme-inducing seizure medications with other drugs. This involves tracking seizure medication use in the VHA with regard to ECoE, consortium, and other sites. They will also increase epilepsy patient enrollment in the 1 million Veterans program and continue with the collaboration with Mary Jo Pugh on the DoD grant: The Epidemiology of Epilepsy and Traumatic Brain Injury: Severity, Mechanism, and Outcomes.

A discussion of challenges for the centers ensued. Many of the key concerns were carried over from the prior year. These included the re-organization of VA Central Office. The need to re-evaluate organizational charts to meet program needs was discussed. There was concern about meeting the budget because of grade and pay increases but no budget increases. Currently, the on-board salaries amount to ~\$5.9M of the total \$6.1M FY allotment. There are currently 11 unfillable FTEs just to recruit replacement personnel, including the National Administrator who was so influential in implementing the coordination of all the ECoEs, the overall administration of the funds, and all of the educational programs. There is no funding available for equipment and supplies in the EMUs as well as the necessary staffing.

Overall the Advisory Board members who widely represent the neurology and epilepsy professional groups in the United States were impressed by the continuing progress made by the ECoEs with regard to improving the medical care provided to Veterans with epilepsy. Specifically, the Board was enthusiastic about the VHA's ability to provide tele-health services, something that is difficult to do in the private sector and the ability to carry out important clinical research in the absence of funding from the ECoE program. Also the Board commended the ECoEs attention to mental health and treatment for PNES. Finally, the continued efforts to educate Veterans, their families and care providers, and the medical profession were highly praised.

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Areas of opportunity for the next year include:

- 1. Growth of the network of consortium sites and an increase in evaluation of Veterans whose seizures are not controlled.
- 2. Increase in collaborative research.
- 3. Demonstration of the cost savings the ECoEs produce.
- 4. Increasing Veteran use of an on-line patient community for self-management.
- 5. Consider ECoE reorganization that would compensate for limited funding.
- 6. Make sure all relevant parties are aware of the significantly increased mortality among individuals (and veterans, specifically) with epilepsy and the likelihood that this would be decreased by increased specialty care.

Overall the ECoEs are meeting the mission of improving the health and well-being of Veteran patients with epilepsy and other seizure disorders.

I hope this year's annual review is helpful to you. Please do not hesitate to contact me if you have any questions about this program.

It is a continuing honor for me to have served in this capacity and hopefully, helped improve the medical care for our Veterans with this very difficult neurological illness which is often a direct result of the TBI experienced in combat.

Respectively submitted by:

rare a Dieter

Marc A. Dichter, MD, PhD

Chairman, VA Epilepsy Centers of Excellence National Advisory Board

Professor of Neurology and Pharmacology

Former Director of the Mahoney Institute of Neuroscience

Former Director, Penn Epilepsy Center

University of Pennsylvania Perelman School of Medicine

CC:

David Shulkin, MD Undersecretary for Health David.Shulkin@va.gov

Donald Higgins MD VA National Program Director of Neurology Donald.Higgins@va.gov

Glen Graham, MD Deputy National Director of Neurology Glen.Graham@va.gov **Board Members Present:** Marc Dichter MD PhD(Chair), David Labiner MD (National Association of Epilepsy Centers), Donald Higgins MD (VA Neurology Director, VA Central Office), Glenn Graham MD (Deputy Director of Neurology, VA Central Office), Mike Amery Esq (American Academy of Neurology), Karen Parko MD (Previous ECoE National Director), Rosemarie Kobau, PhD (Director, Epilepsy Program,CDC), Steve Owens (Epilepsy Foundation), Ryan Rieger (Former National Administrative Officer for VA ECoEs), Tim Tilt (Veteran with epilepsy), Frances White Francis H. White III, Esq (MSgt. US Air Force Retired, and council to Epilepsy Advocacy and Employment Group)

VA Staff Present: Paul Rutecki MD (Acting National Director), Mary Jo Pugh PhD (Health Services Research and Development researcher San Antonio), Aatif Hussain MD (SE Director), Tung Tran MD (Durham VA), Pamela Kelly PhD. (SE Administrative Officer), Ann VanCott, MD (ECoE Women Workgroup, Pittsburgh, PA), Allan Krumholz (NE Director), Andrew David (NE Administrative Officer), Rizwana Rehman, PhD (SE ECoE Statistician, Durham), Alan Towne MD (Clinical Research Workgroup, Richmond VA), Claude Wasterlain MD (West LA VA) Marty Salinsky (NW Director)

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PUBLIC LAW S. 2162

One Hundred Tenth Congress of the United States of America

AT THE SECOND SESSION

Begun and held at the City of Washington on Thursday, the third day of January, two thousand and eight

An Act

To improve the treatment and services provided by the Department of Veterans Affairs to Veterans with post-traumatic stress disorder and substance use disorders, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled.

TITLE IV—HEALTH CARE MATTERS

Sec. 404. Epilepsy Centers of Excellence.

- (a) In General.—Subchapter II of chapter73 is amended by adding at the end following new section:
- '§ 7330A. Epilepsy centers of excellence

(a) ESTABLISHMENT OF CENTERS.—

- (1) Not later than 120 days after the date of the enactment of the Veterans' Mental Health and Other Care Improvements Act of 2008, the Secretary shall designate at least four but not more than six Department health care facilities as locations for epilepsy centers of excellence for the Department.
- (2) Of the facilities designated under paragraph (1), not less than two shall be centers designated under section 7327 of this title.
- (3) Of the facilities designated under paragraph (1), not less than two shall be facilities that are not centers designated under section 7327 of this title.
- (4) Subject to the availability of appropriations for such purpose, the Secretary shall establish and operate an epilepsy center of excellence at each location designated under paragraph (1).

(b) DESIGNATION OF FACILITIES.—

- (1) In designating locations for epilepsy centers of excellence under subsection (a), the Secretary shall solicit proposals from Department health care facilities seeking designation as a location for an epilepsy center of excellence.
- (2) The Secretary may not designate a facility as a location for an epilepsy center of excellence under subsection (a) unless the peer review panel established under subsection (c) has determined under that subsection that the proposal submitted by such facility seeking designation as a location for an epilepsy center of excellence is among those proposals that meet the highest competitive standards of scientific and clinical merit.
- (3) In choosing from among the facilities meeting the requirements of paragraph (2), the Secretary shall also consider appropriate geographic distribution when designating the epilepsy centers of excellence under subsection (a).

(c) PEER REVIEW PANEL.—

- (1) The Under Secretary for Health shall establish a peer review panel to assess the scientific and clinical merit of proposals that are submitted to the Secretary S. 2162—18 for the designation of epilepsy centers of excellence under this section.
 - (A) The membership of the peer review panel shall consist of experts on epilepsy, including post-traumatic epilepsy.
 - (B) Members of the peer review panel shall serve for a period of no longer than two years, except as specified in subparagraph(C).
 - (C) Of the members first appointed to the panel, one half shall be appointed for a period of three years and one half shall be appointed for a period of two years, as designated by the Under Secretary at the time of appointment.
- (3) The peer review panel shall review each proposal submitted to the panel by the Under Secretary for Health and shall submit its views on the relative scientific and clinical merit of each such proposal to the Under Secretary.
- (4) The peer review panel shall, in conjunction with the national coordinator designated under subsection (e), conduct regular evaluations of each epilepsy center of excellence established and operated under subsection (a) to ensure compliance with the requirements of this section.
 - (5) The peer review panel shall not be subject to the Federal Advisory Committee Act.

(d) EPILEPSY CENTER OF EXCELLENCE DEFINED.—

In this section, the term 'epilepsy center of excellence' means a health care facility that has (or in the foreseeable future can develop) the necessary capacity to function as a center of excellence in research, education, and clinical care activities in the diagnosis and treatment of epilepsy and has (or may reasonably be anticipated to develop) each of the following:

- (1) An affiliation with an accredited medical school that provides education and training in neurology, including an arrangement with such school under which medical residents receive education and training in the diagnosis and treatment of epilepsy (including neurosurgery).
- (2) The ability to attract the participation of scientists who are capable of ingenuity and creativity in health care research efforts.
- (3) An advisory committee composed of Veterans an appropriate health care and research representatives of the facility and of the affiliated school or schools to advise the directors of such facility and such center on policy matters pertaining to the activities of the center during the period of the operation of such center.
 - (4) The capability to conduct effectively evaluations of the activities of such center.
- (5) The capability to assist in the expansion of the Department's use of information systems and databases to improve the quality and delivery of care for Veterans enrolled within the Department's health care system.
- (6) The capability to assist in the expansion of the Department telehealth program to develop, transmit, monitor, and review neurological diagnostic tests.

(7) The ability to perform epilepsy research, education, and clinical care activities in collaboration with Department medical facilities that have centers for research, education, and clinical care activities on complex multi-trauma associated

S. 2162—19 with combat injuries established under section 7327 of this title.

(e) NATIONAL COORDINATOR FOR EPILEPSY PROGRAMS.—

- (1) To assist the Secretary and the Under Secretary for Health in carrying out this section, the Secretary shall designate an individual in the Veterans Health Administration to act as a national coordinator for epilepsy programs of the Veterans Health Administration.
 - (2) The duties of the national coordinator for epilepsy programs shall include the following:
 - (A) To supervise the operation of the centers established pursuant to this section.
 - (B) To coordinate and support the national consortium of providers with interest in treating epilepsy at Department health care facilities lacking such centers in order to ensure better access to state-of-the-art diagnosis, research, clinical care, and education for traumatic brain injury and epilepsy throughout the health care system of the Department.
 - (C) To conduct, in conjunction with the peer review panel established under subsection (c), regular evaluations of the epilepsy centers of excellence to ensure compliance with the requirements of this section.
 - (D) To coordinate (as part of an integrated national system) education, clinical care, and research activities within all facilities with an epilepsy center of excellence.
 - (E) To develop jointly a national consortium of providers with interest in treating epilepsy at Department health care facilities lacking an epilepsy center of excellence in order to ensure better access to state-of-the-art diagnosis, research, clinical care, and education for traumatic brain injury and epilepsy throughout the health care system of the Department. Such consortium should include a designated epilepsy referral clinic in each Veterans Integrated Service Network.
- (3) In carrying out duties under this subsection, the national coordinator for epilepsy programs shall report to the official of the Veterans Health Administration responsible for neurology.

(f) AUTHORIZATION OF APPROPRIATIONS.—

- (1) There are authorized to be appropriated \$6,000,000 for each of fiscal years 2009 through 2013 for the support of the clinical care, research, and education activities of the epilepsy centers of excellence established and operated pursuant to subsection (a) (2).
- (2) There are authorized to be appropriated for each fiscal year after fiscal year 2013 such sums as may be necessary for the support of the clinical care, research, and education activities of the epilepsy centers of excellence established and operated pursuant to subsection (a) (2).
- (3) The Secretary shall ensure that funds for such centers are designated for the first three years of operation as a special purpose program for which funds are not allocated through the Veterans Equitable Resource Allocation system.
- (4) In addition to amounts authorized to be appropriated under paragraphs (1) and (2) for a fiscal year, the Under Secretary for Health shall allocate to such centers from other funds appropriated generally for the Department medical services account and medical and prosthetics research account, as appropriate, such amounts as the Under Secretary for Health determines appropriate.

- (5) In addition to amounts authorized to be appropriated under paragraphs (1) and (2) for a fiscal year, there are authorized to S. 2162—20 be appropriated such sums as may be necessary to fund the national coordinator established by subsection (e).".
- (b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 73 is amended by inserting after the item relating to section 7330 the following new item: "7330A. Epilepsy centers of excellence."

ABBREVIATIONS / ACRONYMS

AAN American Academy of Neurology

ACGME Accreditation Council for Graduate Medical Education

Antiepileptic drugs **AED**

American Epilepsy Society **AES** CAC Clinical Application Coordinator Community Based Outpatient Clinic **CBOC**

Centers for Disease Control and Prevention CDC

Coronary Intensive Care Unit CICU

CoE Center of Excellence

Computerized Patient Record System **CPRS Current Procedural Terminology CPT**

CVT Clinical Video Telehealth DOD Department of Defense **Decision Support System** DSS

Defense and Veterans Brain Injury Center **DVBIC** Executive Committee, Medical Staff **ECMS**

ECoE Epilepsy Center of Excellence **EEG** Electroencephalography **EES Employee Education System**

Epilepsy Foundation EF

EFGLA Epilepsy Foundation of Greater Los Angeles

Electromyography **EMG EMU Epilepsy Monitoring Unit** Food and drug Administration FDA

FTE Full-time Equivalent

FTEE Full-time Employee Equivalent

FΥ Fiscal Year

Gamma-Aminobutyric Acid **GABA Greater Los Angeles GLA**

Geriatric Research. Education and Clinical Center **GRECC**

HCS Health Care System

Health Information Management System **HIMS** HSR&D Health Services Research and Development

Informatics Council IC

ICD International Classification of Diseases

ICU Intensive Care Unit Inter-Facility Consult **IFC** IOM Integrated Operating Model

IRM Information Resources Management

Information Technology IT LTM Long Term Monitoring MIT Means Indicator Test MRI magnetic resonance imaging

MSECoE Multiple Sclerosis Center of Excellence NIH National Institutes of Health

New Term Rapid Turnaround NTRT OAA Office of Academic Affiliation Operation Enduring Freedom **OEF** Operation Iraqi Freedom OIF OND Operation New dawn

PADRECC Parkinson's Disease Research, Education and Clinical Center

PET Positron emission tomography

PGY Post Graduate Year

Public Law P.L.