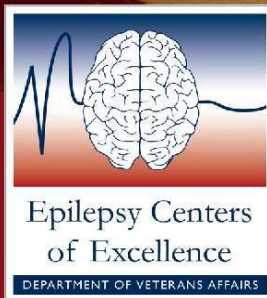


Annual Report FY14

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, outreach, research and education.



www.epilepsy.va.gov

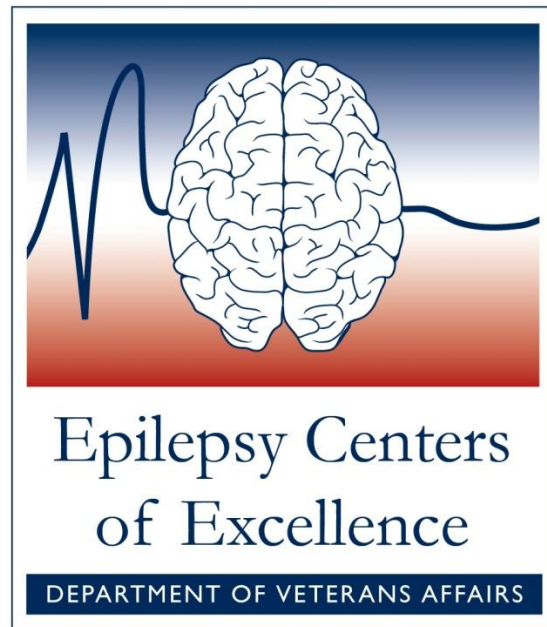
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EXCELLENCE
in the 21st Century

Contents

MISSION	5
MESSAGE FROM THE DIRECTOR	6
INTRODUCTION.....	8
NATIONAL ECoE PROGRAM GOALS	8
FY14 NATIONAL GOALS.....	9
FY15 NATIONAL GOALS.....	10
CENTERS OF EXCELLENCE.....	11
REGIONAL MAP	12
ORGANIZATIONAL CHART	13
DEFINITION OF CENTERS.....	14
NATIONAL VA EPILEPSY CONSORTIUM.....	15
INVENTORY OF SERVICES	16
CLINIC WORKLOAD.....	17
TELEHEALTH CLINIC WORKLOAD	18
EMU DIAGNOSTIC DATABASE	19
VHA SEIZURE, EPILEPSY, OTHER EVENTS ENCOUNTERS	21
VHA FY13 PATIENT COUNTS	22
VHA FY13 EPILEPSY PREVALENCE ESTIMATES	23
PATIENT SATISFACTION SURVEY	24
SOUTHWEST REGION.....	26
SAN FRANCISCO VA MEDICAL CENTER	27
GREATER LOS ANGELES VA MEDICAL CENTER.....	29
RAYMOND G. MURPHY VA MEDICAL CENTER	31
MICHAEL E. DEBAKEY VA MEDICAL CENTER	32
AUDIE L. MURPHY VA HOSPITAL.....	34
NORTHEAST REGION.....	35
VA MARYLAND HEALTH CARE SYSTEM	36
HUNTER HOLMES McGUIRE RICHMOND VA MEDICAL CENTER	37
VA CONNECTICUT HEALTHCARE SYSTEM	38
NORTHWEST REGION.....	39
WILLIAM S. MIDDLETON VETERANS HOSPITAL	40

MINNEAPOLIS VA HEALTH CARE SYSTEM	41
PORTLAND VA MEDICAL CENTER.....	42
PUGET SOUND VA HEALTHCARE SYSTEM.....	43
SOUTHEAST REGION	44
DURHAM VA MEDICAL CENTER	45
BRUCE W. CARTER DEPARTMENT OF VA MEDICAL CENTER.....	47
MALCOM RANDAL VA MEDICAL CENTER.....	49
JAMES A. HALEY VETERANS HOSPITAL.....	50
NATIONAL WORKGROUPS	51
CLINICAL PROCEDURES WORKGROUP	51
WORKLOAD STANDARDIZATION WORKGROUP	52
PHARMACY WORKGROUP	53
CLINICAL RESEARCH WORKGROUP	54
BASIC SCIENCE RESEARCH WORKGROUP	55
EDUCATION WORKGROUP	56
NURSING WORKGROUP	58
EEG TECHNOLOGISTS WORKGROUP	59
FELLOWSHIPS.....	60
PUBLICATIONS / MANUSCRIPTS / CHAPTERS	62
ABSTRACTS / POSTERS / PRESENTATIONS.....	67
RESEARCH	71
NATIONAL ADVISORY COMMITTEE.....	75
SOUTHWEST REGION ADVISORY COMMITTEE	79
NORTHEAST REGION ADVISORY COMMITTEE	79
SOUTHEAST REGION ADVISORY COMMITTEE	79
NORTHWEST REGION ADVISORY COMMITTEE	79
PUBLIC LAW S. 2162.....	80

EPILEPSY CENTERS OF EXCELLENCE
ANNUAL REPORT FY14
October 1, 2013 – September 30, 2014



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 DIRECTOR



To my colleagues in the VA Epilepsy Centers of Excellence:

FY 2014 serves as testimony to the strength of the successful network we have built over the past six years to provide epilepsy services to Veterans. As you know, we have faced major challenges this year, which I will summarize below. In spite of those challenges, we have continued to improve the services and programs for veterans with epilepsy, their caregivers, and their families. I am grateful to all of you for your contributions.

The original funding appropriation for the Epilepsy Centers was six million per year and was to expire at the end of FY13. In 2011 we submitted a request for extension at increased annual funding of eight million to expand our highly effective and growing epilepsy program. We had demonstrated that the epilepsy care provided within the ECoE was not only sustainable and cost-effective but cost saving to the VA. In early 2014 we were informed that the 2011 request had been approved, and eight million dollars in funding was distributed to the Epilepsy

Centers. The additional two million in funding was budgeted to fund an ECoE site in San Antonio, information systems and database support for our nation-wide clinical template, longitudinal epilepsy surveillance and quality improvement measures, training for providers to start treating psychogenic non-epileptic spells in conjunction with National Telemental Health, and increased national support and coordination. In December at the American Epilepsy Society Meeting we made our roadmap to accomplish these goals.

In March of 2014 we unfortunately learned that the funding approval request had not been appropriately executed at the National VA, and we were required to return to VA Central Office the additional two million dollars. VA Central Office provided a new funding agreement that established permanent ongoing funding of 6.1 million dollars for future fiscal years.

The withdrawal of funding and protracted discussions with VA Central Office had a major impact on our programs and our planning. Much of our year was spent dealing with administrative and financial challenges that it created including an arduous ECoE program audit that required our full attention and a hiring freeze beginning in March of 2014. As the year progressed this was against the backdrop of major challenges faced by the VA system as a whole. Many of our goals and programs were placed on hold while we were tasked with these administrative duties.

It is now a new year! We have made significant progress with our budget challenges, and can now focus on the positive outcome of the past year, which is that the Epilepsy Centers now have stable and long term funding. We have set our FY15 goals high with the intent of recovering lost time and moving forward as we expand the VA ECoE Network of providers and work towards our goal of reaching all veterans with epilepsy regardless of their geographic location. We look forward to being able to hire into our vacant positions when the hiring freeze is relinquished.

Our strength is our integrated national network of committed VA employees, veteran stakeholders, and epilepsy advocacy groups who create a mission and vision that set the stage for excellence. All of us bring our individual strengths and each and every site has made significant contributions. Together we will continue to grow and expand even beyond what we had imagined possible when we began.

Over the last year we have said goodbye to Dr. Robert Ruff, the National Director of Neurology, Dr. Rick Hrachovey the Southwest Regional Director, and Ellen Matthiesen the Southwest Regional Administrative Director. We are grateful to them and their work. We await appointment of a new Director of Neurology

and are indebted to Dr. Glenn Graham for his support of the program in his role as Deputy Director of Neurology.

Although the success of our program is a group effort, without the skill and steadfast devotion of Ryan Rieger, our National Administrative Director, we would not be where we are today. He has brought brilliance and outstanding reserve to the ECoE. Despite formidable obstacles, Ryan continues to provide steady and highly strategic navigation for our program. I am so grateful for his work.

This marks my last year serving as the National Director. My intent was to lead our program through the funding renewal necessary after the original five year appropriation. It is sublimely delightful to acknowledge that we are here and the time has come. I will be working closely with Dr. Paul Rutecki as he transitions to being our new National Director. It has been a privilege and an honor to lead our group and I am touched by the trust and faith you placed in me. I am extremely proud and aware of the creativity, collaboration, and hard work that went into creating the ECoE network. This is a beautiful piece of work we have done. We have created an integrated national epilepsy care network where there was none. We did it, yes we did!

A handwritten signature in cursive script that reads "Karen L. Parko, M.D." The signature is written in black ink and is positioned above the typed name.

Karen L. Parko, M.D.

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 ECoE 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 state-of-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.

FY14 NATIONAL GOALS

- 1) Outreach (increase Veterans reached)
 - a. Patients - Regional Hub and Spoke further developed
 - b. Providers - National VA Epilepsy Consortium
- 2) Database National Clinical implementation
- 3) Expand Telehealth, all modalities to all sites
- 4) Increase multidiscipline care and collaboration
 - a. Mental Health, Nursing, EEG technologists, caregiver support
- 5) Administrative foundation building
 - a. All sites have active AO involvement with regional lead
 - b. By-laws
- 6) Promote multi-site collaborative research projects

FY15 NATIONAL GOALS

1) Clinical Care:

- a. Complete a white paper that assesses existing mental health epilepsy services that describes existing models of care across ECoE sites, gaps in care and offers recommendations for a potential health service intervention. **Steward: Hamid**
- b. Evaluate current safety/quality assurance ECoE and civilian EMU. **Stewards: Krumholz & Ozuna**
- c. Train individuals from each of the four regions in the CBT-informed therapy for PNES and establish formal psychotherapy clinics for patients with PNES and intractable epilepsy who are motivated to work with a therapist through the mentorship of Dr.LaFrance. **Steward: Hamid**
- d. Leverage technology to increase access to epilepsy/seizure specialized care with further development of Tele-epilepsy infrastructure, including Tele-EEG to increase reach within the VHA with an emphasis on the Southwest region to add more spoke sites and increase patient numbers while decreasing cost. **Stewards: Davis & Tran**
- e. Bringing Neuropace and Visualase into ECoE. **Steward: Rutecki**

2) Research:

- a. Facilitate collaboration in research through ECoE research workgroups and multi-site studies. **Steward: David**
- b. Change the EMU clinical database to research database repository. **Stewards: Towne & Benson**
- c. Develop and submit a letter of intent for a nationwide ECoE VA Cooperative Study 'TBI and Psychogenic Seizures: Characterization and Treatment of a model Post-Traumatic Conversion Disorder'. **Stewards: Salinsky & LaFrance**

3) Education:

- a. Produce Practioner DVD. **Steward: Rieger**
- b. Produce "my epilepsy story" patient DVD. **Steward: Rieger**
- d. Develop an advanced nurse epilepsy training curriculum. **Stewards: Ozuna**

4) Outreach:

- a. Assess potential clinically important interactions between AEDs and psychotropic drugs among Veterans with both epilepsy and mood disorders in an effort to identify potential interactions thereby reducing department cost and liability. **Stewards: Tran & Rehman**
- b. Review within the VHA epilepsy population on how psychotropic medication use may be affected by different AED's. **Stewards: Tran & Rehman**
- c. Review national VHA data from past years in an effort to educate personnel on appropriate and frequent medication combinations. **Stewards: Tran & Rehman**

5) Program/Operational:

- a. Establish Operations Manual. **Steward: Chen**

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](#)

San Francisco	San Francisco VAMC	(415) 379-5599
West Los Angeles	Greater Los Angeles HCS	(310) 268-3595
Houston	Michael E. DeBakey VAMC	(713) 794-8835
San Antonio	Audie L. Murphy VA Hospital	(210) 617-5161
Albuquerque	New Mexico VAHCS	(505) 256-2752

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

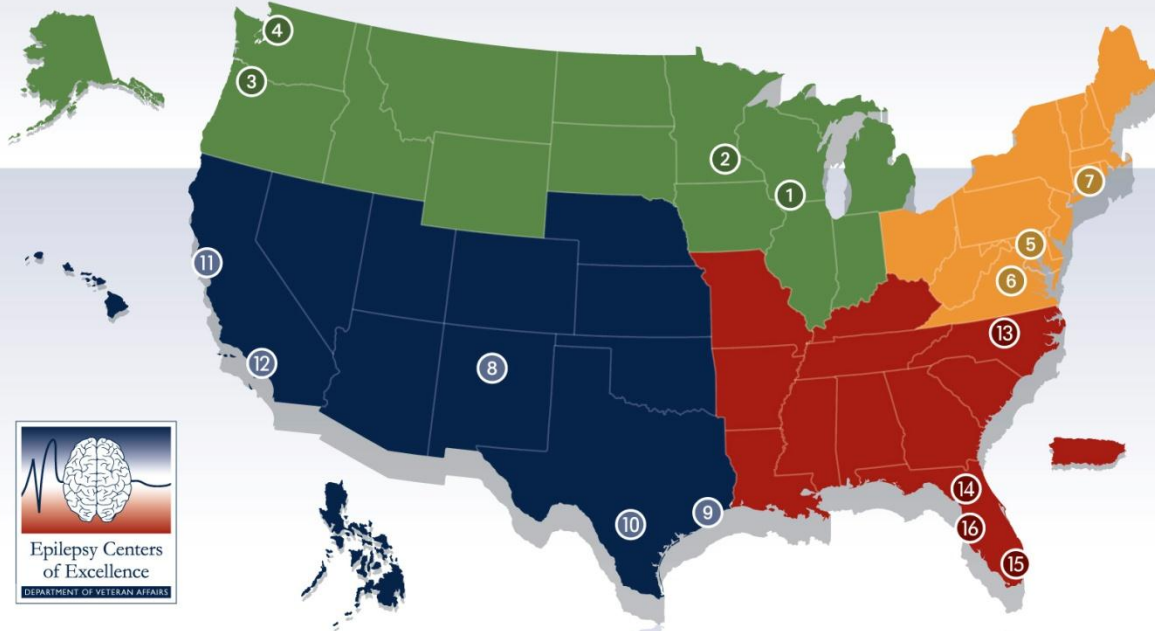
States Covered: Florida, Alabama, Georgia, Mississippi, Tennessee, Kentucky, S. Carolina, Puerto Rico, Arkansas, Louisiana, N. Carolina, and Missouri

Linked Polytrauma Site: [Tampa](#)

Durham	Durham VAMC	(919) 416-5982
Miami	Miami VAHCS	(305) 575-7000 x7008
Gainesville	Malcom Randall VAMC	(352) 376-1611 x6818
Tampa	James A. Haley VAMC	(813) 972-2000 x5076

REGIONAL MAP

EPILEPSY CENTERS OF EXCELLENCE REGIONAL MAP



NORTHWEST

- 1 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

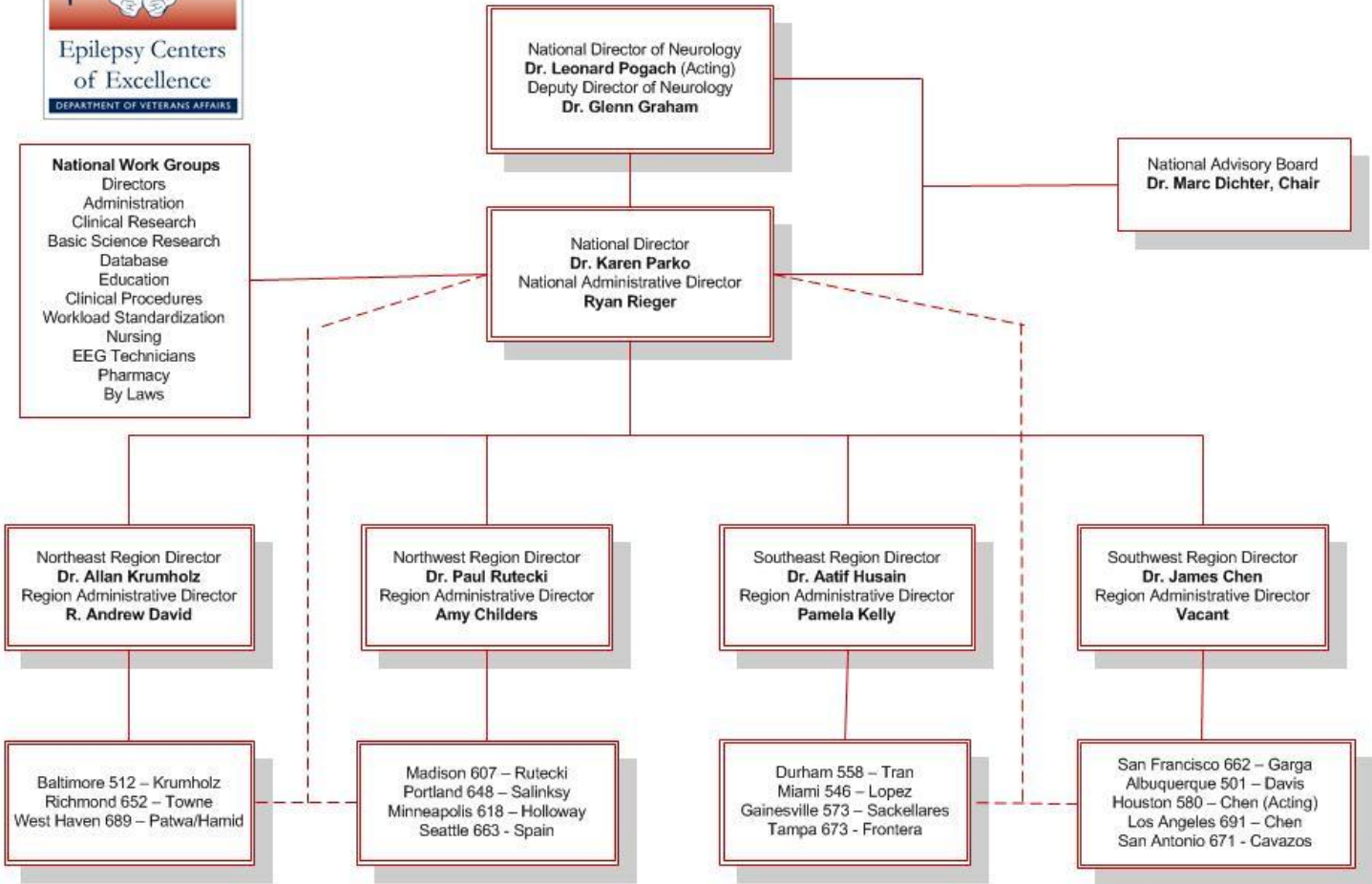
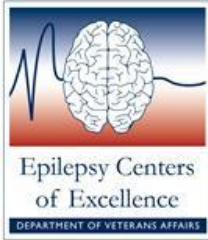
SOUTHWEST

- 8 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
- 11 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

ORGANIZATIONAL CHART



Ryan Rieger, MHPA
ECoE National Administrative Director

Karen Parko, M.D.
ECoE National Director

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
- Meet criteria for a level IV NAEC designation OR are linked within their region and have a close working relationship with a level IV VA center
- Provide V-tel epilepsy consultation
- Provide epilepsy monitoring
- Have a single director (at least in name) that is an epileptologist
- Has a designated administrative support person(need not be full-time) 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 with EMU recording within 3 months of request
- 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 VET 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 full time 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

INVENTORY OF SERVICES

ECoE Inventory of Services - FY14	San Francisco, CA	West 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	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Specialty Epilepsy Clinics	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Epilepsy Video Telehealth Clinics	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x
eConsult	x	x		x	x	x	x	x	x	x	x	x	x	x	x	
Telephone Clinics	x	x	x	x	x	x	x	x	x	x	x	x	x		x	x
Epilepsy Inpatient Consultation	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Scalp Video-EEG Telemetry (Phase 1), # of Beds	4	2	4	3		1	2	2	3	2	3	2	3	2	4	2
Ability to Perform Wada Testing	x	x	x	x		x	x		x		x		x			
Ability for Pre-Surgical Neuropsych Testing	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Placement of VNS	x	x	x	x	x	x	x		x	x	x		x	x	x	x
Epilepsy Surgery	x	x	x	x		x	x		x		x		x		x	
Epilepsy Protocol MRI Imaging	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
PET Scanning	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x
Intra-Operative ECOG	x	x	x	x		x	x		x		x		x		x	
Invasive Monitoring (Phase 2) Subdural Grids/ Strips	x	x	x	x		x			x		x		x			
Invasive Monitoring (Phase 2) Depth Electrodes	x	x	x	x		x			x		x		x			
Deep brain stimulation	x	x	x	x			x				x					
Magneto encephalography																
Radio Surgery (Gamma Knife)		x	x													
Functional MRI (fMRI)			x	x			x				x					x
Ambulatory EEG		x	x	x		x	x	x	x	x	x		x	x	x	x
SCAN-ECHO	x					x	x	x	x							
Patient Home Telehealth	x		x					x					x			
Store & Forward Remote EEG Reading				x							x	x	x		x	
On-site Therapy for PNES			x					x					x			
NTMHC Tele-NES Provided	x		x			x	x	x								
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 x17728	612.467.4236	503.220.8262 x58330	206.277.4292	919.416.5982	305.575.7000 x7008	352.374.6082	813.972.7633

CLINIC WORKLOAD

Data Source: VSSC Encounter Cube

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

Site	Outpatient Clinic		EEG		EMU	
	Unique Patients	Unduplicated Encounters	Unique Patients	Unduplicated Encounters	Unique Patients	Unduplicated Encounters
(V01) (689) VA Connecticut HCS, CT	223	476	158	162	56	131
(V05) (512) Baltimore HCS, MD	323	502	155	171	32	152
(V06) (558) Durham, NC	484	785	313	336	45	169
(V06) (652) Richmond, VA	425	744	328	369	31	65
(V08) (546) Miami, FL	268	509	445	591	74	122
(V08) (573) Gainesville, FL	230	483	700	781	52	186
(V08) (673) Tampa, FL	171	251	570	599	61	183
(V12) (607) Madison, WI	257	433	242	264	61	317
(V16) (580) Houston, TX	691	1158	779	920	147	636
(V17) (671) San Antonio, TX	567	849	557	645		
(V18) (501) Albuquerque, NM	322	494	213	234		
(V20) (648) Portland, OR	728	1176	354	385	70	288
(V20) (663) VA Puget Sound, WA	422	645	448	489	48	162
(V21) (662) San Francisco, CA	236	602	121	125	104	403
(V22) (691) Greater Los Angeles, CA	340	634	596	786	51	188
(V23) (618) Minneapolis, MN	337	475	304	347	38	130
Total	6,016	10,216	6,280	7,204	869	3,132

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 patient's condition.

Data Source: Self-Report

Data collected locally at each ECoE site

Site	Surgery	
	# of Epilepsy Surgeries	# of VNS implanted
(V01) (689) VA Connecticut HCS, CT		
(V05) (512) Baltimore HCS, MD		
(V06) (558) Durham, NC		
(V06) (652) Richmond, VA		1
(V08) (546) Miami, FL		
(V08) (573) Gainesville, FL	1	
(V08) (673) Tampa, FL		
(V12) (607) Madison, WI	3	
(V16) (580) Houston, TX	2	1
(V17) (671) San Antonio, TX		1
(V18) (501) Albuquerque, NM		
(V20) (648) Portland, OR		1
(V20) (663) VA Puget Sound, WA		
(V21) (662) San Francisco, CA		
(V22) (691) West Los Angeles, CA	1	1
(V23) (618) Minneapolis, MN		
Total	7	6

TELEHEALTH CLINIC WORKLOAD

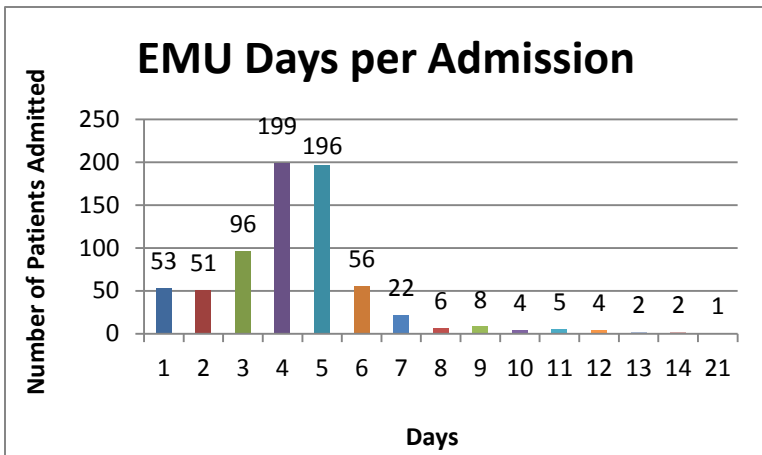
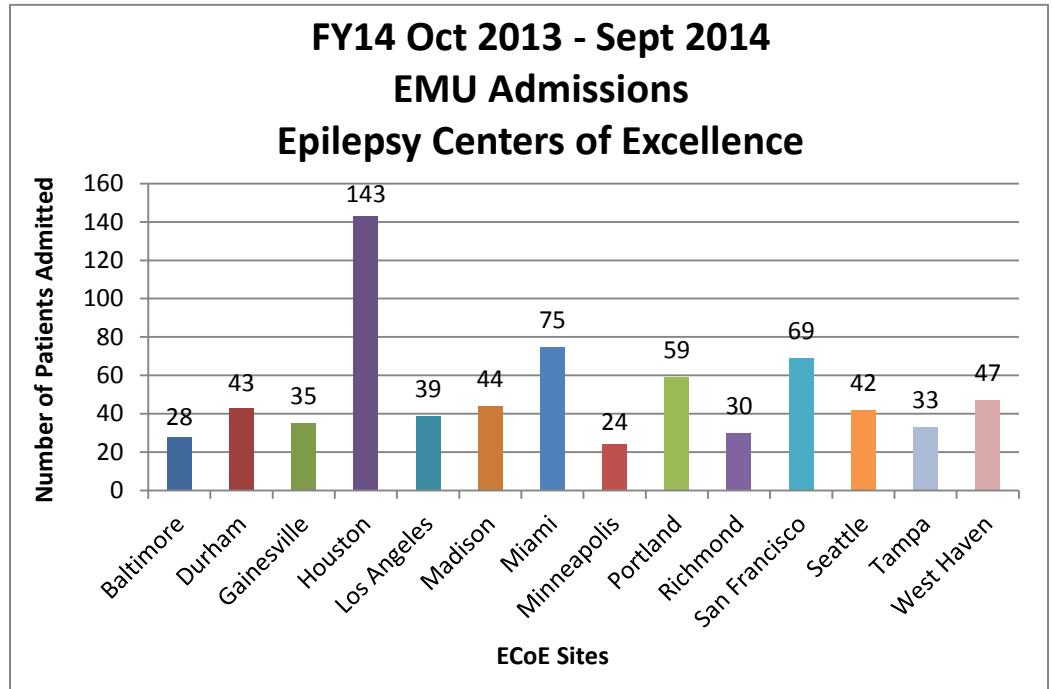
Site	Video TeleHealth Clinic Local Station		Video TeleHealth Clinic Different Station		Telephone Clinic	
	Unique Patients	Unduplicated Encounters	Unique Patients	Unduplicated Encounters	Unique Patients	Unduplicated Encounters
(V01) (689) VA Connecticut HCS, CT	14	23			77	207
(V05) (512) Baltimore HCS, MD	2	2	1	2	110	239
(V06) (558) Durham, NC	42	53	30	43	109	165
(V06) (652) Richmond, VA	27	29	5	5	10	10
(V08) (546) Miami, FL	27	42			24	36
(V08) (573) Gainesville, FL	115	195	6	6	21	24
(V08) (673) Tampa, FL					39	76
(V12) (607) Madison, WI	22	28	6	9	90	169
(V16) (580) Houston, TX	46	64			30	31
(V17) (671) San Antonio, TX					319	509
(V18) (501) Albuquerque, NM	37	49	3	4	18	20
(V20) (648) Portland, OR			46	84	327	663
(V20) (663) VA Puget Sound, WA			9	10	103	157
(V21) (662) San Francisco, CA	35	57	10	27	124	355
(V22) (691) Greater Los Angeles, CA			3	3	153	207
(V23) (618) Minneapolis, MN	6	6	1	1	81	150
Total	373	548	120	194	1633	3018

Site	eConsults		SCAN-ECHO		Store & Forward EEG	
	Unique Patients	Unduplicated Encounters	Unique Patients	Unduplicated Encounters	Unique Patients	Unduplicated Encounters
(V01) (689) VA Connecticut HCS, CT						
(V05) (512) Baltimore HCS, MD	6	6				
(V06) (558) Durham, NC	1	1			92	92
(V06) (652) Richmond, VA	11	11				
(V08) (546) Miami, FL						
(V08) (573) Gainesville, FL						
(V08) (673) Tampa, FL						
(V12) (607) Madison, WI	2	2				
(V16) (580) Houston, TX						
(V17) (671) San Antonio, TX						
(V18) (501) Albuquerque, NM						
(V20) (648) Portland, OR	88	98			76	77
(V20) (663) VA Puget Sound, WA	23	23				
(V21) (662) San Francisco, CA			15	20		
(V22) (691) Greater Los Angeles, CA	5	5				
(V23) (618) Minneapolis, MN	22	22				
Total	173	188	15	20	168	169

EMU DIAGNOSTIC DATABASE

Data Source: Self-Report, Data collected locally at each ECoE site

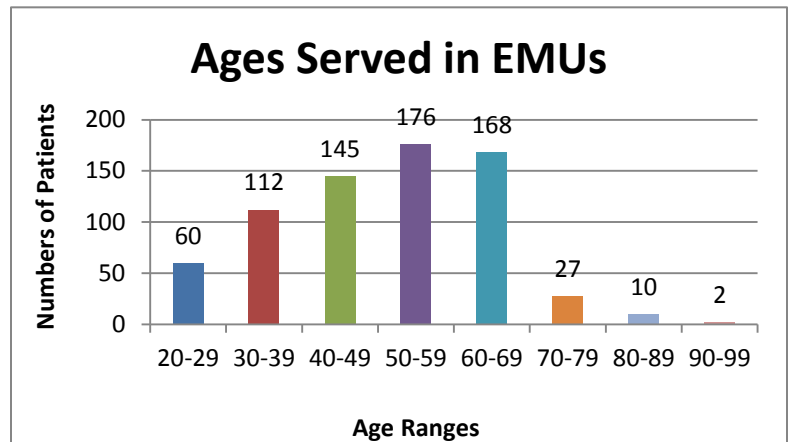
The aim of the FY14 EMU database capture was to assess elements of care and utilization provided across the network of ECoE's. The Access database was updated from FY13 to reflect and separate all non-EMU long term monitoring provided through the ECoE's. Each of the fourteen sites with EMU admissions collected information on the elements age, gender, & length of stay along with EMU classifications for each visit and cumulative visits (if appropriate) and primary and secondary diagnoses. The total number of epilepsy/seizure patient admissions was 705 with 646 being unique patient visits.



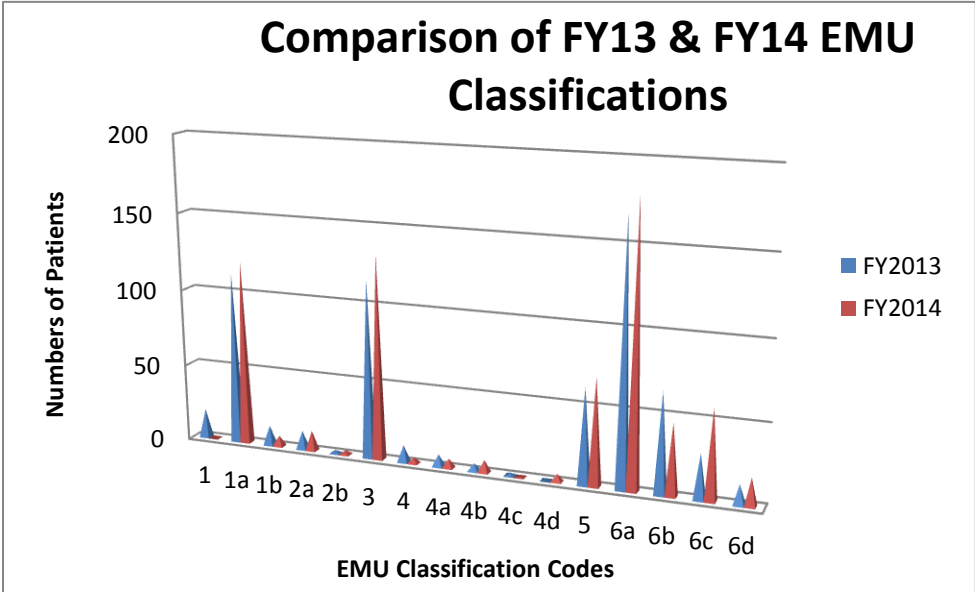
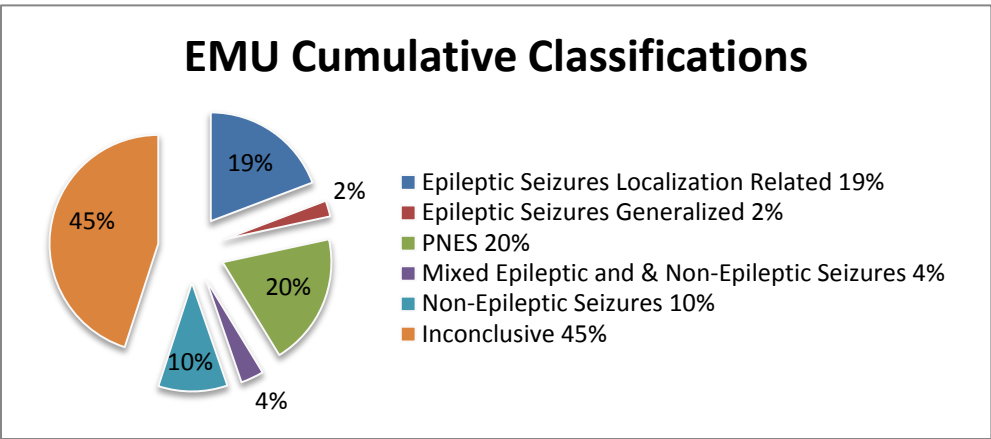
The median length of stay was 4-5 days with a minimum of 6 hours of EEG recording to a maximum of 21 days.

Over all sites admissions totaled 3047 days with the 4-5 day stay most utilized.

Age groups ranged from 20-92 years with median ages from 50-59 and 87% of known gender patients being male.



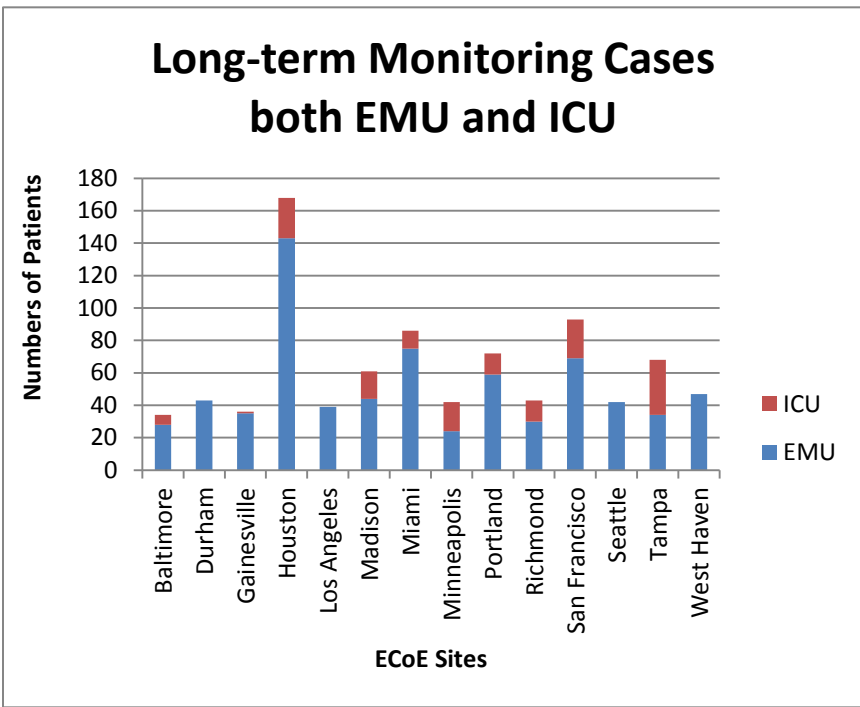
Summary EMU classifications highlight the patterns most encountered over all EMUs. Classifications most observed were; localization related epilepsy with ictal EEG changes (19%), PNES (20%), and Inconclusive with no diagnostic events or IIEA but with subjective events (26%).



Key classifications compared almost identically between years.

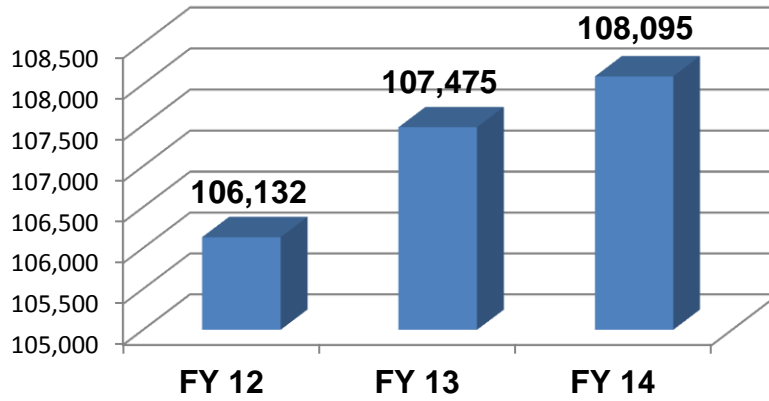
Discharges grouped to reflect general diagnostic categories show 25% of the admissions were found to have epileptiform activity. One-fifth of admissions were diagnosed with PNES. Inconclusive categories with no diagnostic events, w or w/o IIEA and/or subjective events with potential diagnostic value comprised 94% of that category with only 6% being uncategorized at the end of admission.

Non-EMU long term monitoring was categorized separately from the EMU admission data and represented on average, 18% of our long-term monitoring cases.

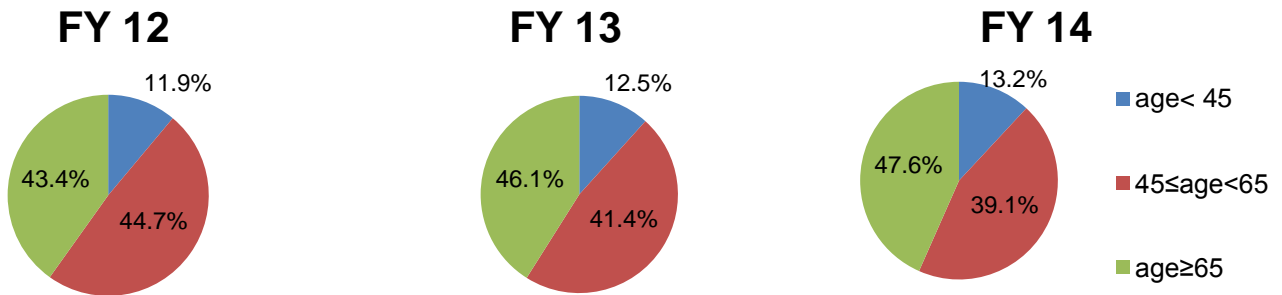


VHA SEIZURE, EPILEPSY, OTHER EVENTS ENCOUNTERS

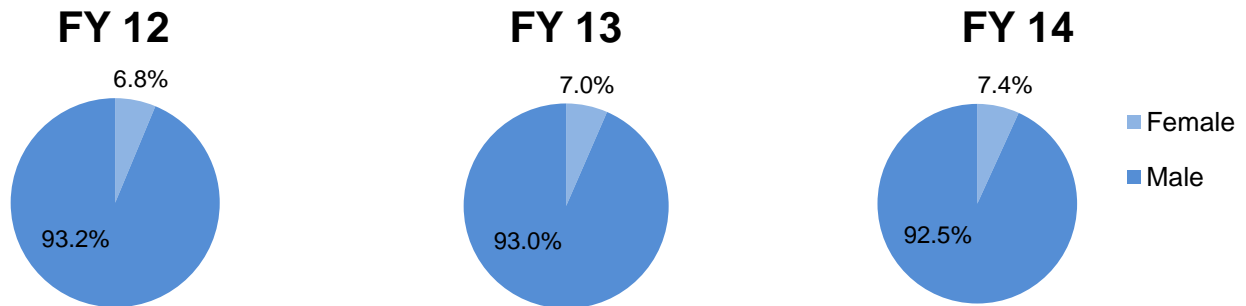
Unique Patients



Age Group Distributions



Gender Distributions



Algorithm: Data collected using ICD-09-CM codes: 345.xx Epilepsy, 780.3x Convulsion, 649.4x Epilepsy Complicating pregnancy, 780.02 Transient Alteration of Awareness, 780.09 Other Alteration of Consciousness

Data Source: VSSC Diagnosis Cube, VA inpatients or VA outpatients.

Numbers rounded to the nearest one decimal digit for percentages. Uniques with unknown ages/genders are excluded from the analysis.

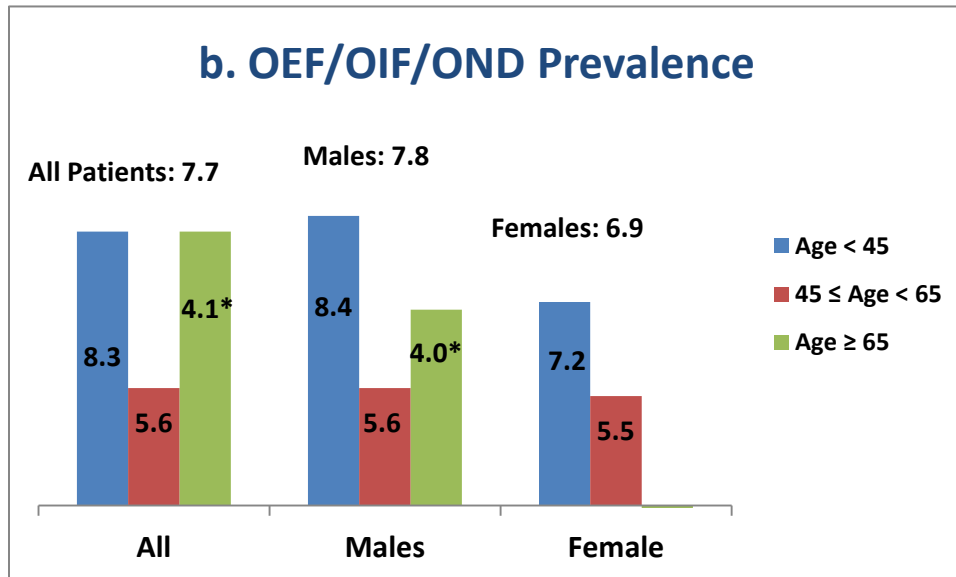
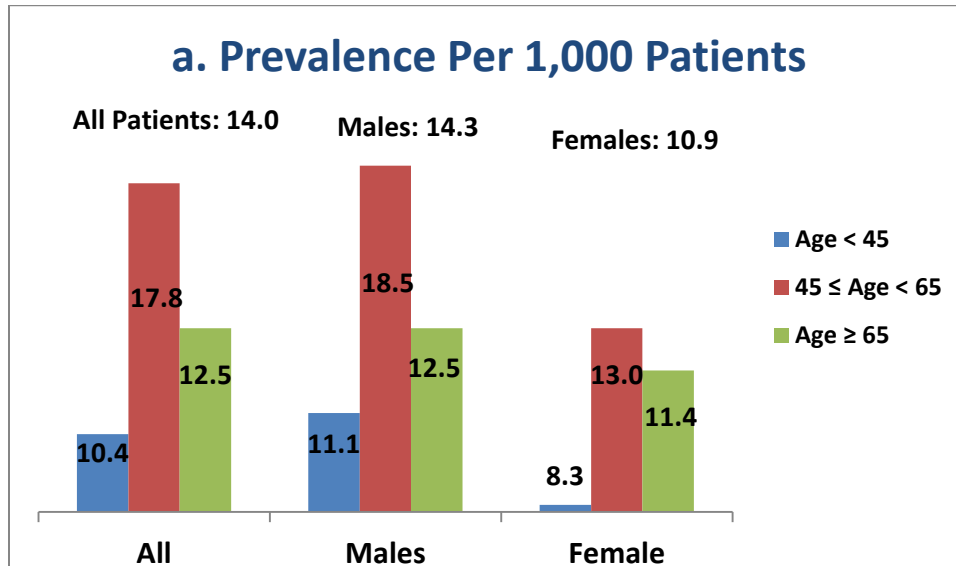
VHA FY13 PATIENT COUNTS

Cohort	Epilepsy Patients, %		All VA Patients, %	
All Patients	81,438		5,811,307	
Age <45	10,112	12.4%	968,167	16.7%
45 ≤ Age <65	36,331	44.6%	2,039,435	35.1%
Age ≥ 65	34,995	43.0%	2,803,705	48.3%
Males	75,525		5,269,500	
Age <45	8,256	10.9%	745,546	14.2%
45 ≤ Age <65	32,964	43.7%	1,780,525	33.8%
Age ≥ 65	34,305	45.4%	2,743,429	52.1%
Females	5,913		541,807	
Age <45	1,856	31.4%	222,621	41.1%
45 ≤ Age <65	3,367	56.9%	258,910	47.8%
Age ≥ 65	690	11.7%	60,276	11.1%
Epilepsy: Males 92.7%, Females 7.3% All VA: Males 90.7%, Females 9.3%				
OEF/OIF/OND PATIENT COUNTS				
All Patients	4,652		606,126	
Age <45	3,899	83.8%	471,350	77.8%
45 ≤ Age <65	739	15.9%	131,324	21.7%
Age ≥ 65	14	0.3%	3,452	0.6%
Males	4,108		527,282	
Age <45	3,437	83.7%	407,534	77.3%
45 ≤ Age <65	658	16.0%	116,496	22.1%
Age ≥ 65	13	0.3%	3,252	0.6%
Females	544		78,844	
Age <45	462	84.9%	63,816	80.9%
45 ≤ Age <65	81	14.9%	14,828	18.8%
Age ≥ 65	1	0.2%	200	0.3%
Epilepsy: Males 88.3%, Females 11.7% All VA: Males 87.0%, Females 13.0%				

Algorithm: Patients prescribed at least thirty days of anti-epileptic drugs in FY13 cross matched with seizure diagnosis (ICD-09-CM 345.xx, 780.39) during FY11-FY13. *Diagnoses data from EEG and LTM clinics were excluded. Estimated positive predictive value of 82.0% from chart review of 500 patients (95% confidence interval: 78.6% to 85.4%)*

Data Sources: Corporate Data Warehouse (CDW), VSSC Diagnosis Cube and Pharmacy Benefit Management (PBM). Numbers rounded to the nearest one decimal digit for percentages. **Unknowns have been excluded from the analysis.**

VHA FY13 EPILEPSY PREVALENCE ESTIMATES



Algorithm: Patients prescribed at least thirty days of anti-epileptic drugs in FY13 cross matched with seizure diagnosis (ICD-09-CM 345.xx, 780.39) during FY11-FY13. **Diagnoses data from EEG and LTM clinics were excluded. Estimated positive predictive value of 82.0% from chart review of 500 patients (95% confidence interval: 78.6% to 85.4%)**

Data Sources: Corporate Data Warehouse (CDW), VSSC Diagnosis Cube and Pharmacy Benefit Management (PBM). Numbers rounded to the nearest one decimal digit for percentages. **Unknowns have been excluded from the analysis.**

***Rates based on counts less than 30 are statistically unstable.**

PATIENT SATISFACTION SURVEY

Beginning in December of 2012, ECoE released a nation-wide patient satisfaction survey in an effort to gauge the extent and ways in which our patients are satisfied by the outpatient clinical services provided by Epilepsy Center sites. Veterans were given the opportunity to anonymously complete the survey after clinical visits, in either a hard copy standard mail format or electronic online format.

This survey tested for several critical care components important to veterans: overall satisfaction, provider/patient communication, thorough explanation of condition and treatment, compassionate clinical experience, clinical availability, staff helpfulness, and promptly being seen upon arrival to clinic. Throughout FY14, 917 responses were received with West Haven bringing in nearly 20% of the survey results, while the Houston (15%), Seattle (14%), and Portland (9%) sites are also significantly represented. The response rate for FY14 rose by 41% compared to FY13 data. Using the 10,218 total unduplicated encounters in ECoE outpatient clinic as a denominator, the response rate is approximate 8.9%.

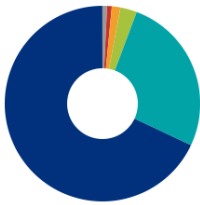
Provider Communication

Nearly **94%** of veteran respondents felt their seizure providers treated them with compassion and understanding.

“Our experience with seizure clinic has been excellent. The doctors have been wonderful, competent, sensitive, and helpful.”

Q4 I feel my epilepsy/seizure health care provider spent enough time listening to and addressing my concerns.

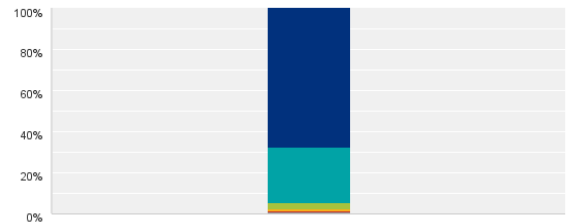
Answered: 913



■ No Opinion ■ Strongly Disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly Agree

Q3 I feel my epilepsy/seizure health care provider treated me with compassion and understanding.

Answered: 914



■ No Opinion ■ Strongly Disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly Agree

89.19% of respondents felt their epilepsy/seizure healthcare provider gave enough information on their condition and treatment.

Access and Promptness

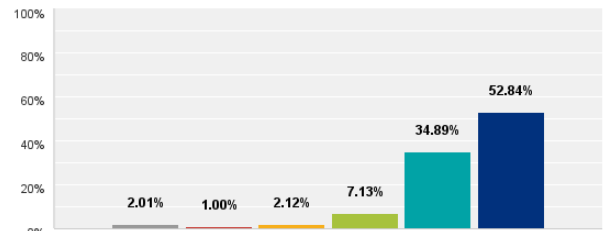
Utilizing a patient-centered healthcare model, our ECoE sites continue to foster a trusting and collaborative relationship between providers and patients.

“The doctors and nurses were helpful, knowledgeable and answered all questions patiently.”

“This visit with Dr. was the BEST treatment I have ever received both from the VA since 1999 and the private sector. He took the time to actually review my chart which dates back to 1999. He asked questions I understood. He allowed me to describe my concerns without being cut off or being treated in a condescending manner.”

Q6 I was able to get an appointment with the epilepsy/seizure clinic when I needed.

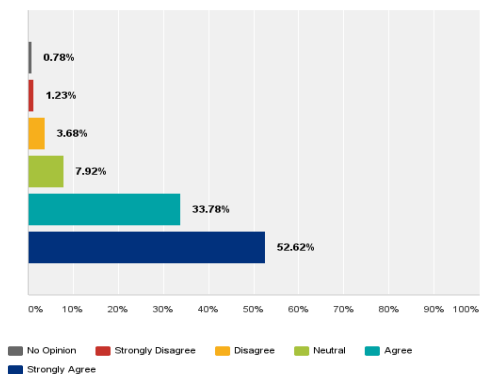
Answered: 897



■ No Opinion ■ Strongly Disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly Agree

Q8 I was seen promptly when I arrived at the epilepsy/seizure clinic.

Answered: 897



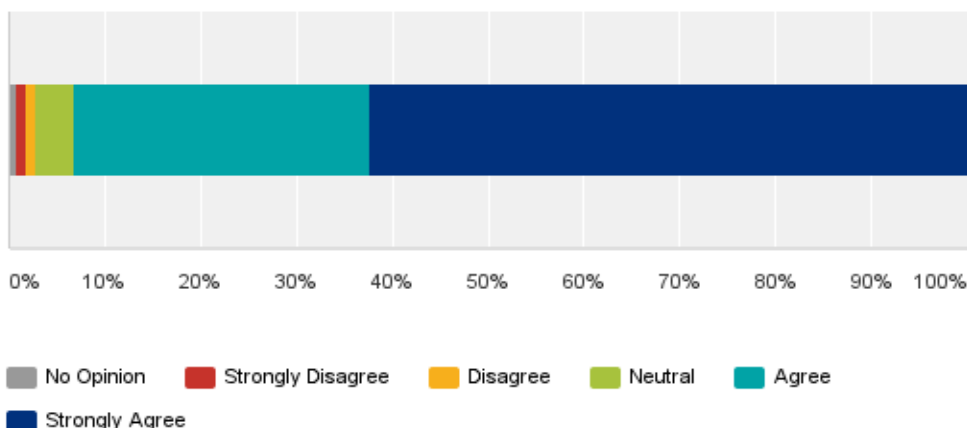
83.92% felt epilepsy center staff was helpful with setting up appointments, medication refills, or questions.

“I can’t imagine how I could have been better treated. Thank you!”

Overall Satisfaction

Q2 I am satisfied with the medical care I receive in epilepsy/seizure clinic.

Answered: 914



The most significant finding is the overall rate of patient satisfaction, reporting that nearly **ninety-three percent** of respondents are satisfied with their epilepsy healthcare across the sixteen ECoE sites. This represents a 1% increase from FY13 patient responses. Satisfied veterans are healthy veterans and this result only reinforces the advantages of providing the specialized healthcare offered by the Epilepsy Centers of Excellence.

“I am unable to think of any particular need for improvement in care because the Epilepsy Clinic has always provided professional medical service when I report for my appointments. I have noticed that the Epilepsy/Seizure Clinic continue to seek out ways to introduce technologies such as keeping informed of medications to allow patients to lead independent lives.”

“The care and assistance I receive each time I visit is nothing but excellent. I can’t recommend anything to improve. My experiences have been perfect.”

“I only wish all of the VA’s other clinics were as good as the epilepsy/seizure clinic. This clinic is FANTASTIC!”

SOUTHWEST REGION

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

Future Initiatives / FY15 Goals:

- Develop regional collaborative effort to create a uniformed program ACGME training site for Phase II brain mapping.
- Collaborate with local academic facilities to partner together to create increased opportunities for physician education.
- Develop opportunities for Telemedicine collaboration and expansion.
- Develop a regional selection committee to review candidates for the position of Administrative Officer.
- Organize regular Advisory committee meetings.
- Expand the consortium by actively recruiting more sites and members.
- Schedule monthly reoccurring conference call.



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FY14 Accomplishments:

- Formalized EMU caregiver accommodations agreement with medical center memorandum. This is pivotal in addressing largest challenge at our site since inception.
- Participated in root cause analysis committee to improve patient safety in the EMU.
- Delivered updated trainings for RNs and CNAs in the EMU, including competency checklist, training video, role-play and post-test on TMS.
- Implemented NTMHC tele-cognitive behavioral therapy program for non-epileptic seizures with patients at SF and Sacramento sites. Provider at Providence, RI site.
- Recruited and hired part-time social worker, and began outpatient epilepsy social work clinics for case management, counseling, and supportive therapy.
- Began epilepsy e-consult service

- Continued monthly support groups for patients and bimonthly support groups for caregivers.
- Expanded clinical video telehealth clinics to include Hawaii and Pacific Islands in FY14. Continued Vtel clinics at 6 existing sites: Eureka, Ukiah, Clearlake, Santa Rosa, Downtown SF and Fresno.
- Implemented and sustained video-to-home clinical video telehealth program, including inter-facility patients.
- Expanded epilepsy clinical pharmacist services to telephone clinic, in addition to existing face-to-face clinics.
- Continued epilepsy provider to provider referral and education under the VA SCAN-ECHO program (Specialty Care Access Network- Extension for Community Healthcare Outcomes). We have an integrated multidisciplinary team approach including neurology, psychiatry, and clinical pharmacy collaborators. We have continued to hold twice monthly sessions, and have connected with providers from over 25 sites across 10 VISNs.
- Expanded SCAN-ECHO Epilepsy curriculum with 12 new educational topics in FY14.
- Participated as site for Epilepsy Education Video Series, "Diagnosis of Epilepsy" in June 2014.



Future Initiatives / FY15 Goals:

- Continue outreach to regional sites not yet involved in consortium.
- Increase pre-surgical evaluations and surgical volume. Application submitted to become both programming and implantation site for NeuroPace RNS.
- Expand patient video Telehealth to additional sites (Reno, Sacramento)
- Maintain current services without increased funding, having reached maximum manageable clinical volume with increasing administrative demands limiting patient care service expansion.

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FY14 Accomplishments:

- Setting up three new Epilepsy Monitoring Units (EMU) in a newly remodeled ward: Each unit is in a single bed room, with a private bathroom and a window view respectively to the ocean, mountain or the court.
- Changing the EMU video-EEG equipment from the Stellate system to the Nihon-Kohden (NK) System, with different size EEG channel counts (256/64/32) to meet the various clinical needs in video EEG monitoring; Each unit is equipped with a HD camera, with future expansion for a synchronized second camera in the same NK system.
- Complete EMU Nursing in service training for over 20+ new nurses in the new EMU ward.
- Continue to provide comprehensive outpatient epilepsy cares: seizure clinic, VNS programming, telemedicine clinic, e-consult, telephone clinic.
- Approved for expanding the epilepsy telemedicine clinic in Bakersfield
- Performed One left frontal lobe epilepsy resection surgery after phase II study and ECoG mapping which results in seizure freedom for the patient.
- Two VNS implantations were accomplished.
- Maintain a regular multi-discipline Epilepsy Surgical Conference for 2 meetings/month at the GLAVA.
- Featured in the Los Angeles ABC7 Eyewitness News TV for a special report for the 2013 Veterans day
- Coordinating with the Southern California Epilepsy Foundation to set up Veterans' support group and Art therapy program
- Participate as a filming site for the ECOE Epilepsy Video Series



- GLAVA ACGME accredited neuropharmacist training program includes the EMU and seizure clinic as a required rotation in the program.

Future Initiatives / FY15 Goals:

- Complete the setting up of the new EMU with server installation for remote access/monitoring.
- Setting up remote video-EEG monitoring in the ICU for epilepsy related cases, such as monitoring for status epilepticus.
- Increase the volume of EMU admission.
- Increase the volume of pre-surgical evaluation with intracranial electrodes implantation (phase II) and resection surgeries after the expected increase of EMU admissions.
- Setting up Visualase Laser ablation surgery for Epilepsy.
- Exploring setting up NeuroPace RNS service.
- Continue to expand telemedicine seizure clinic sites.

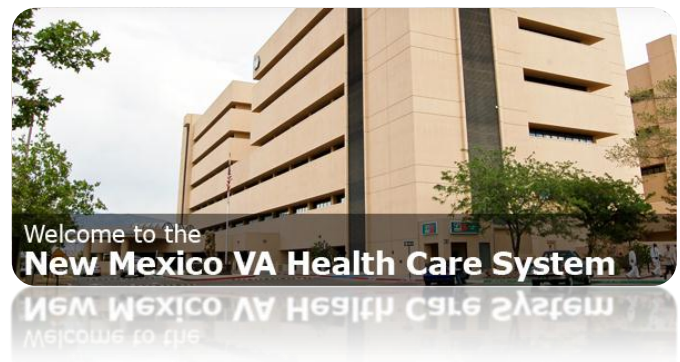
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FY14 Accomplishments:

- Continued to expand delivery of epilepsy care via teleneurology to veterans in New Mexico, Southern Colorado, Eastern Arizona and West Texas.
- Hired a replacement Clinical Nurse Practitioner to replace the previous CNP (retired) who handled the majority of the teleneurology workload caring for veterans with epilepsy (pending VACO approval).
- Have expanded our teleneurology program to become one of the largest in the nation.
- Published an article on our teleneurology experience.

Future Initiatives / FY15 Goals:

- Hire a 3/8 certified epileptologist. One excellent applicant chose to go elsewhere when the ECOE hiring freeze occurred.
- Develop an epilepsy education program via teleneurology.
- Develop performance improvement initiatives to demonstrate that delivery of care to veterans via teleneurology is equal to that delivered in our face to face clinics.
- Continue to expand the number of rural veterans with seizures that receive their follow-up care via teleneurology.

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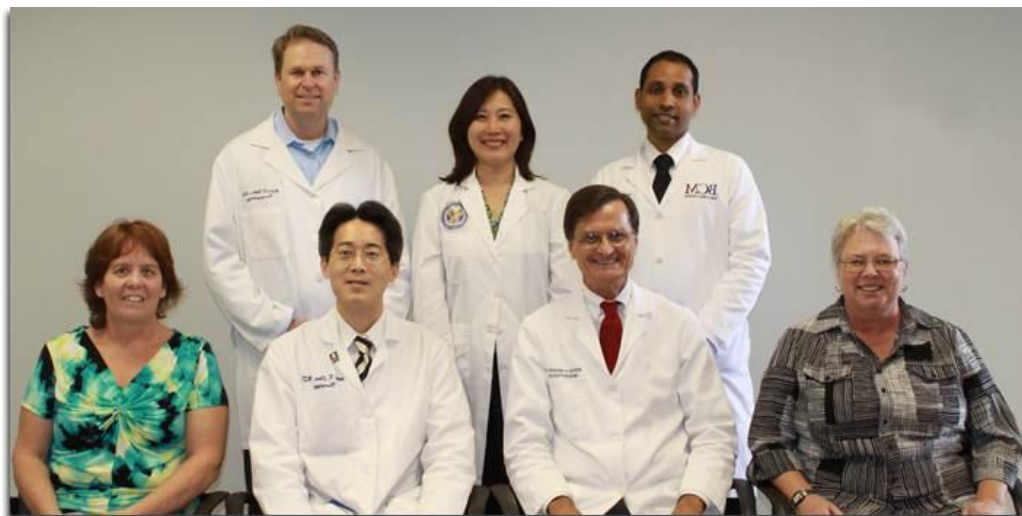
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FY14 Accomplishments:

- Successful implementation of the ECoE clinic Templates.
- Southwest Regional Administrative Officer position description classified (GS-11).
- Dr. David Chen presented a case discussion at SCAN-ECHO on 10/7/2013.
- Dr. David Chen and Houston ECoE surgery patient featured in in ECoE YouTube video titled, "VA' Epilepsy Centers of Excellence," published 11/6/13.
- AES (OEF/OIF) poster selected for top 10 Press Release. "Seizures and Epilepsy: A Significant Burden on Veterans".



- Dr. David Chen is training with Dr. W. Curt LaFrance to provide CBT to PNES patients.
- Approval locally to hire two EEG Technologists to allow 2 techs to be on duty during evenings & night shifts.
- Dr. David Chen named Medical Director of the Alvin Community College EEG Training Program June 2014.
- Telemental Health: Houston ECoE site began participating in National TeleMental Health Center program with Dr. W. Curt LaFrance. PNES patients receive CBT via V-TEL.
- Dr. Zulfi Haneef presented ECOE Provider Audio conference on 9/10/14 entitled “Epilepsy and Imaging”.
- Chen, David K. received Baylor College of Medicine Department of Neurology, Resident Teaching Award 2014.

Future Initiatives / FY15 Goals:

- Identify new Houston site Director.
- Recruit and hire SW Regional Administrative Officer.
- Add ACGME Epilepsy Fellowship position (part-time).
- Apply for ABRET EEG laboratory certification.
- Expand tele-epilepsy to more CBOCs and across state and VISN lines, especially Louisiana.
- Enhance relationships with Consortium sites.
- Cross train techs (ECoG).
- Start a support group for patients with epileptic seizures.
- Expand CBT for PNES patients.
- Expand Tele-NES thru Dr. LaFrance.
- Establish e-Consults (seizure specific).
- Implement new IMED consent form for EMU patients.
- Develop Epilepsy specific consults and IFC consults at Houston site.
- Improve ECoE Patient Satisfaction Survey response rate.

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FY14 Accomplishments:

- Developed Patient Survey that will be fielded in FY15. This will validate measures of epilepsy patient activation/self-management that can be used in a clinical/ national quality assurance setting.
- Submitted a pre-proposal for DoD study examining the relationship between TBI severity and epilepsy in OEF/OIF Veterans which was approved for full proposal submission in FY15.
- Obtained funding for, organized, and conducted training for VA mental health professionals to provide care for Veterans with psychogenic nonepileptic seizures. Training was conducted by Drs. LaFrance, Hamid, and Chen on site in San Antonio and virtually via Lync for other facilities. Over 20 participants attended in classroom and 30 providers via Lync.

Future Initiatives / FY15 Goals:

- Conduct patient survey for epilepsy patient activation/ self-management and validate scale.
- Submit DoD Epilepsy epidemiology grant application.
- Begin broader survey of epilepsy patient activation/ self-management throughout VA.
- The clinical group needs funding at a level of an ECoE.
- Launch PNES Clinical Advisory Workgroup to advance clinical care, research, outreach, and education activities to support treatment of Veterans with PNES.
- Acquire ECoE-level funding for the Clinical Group.

NORTHEAST REGION

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

FY14 Accomplishments:

- Hosted virtual regional advisory meeting.
- Increased number of referring sites within Northeast region.
- Hosted regional SCAN-ECHO sessions out of West Haven.
- Expanded services available to include ambulatory testing, intraoperative monitoring, neuro-volumetric studies, and increased number of EMU beds within region.
- Richmond & Baltimore sites participated in VACO-led national "Integrated Neurology Project".
- Partnered with local chapters of Epilepsy Foundation to provide patient outreach & education.
- Expanded telehealth programs, including tele-Cognitive Behavioral Therapy and store-and-forward EEG services.
- Completed phase A of Epilepsy Home Automated Telemangement project in collaboration with MS Centers of Excellence.

Future Initiatives / FY15 Goals:

- Hold virtual advisory meeting & face-to-face advisory meeting.
- Expand SCAN-ECHO hosted out of Richmond for primary care & specialty care providers.
- Increase meaningful connections with consortium through telehealth services.
- Establish effective communication and patient recruitment with Medical Centers in Northeast.
- Implement virtual epilepsy conferences among NE sites.
- Partner with local Epilepsy Foundation to provide outreach & education for patients & clinicians.



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FY14 Accomplishments:

- Expanded collaboration with Washington DC VAMC as a model for integration.
- Participated in the National VA Integrated Neurology Project.
- Epilepsy Home Automated Telemangement (E-HAT) protocol was approved by IRB and Phase A completed.
- Co-sponsoring education symposium with Epilepsy Foundation.
- Held virtual Northeast advisory board meeting.
- Epilepsy surgery program operational for both cortical resections and VNS.
- Acquired two ambulatory EEG machines and are providing this service.
- Expanded seizure clinic from two times a month to four times a month.
- Recruited new VA epilepsy fellow, making this the third year with a VA fellow.



Future Initiatives / FY15 Goals:

- Establish effective communication and patient recruitment with sites in Northeast region, particularly with the Washington DC VA Medical Center.
- Open a second EMU bed.
- Establish mental health PhD fellowship, focusing on Epilepsy and Multiple Sclerosis CoEs.
- Continue E-HAT through Phase A close out and explore implementation options.
- Recruit social worker to help with referral coordination.
- Improve availability of clinic appointments and monitor patient satisfaction through survey.
- Expand telehealth offerings, including telehealth to home.

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FY14 Accomplishments:

- EMU director hired.
- Epilepsy telehealth (CVT) established.
- Intraoperative Neurophysiologic Monitoring established.
- Neuro-volumetric studies begun.
- Completed Epilepsy Integrated Neurology Pilot Program.

Future Initiatives / FY15 Goals:

- Clinical Neurophysiology and Clinical Polytrauma/Epilepsy Fellowships.
- Increase referrals and expand CVT patient sites along with store and forward capabilities.
- Collaborate with VCU dense array providers.
- Establish local ECOE website.
- Initiate a support group.
- Organize Neuroradiology joint projects.
- Continue with Integrated Neurology Program.
- Hire dedicated EMU Tech.

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FY14 Accomplishments:

- Dr. Hamid received VISN-1 Career Development Award to explore ECOE health systems organization.
- Hired three additional part-time Epileptologists to cover Dr. Hamid's time as well as unfilled position.
- Hired neurophysiology EEG.
- Two Bed EMU with fixed EEG units established.
- Expanded National Tele-Mental Health program for PNES to San Francisco and Houston.
- Began training mental health professionals throughout the ECOE network, in collaboration with Dr. William Curt LaFrance, to provide local services.



Future Initiatives / FY15 Goals:

- Increase outreach to and number of referrals from regional consortium sites.
- Begin admitting patients to the EMU with fixed EEG units.
- Increase number of sites for Tele-CVT PNES services nationally as well as local trainings.

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FY14 Accomplishments:

- Expansion of Telehealth clinics to all CBOCs and Tomah VAMC.
- Madison ECoE employed a Diversity Intern to provide outreach and collaborate with non-profit organizations.
 - Collaborated with the national Anita Kaufman Foundation.
 - Created health fair instructions for hospitals wanting to hold a fair.
 - Collaborated on Purple day kits for each ECoE.
 - Updated patient brochures.
- EEG Technologists attended the 2014 Annual ASET conference.
- EEG chair and AO held a live ECoE EEG Technologist workgroup meeting at ASET.
 - Included meet and greet for all ECoE staff and non-ECoE staff.
 - 15 attendees from ECoE VAs and non-ECoE VAs.
 - Developed goals and initiatives for fiscal year 15.
- Increased staff to include a Psychiatrist, Rise Futterer, to the ECoE team.
- Initiated application for EMU lab ABRET accreditation.
- Performed 3 surgeries.
- Participated in Regional SCAN-ECHO planning.
- Provided clinical and education training to a student studying EEG.
- Instituted 24/7 technologist coverage.
- Began doing ICU and other EEG monitoring.



Future Initiatives / FY15 Goals:

- Increase utilization of Telehealth and e-consults.
- ABRET accreditation for Long Term Monitoring.
- Develop integrated mental health and epilepsy clinic.
- Implement remote EEG access.

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FY14 Accomplishments:

- Hired another Nurse Practitioner.
- Hired an additional EEG Technologist.
- Relocated EMU to Step Down Unit.
- Trained New Nursing Staff.
- Hired and trained an additional Monitor Tech.
- Established a 24 hr. EMU Monitoring unit.
- Expanded Tele-Health clinic.
- Increased number of E-consults.

Future Initiatives / FY15 Goals:

- Expand Epileptologist staff with an additional doctor.
- Increase Clinic Visits and Decrease Patient Wait Times.
- Increase Tele-Health and E-consult opportunities.
- Increase EMU Evaluations.
- Establish GS-10 Chief Technologist Position.
- Implement Off site EMU review system.
- Establish Employment Training Program with local Epilepsy Advocacy Group.
- Collaborate with local TBI/DVBIC Groups.

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FY14 Accomplishments:

- Expansion of Telemedicine (Boise and Roseburg), Tele-EEG (Boise, Spokane, Walla Walla), telephone, e-consult, and outpatient clinics.
- Ongoing funded, multi-center research.
- Successful relocation of ECoE offices.
- Continuation of the quarterly patient education series.
- Completion of new EMU database entry and report system.
- Initiation of NW SCAN-ECHO provider education.
- Addition of Social Worker to staff.

Future Initiatives / FY15 Goals:

- Recruitment of supervisory EEG technologist.
- Expansion of NW Epilepsy SCAN-ECHO provider education.
- Further access to care expansion via additional Telehealth and Tele-EEG offerings.
- Implement a patient epilepsy support group.



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FY14 Accomplishments:

- Telehealth expanded to Yakima, WA; Lewiston, ID; Boardman, Enterprise and La Grand, OR.
- Created Agreement to have Cardiac Tele-monitor Techs monitor the LTM patients.
- EEG Lab:
 - Use of improved seizure detection software (Persyst).
 - Improved EEG database organization for data analysis/retrieval.
- New labeling conventions for fiscal year EEGs/EMU studies.



Future Initiatives / FY15 Goals:

- Train and implement the use of cardiac monitor techs to watch our EMU patients.
- Train and educate our ECoE nurse coordinator in EEG/LTM.
- Archive EEG/LTM studies to a server.
- Add a hard wired LTM unit to the MICU.
- Expand Telehealth to Anchorage, AK and Coastal Washington.
- Increase interaction and support of Mental Health services with the ECoE/CBT training to treat PNES.

SOUTHEAST REGION

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FY14 Accomplishments:

- Project Manager for Department of Veterans Affairs Epilepsy Manual.
- Project lead for VISN 6 Integrated Neurology pilot and completion of the first VA Central Office National approved Store and Forward EEG interim application.
- Equipment purchases at non-ECoE to improve access to EEG and epilepsy services.
- Project Manager for the National Anti-epileptic Drug pocket card.
- Partnered with The Epilepsy Foundation to produce pocket epilepsy calendars for the region.
- Collaborated with The Epilepsy Foundation to host a patient education symposium at the Miami VAMC.
- Dr. Aatif Husain selected as Editor –in-Chief of Journal of Clinical Neurophysiology.



Future Initiatives / FY15 Goals:

- Build upon the Durham VAMC/VISN 6 Store and Forward EEG infrastructure.
- Expand Store and Forward EEG to VISN 8.
- Leverage technology to increase outreach and access for seizure patients at non-ECoE sites.
- Pocket information booklet/pamphlet for primary care providers.



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FY14 Accomplishments:

- Following Central Office approval of VISN 6 Store and Forward EEG interim application, Durham ECoE was the first site to implement Tele-EEG. Currently 2 clinics active (Asheville VAMC & Wilmington NC, CBOC).
- Since beginning of FY 14, Expanded CVT – Epilepsy from 2 sites to 14 sites.
- Additional support staff added to the ECoE in FY14 has been valuable in efforts to expand services and improve access. Key staff includes RN Coordinator, Clinical Psychologist and fee for service EEG technicians.

- Clinical Psychologist initiated CBT specific training for PNES patients.
- Participated and successfully met objectives and goals for Integrated Neurology pilot to improve access for neurology testing and services.
- Implemented CVT-Home for epilepsy to improve access to patients.
- Upgraded EEG equipment software.

Future Initiatives / FY15 Goals:

- Expand CVT-Epilepsy to more sites.
- Expand SFT Tele-EEG to more sites.
- Complete CBT specific training and provide services to more patients as identified.
- Add CVT-Home for PNES patients as an access option.
- Expansion of services to include CEEG in ICU.

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FY14 Accomplishments:

- Operated the EMU with two monitoring beds with remote viewing capability and averaged admitting 2 patients per week.
- Successfully operated 2 weekly epilepsy clinics in which the patients are evaluated by a team of epileptologists and neurology residents.
- We have monthly tele-health clinic that facilitates continuity of care with easier access for the patients.
- Initiated and implemented e-consults for the EMU patients.
- Successfully organized a day-long VA Patient symposium led by Dr. Lopez with presenters from across the community sharing with Veterans the various aspects of epilepsy care.
- Continued participation in monthly SE ECoE conference to discuss the treatment of complicated cases of epilepsy with experts across the region.
- Submitted a DOD grant proposal.
- Recruited and hired Fee based EEG techs.
- Increased the number of EMU admissions.
- Upgrade the lead EEG tech position to a GS9 level.
- Maintained an easy access to outpatient procedures and epilepsy clinic within 2 weeks of desired date.
- Became a site of training EEG techs register at Institute of health sciences EEG school.
- Participated in the National patient education audio conferences.
- Dr. Lopez was nominated as one of the top physician of the Miami VA healthcare system by the South Florida Hospital news and health care report, March 2014.

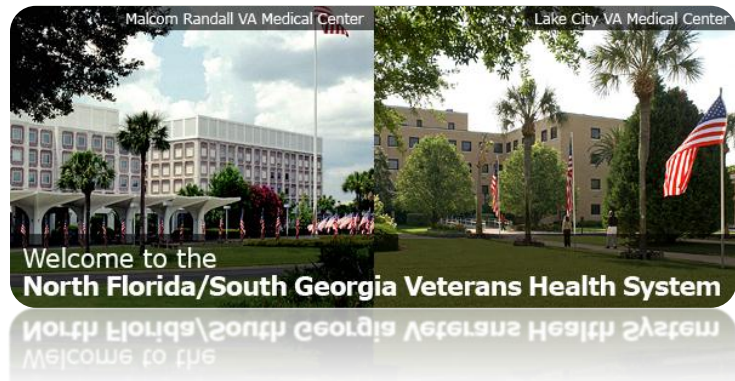


Future Initiatives / FY15 Goals:

- Implement continuous recording in the MICU with remote viewing capacity.
- Work in conjunction with Psychiatry and psychology services to implement cognitive behavioral therapy for the treatment on PNES.
- Continue to expand tele health services.
- Increase the number of IOM EEG procedures.
- Submit a QUERY pilot study investigating psychiatric comorbidities in epilepsy.
- Recruit a lead tech since the Senior tech is retiring.
- Establish a monthly conference with epileptologist of UM and fellow to discuss challenges cases.
- Increase education to our sitter in the EMU.
- Hire a new EEG tech position that can take care of the increase lead of CEA with IOM monitoring.
- improve research in epilepsy and psychiatric comorbidities.
- Obtain continuous EEG recording at the MICU and remote reviewing.

MALCOM RANDAL VA MEDICAL CENTER

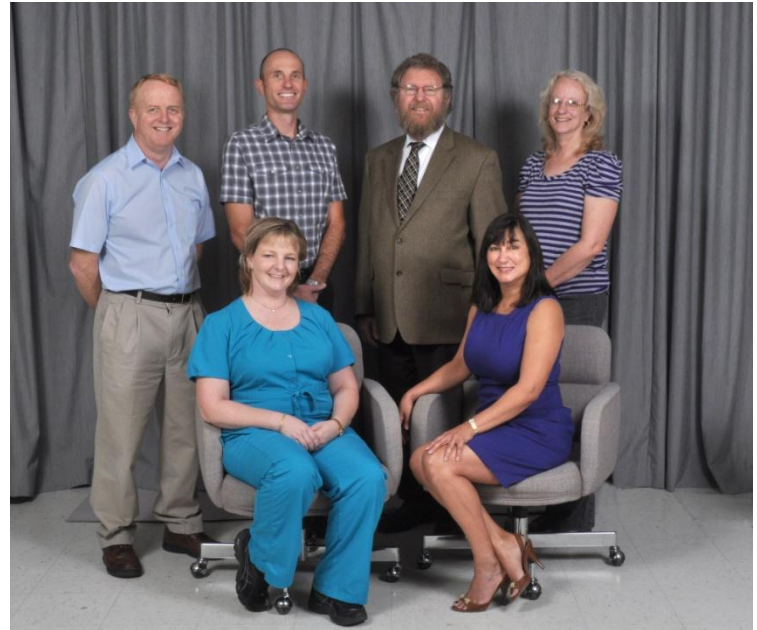
1601 SW Archer Road, Gainesville, FL 32608
 Phone: 352-376-1611 x6818
www.northflorida.va.gov



ECoE Staff				
Name	Position	Email	Phone	ECoE FTE
James Chris Sackellares, M.D.	Director, ECoE	James.Sackellares@va.gov	352-376-1611 x6082	0.130
Scott Bearden, REEGT, RETT	Health Science Specialist	Scott.bearden@med.va.gov	352.376.1611 x6552	0.130
Denise Riley, ARNP	Nurse Practitioner	Denise.Riley2@va.gov	352-548-6355	1.000
Carol Colson	Administrative Officer	Carol.Colson@va.gov	352-376-1611 x6818	0.000
Paula Crew, REGT, REPT	Medical Instrument Technologist	Paula.Crew@va.gov	352-376-1611 x6552	1.000
Swapna Surabhi, M.D.	Staff Neurologist	Swapna.Surabhi@va.gov	352-376-1611 x6652	0.000
Steven Roper, M.D.	Neurosurgeon	Roper@neurosurgery.ufl.edu	352.376.1611 x6903	0.000
Ilona Schmalfluss, M.D.	Neuroradiologist	Ilona.Schmalfluss@va.gov	352.376.1611 x7541	0.000
Tara Massini, M.D.	Neuroradiologist	Tara.Massini@va.gov	352-376-1611 x6064	0.000

FY14 Accomplishments:

- Initiated Clinical Neurophysiology Fellowship at Gainesville VAMC in collaboration with University of Florida.
- Initiated weekly ECoE Consult and ECoE Return Clinics with Clinical Neurophysiology Fellows.
- Initiated Neurophysiology Seminar.
- Initiated plans for TeleEEG with the following sites:
 - Jacksonville
 - Tallahassee
 - Viera
 - Lake City
- Quarterly Nurse Epilepsy Open House for inpatient nurses and staff.
- Quarterly UF/VA Lecture on Epilepsy to nursing students.
- Initiate planning on seizure first-aid video for veterans and caretakers.
- Continuation of epilepsy algorithm study.
- Investigate technical problems obtaining quality video in EMU.



Future Initiatives / FY15 Goals:

- Implement TeleEEG clinics at satellite sites.
- Complete first-aid video.

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 13000 Bruce B Downs Blvd., Neurology Service #127
 Tampa, FL 33612
 Phone: 813.972.2000 x5076
 Fax: 813.978.5995
www.tampa.va.gov



ECoE Staff				
Name	Position	Email	Phone	ECoE FTE
Alfred T.Frontera	ECoE Director	afronter@health.usf.edu	813.972.7633	0.750
Ali Bozorg	Epileptologist	abozorg@health.usf.edu	813.972.7633	0.250
Cynthia Jackson	EEG Technician	Cynthia.Jackson@va.gov	813.972.2000 x6901	0.000
Jennifer Marrero	Program Support Assistant	Jennifer.Marrero@va.gov	(813) 972-2000 x5076	1.00
Christopher Holt	EEG Technician	Christopher.Holt2@va.gov	813.972.2000 x6901	1.000
Melinda Anello	Neurology AO	Melinda.Anello@va.gov	813.972.7633	0.000

FY14 Accomplishments:

- Obtained two designated epilepsy monitoring beds on the new medical step-down unit to be officially opened in September 2014.
- Purchased and installed 2 new Natus EMU machines in the new step down unit.
- Upgraded software on all existing Natus machines.
- Hired a designated Program Assistant for the Tampa ECOE.
- Obtained Clinical Neurophysiology Fellow at VA for 2.5 days per week for epilepsy/EEG educational experiences.
- Converted one General Neurology clinic to an Epilepsy clinic (to help with workload capture).
- Re-classified Lead EEG Tech's Grade/Step to ensure more competitive compensation (from 8/7->9/6). Junior tech at 9/5.
- Increased long term video EEG monitoring (both EMU and ICU studies).
- Participated in VA ECOE Audio Educational Series (Diagnosis and Management of Status Epilepticus).
- Conducted VNS educational sessions for medically refractory epilepsy patients.

Future Initiatives / FY15 Goals:

- Expand Telehealth program – Tele-Health clinics and Tele-EEG reading.
- Take identified patients through to epilepsy surgery in conjunction with surgical referral center in Durham.
- Expand education outreach: epilepsy awareness conferences for patients/caregivers.
- Improve education regarding EMU protocols among VA ECOE support staff (nurses, nurses' aides/sitters).
- Utilize VA ECOE clinical template/database.
- Acquire remote EEG reading capabilities.
- Hire additional Epileptologist in order to meet the needs of the growing service.
- Create informational webpage for Tampa ECOE.

NATIONAL WORKGROUPS

CLINICAL PROCEDURES WORKGROUP

Stephen Holloway, MD, Chair
Amy Childers, Administrative Support

Workgroup Members		
Stephen Holloway, ECoE Minneapolis Director	Aatif Husain, ECoE SE Regional Director	Huned Patwa, ECoE West Haven Director
Karen Parko, ECoE National Director	Ronda Tschumper, Neurodiagnostics, Madison	Rizwana Rehman, ECoE SE Statistician
Ryan Rieger, ECoE National Admin Director	Andrew David, ECoE NE Regional AO	Mary Jo Pugh, Research, San Antonio
Elizabeth Barry, ECoE Baltimore Physician	Alfred T. Frontera, ECoE Tampa Director	Katharine K. McMillan, Ph.D., Research, San Antonio
Pamela Kelly, ECoE SE Admin Officer	Margaret Young, Neurodiagnostics, Durham	Regina McGuire, NP, ECoE Baltimore
Amy Childers, ECoE NE Admin Officer	Nina Garga, ECoE San Francisco Director	

FY14 Accomplishments:

- Initiated EEG Tech classification survey.
- Initiated tele-CBT workload credit for PNES.
- Inpatient workload.
 - ECoE used as character code to represent inpatient ECoE workload.

Future Initiatives / FY15 Goals:

- EEG Tech Classification.
 - Analyze the results of the survey sent to all sites.
 - Develop a plan to address the needs of each site.
- Developments of EEG remote reading with Telehealth workload credit.
- PAC system and clinical informatics issue: work on how to get programs that can read any MRI format on VA computers.
- Develop Seizure Monitoring Unit policy and guidelines in collaboration with Nursing group.
- Continue progress of tele-CBT workload credit.

WORKLOAD STANDARDIZATION WORKGROUP

Nina Garga, MD, Chair

R. Andrew David (temporary), SW regional AO after hire, Administrative Support

Workgroup Members		
Karen Parko, ECoE National Director	Richard Hrachovy, Deputy Executive	Kimberly McMonigal, DSS Mgmt Analyst
Nina Garga, San Francisco ECoE Director	Stephen Holloway, MD Chief, Neurology	David Osborne, MD, Operations Mgr.
Ryan Rieger, ECoE National Admin Director	Aatif Husain, MD, Director SE ECOE	Rizwana Rehman, SE ECoE Statistician
Michael L. Ayers, Program Analyst	Laura Jelks, DSO Management Analyst	David Ridley, Program Analyst (Portland)
Deanna Bishop, VSSC Clinical Reporting	Mary F. Johnson, HIM Specialist	Denise C. Smith, Program Analyst
Melinda Bishop, VSSC, Mgmt Prog Analyst	Nancy Johnson, (DSS) Lead Clinical Analyst	Tung Tran, MD Epileptologist Durham
Amy Childers, NW Regional Admin Officer	Pamela Kelly, SE Regional Admin Officer	Steven Wilson, Program Analyst
R. Andrew David, NE Regional Admin Officer	Karen Kenneally, VHA (OPES)	Margaret Young, Technical Director, NDC X
Lynda Dent, Admin Officer	Betsy Lancaster, VSSC Mgmt Prog Analyst	Ellen Zufall, HSS Office of Finance SFVAMC
Joseph Elayidathukudiyil, MAS, Coder, DUR	Nancy Lapointe, DSS Director	Eileen Moran, VHA (OPES)
Winona Finley, SE Admin Support		

FY14 Accomplishments:

- Workload capture - Process has been standardized and clinical workload is accurately being captured with minimal discrepancies for outpatient clinic, telehealth clinics, telephone clinics, SCAN ECHO and E-consult clinics, education clinics, EEG, and EMU. In FY14, expanded codes to include ICU/non-EMU prolonged video EEG monitoring, and awaiting approval of new CHAR4 code to capture tele-NES CBT clinic workload (application submitted in May 2014).
 - ICU/non-EMU VET stop codes—128 Primary, 345 Secondary, ECOE CHAR4 code.
 - TeleNES CBT Clinic stop codes—502 Primary, 544/545 Secondary, CHAR4 code pending.
 - Other secondary code options will exist if care delivered face-to-face.
 - 533 primary stop code permissible, but 502 is preferred.
 - New CHAR4 code will allow workload capture regardless of primary/secondary.
- Revised ICD-10 diagnostic code lists for national neurology and national epilepsy encounter forms in collaboration with HIMS. Rollout delayed due to national/CMS issues.

Future Initiatives / FY15 Goals:

- Implement TeleNES CBT clinic CHAR4 code once approved.
- Improve DSS mapping at each ECoE site.
 - Consider adapting Medicare RVU system for more accurate costing.
- PPT training module for rotators on coding visit type levels of complexity.
- Provide guidance to sites on inpatient consultation and attending workload capture for workload tracking purposes.

PHARMACY WORKGROUP

Aatif Husain, MD, Co-Chair
Kathy Tortorice, PharmD, BCPS, Co-Chair
Pamela Kelly, MBA, HCM, Administrative Support

Workgroup Members		
Aatif Husain, MD, ECoE SE Director	Alfred "Tom" Frontera, MD, Director Tampa	Karen Parko, MD, National ECoE Director
Kathy Tortorice, Pharmacy Benefits Management	Nina Garga, MD, SF ECoE Director	Rizwana Rehman, SW ECoE Biostatistician
Teresa Chiao, Pharm D	Barry Gidal, MD, Pharm D	Ryan Rieger, ECoE National Admin Director
Amy Childers, NW Regional AO	Arif Kabir, MD, Physician	Paul Rutecki, MD, NW ECoE Director
Adam Clark, Pharm D	Pamela Kelly, SE ECoE Admin Director	James Sackellares, MD, Gainesville Director
Sunita Dergalust, Pharm D	Katharine K. McMillan, Ph.D., Researcher	Tung Tran, MD, Physician
Winona Finley, SE ECoE Support Admin	Viet-Huong Nguyen, MD, Pharmacy Resident	Elise Boucher, SW Research Associate
Linda Hue-Ma Poon, SW Clinical Pharmacist		

FY14 Highlights and Accomplishments:

- Sub -Workgroup completed physician pocket AED medication.
 - Guide expected to be a tool for neurologist and generalist.
 - Based on AAN and peer review recommendations.
 - Over 1000 distributed nationally.
 - Poster size version also available.
- Assist in the review of new molecular entities (NME) for inclusion on the VANF. Evaluate medications to determine the need for Criteria for Use (CFU) to ensure safe and effective use.
- Considered potential surveillance and research project opportunities.
 - Evaluation of prescribed AEDs to epilepsy patients.
 - Assessment of Potential association between Anti-depressants and Anti-Epileptic drugs among Veterans with epilepsy.
- Informed ECOE and others about major changes in availability of AED, I.e. Lack of availability of Carbatrol in the future.

Future Initiatives / FY15 Goals:

- Work with PMB on multiple surveillance projects and research.
- Assist in the review of new molecular entities (NME) for inclusion on the VANF. Evaluate medications to determine the need for Criteria for Use (CFU) to ensure safe and effective use.

CLINICAL RESEARCH WORKGROUP

Alan Towne, MD, MPH, Chair
R. Andrew David, MS, MHSA, Administrative Support

Workgroup Members		
Alan Towne, Richmond, Chair	Katharine K. McMillan, San Antonio	Ryan Rieger, San Francisco
R. Andrew David, Baltimore, Administrative Support	Curt LaFrance, Providence	Paul Rutecki, Madison
David Chen, Houston	Karen Parko, San Francisco	Martin Salinsky, Portland
Amy Childers, Madison	Jackie Pugh, San Antonio	Tung Tran, Durham
Hamada Hamid, West Haven	Mary Jo Pugh, San Antonio	Chris Ransom, Seattle
Pamela Kelly, Durham	Rizwana Rehman, Durham	Maria Lopez, Miami
Allan Krumholz, Baltimore	Linda Benson, Richmond	Ikuko Laccheo, Richmond

FY14 Accomplishments:

- Expanded use of National ECoE Epilepsy Monitoring Unit database.
- Developed Chronic Effects of Neurotrauma Consortium (CENC) proposal.
- Developed protocol for post-traumatic epilepsy (PTE) and vagus nerve stimulation therapy (VNS) multi-site study.
- Provided VA epilepsy research update for NIH's annual meeting of the Interagency Collaborative to Advance Research in Epilepsy (ICARE).
- Approved pre-proposal for DoD post-traumatic epilepsy grant.
- Co-PI of CENC Epidemiology project: Aim 3.

Future Initiatives / FY15 Goals:

- Develop and submit abstract from EMU database.
- Submit CENC proposal for multi-ECoE site study.
- Develop VA cooperative studies proposal for all ECoE sites, with Portland as lead.
- Roll out PTE and VNS multi-site study.
- Obtain funding for epidemiology study.

BASIC SCIENCE RESEARCH WORKGROUP

Christopher Ransom, MD, MPH, Chair
Amy Childers, Administrative Support

Workgroup Members		
Christopher Ransom, Seattle	Jack Parent, Ann Arbor	Mathew Jones, Madison
Paul Rutecki, Madison	Helen Bramlett, Miami	Raimondo D'Ambrosio, Seattle
Jose Cavazos, San Antonio	Ryan Rieger, San Francisco	Katharine K. McMillan, San Antonio
Cha-min Tang, Baltimore	Claude Wasterlain, Los Angeles	Stephen Holloway, Minneapolis
William Spain, Seattle	Ramon Diaz-Arrastia, Washington	Robert Kotloski, Madison
Alan Towne, Richmond	David Cook, Seattle	Matt Higgs, Seattle

FY14 Highlights and Accomplishments:

- Successfully presented 11 lectures by different professionals to ECoE sites and non-ECoE sites across the nation.
- Basic Science Research Workgroup Presentations:
 - 06-11-2014, Maguire – “Basic Epilepsy Research Focus on Seizure Triggers”
 - 10-08-2014, Nygaard - “Epilepsy and AD”
 - 03-19-2014, Tang - “Frontiers Multibranch Integration”
 - 11-12-2014, Brook/Kayal – “JAK-SAT Inhibition to Prevent Epileptogenesis”
 - 03-19-2014, Tang – “Frontiers in Multipbranch Integration”
 - 07-09-2014, Kotloski – “Seizures Epilepsy and TrkB”
 - 08-13-2014, Buchanan – “State Dependent Mechanisms of Seizure Related Death”
 - 11-01-2013, Kalume – “Sudden Unexpected Death in Epilepsy”
 - 02-12-2014, Rutecki – “Transient Group I Metabotropic Glutamate Receptor Activation”
 - 03-19-2014, Ransom – “Tuning the Tone of Extrasynaptic GABA Receptors”
- Continued utilizing SharePoint site to archive all lectures/presentations.

Future Initiatives / FY15 Goals:

- Work with IRM and other staff to archive lecture audio files for review by all interested parties.
- Continue to invite guest speakers to discuss upcoming research topics.
- Invite consortium and non-consortium sites to monthly calls.
- Continue building collaborative research projects amongst ECoE basic scientists.

EDUCATION WORKGROUP

Ryan Rieger, MHPA, Chair

Workgroup Members		
Ryan Rieger, San Francisco	Janice Broughton, San Francisco	R. Andrew David, Baltimore
Denise Riley, Gainesville	Stephanie Chen, San Francisco	David Chen, Houston
Nina Garga, San Francisco	Tung Tran, Durham	Mary Jo Pugh, San Antonio
Aatif Husain, Durham	Sean Gamble, EES	Pamela Kelly, Durham
Winona Finley, Durham	Heather Holshouser, EES	Guiomar Scheid, San Francisco
Karen Parko, San Francisco	Ellen Matthiesen, Houston	Derecus Slade, Portland
Barry Gidal, Madison	Angela Vargas, San Francisco	Amy Childers, Madison
Judy Ozuna, Seattle	Angela Young, Durham	Maria Lopez, Miami
Ann Carncross, Madison	J. Chris Sackellares, Gainesville	

FY14 Highlights and Accomplishments:

- Patient / Caregiver:
 - National Patient Education Audio Conferences –
 - December 5, 2013 - Maria Lopez, MD, Miami VAMC - “Seizure Triggers, How To Deal With Them and Prevent Seizures”
 - February 6, 2014 - Mary Jo Pugh, PhD, San Antonio VAMC - “Quality of Epilepsy Care and What It Means To You”
 - April 3, 2014 - Tung Tran, MD, Durham VAMC - “Epilepsy Medication”
 - June 5, 2014 - Patricia Banks, RN, Cleveland VAMC - “Living Well With Epilepsy”
 - August 7, 2014 - Collette Evrard, NP, Portland VAMC - “Mental Health and Epilepsy”
 - Continued development of educational content on www.epilepsy.va.gov website.
 - Distribution of ECoE Patient Education QuickSeries Handbook.
 - Distributed National ECoE promotional materials, including brochure, business cards, logo stickers, lapel pins, seizure first aid postcard.
 - Continued partnership with Anita Kaufmann Foundation for “Heads Up for Veterans” initiative that included TBI and seizure first aid flyer, websites, and Purple Day Awareness campaign.
 - Filmed “Veterans and Epilepsy: Basic Training” at 5 ECoE site.
 - Support local/regional educational offering and collaborations with Epilepsy Foundation and University affiliates.
- Healthcare Provider:
 - National Provider CME Education Audio Conferences –
 - November 6, 2013 - Denise Riley, ARNP, Gainesville VAMC - “Treatment of Elderly with Epilepsy”
 - January 8, 2014 - Chris Sackellares, MD, Gainesville VAMC - “Qualitative EEG”
 - March 5, 2014 - Tom Frontera, MD, Tampa VAMC - “Diagnosis and Management of Status Epilepticus”
 - May 7, 2014 - Manu Hegde, MD, San Francisco VAMC - “Autoimmune Causes of Epilepsy”
 - July 9, 2014 - Allen Krumholz, MD, Baltimore VAMC - “Epilepsy and Driving”
 - September 10, 2014 - Zulfi Haneef, MD, Houston VAMC - “Epilepsy and Imaging”
 - “Statistics In Evidence Based Medicine” presented by Rizwana Rehman, PhD, Statistician, SE ECoE
 - August 4: Understanding Relative Risks and Odds Ratios
 - August 11: Marginal and Conditional Odds Ratios
 - August 18: Introduction to Logistic Regression
 - August 25: Special Cases of Logistic Models
 - September 8: Logistic Regression for Matched data
 - Completed, printed, and distributed VA Epilepsy Manual to ECoE and Consortium sites, total of 500 originally printed and distributed.

- Created, printed, and distributed AED pocket card for VA providers
- Filmed epilepsy healthcare provider video series in Portland featuring 12 topics targeted to primary care providers, neurologists, and epileptologists.
- Continued to develop educational content on National ECoE SharePoint intranet portal for document sharing and calendar updates.

FY15 Goals and Initiatives:

- Complete “Veterans and Epilepsy: Basic Training” video series and post to YouTube and ECoE website.
- Complete epilepsy healthcare provider video series and make available for CME credit on the internet.
- Complete printing “Coping With Seizures” QuickSeries Handbook.
- Printing additional run of VA Epilepsy Manuals for distribution through TMS.
- Print additional run of AED pocket card for distribution to VA providers.

NURSING WORKGROUP

Judy Ozuna, NP, Chair
Stephanie Chen, MSN, MPH, NP-C, Administrative Support

Workgroup Members		
Judy Ozuna, Seattle	Deborah Perkins, Seattle	Janice Broughton, San Francisco
Trudy Burgess, San Antonio	John Flaherty, Seattle	Andrew David, Baltimore
Julia Coleman, Albuquerque	Pamela Kelly, Durham	Esmeralda Sanchez, San Antonio
Denise Riley, Gainesville	Debra Merigold, Minneapolis	Huda Terraz, San Antonio
Ryan Rieger, San Francisco	Ronda J Tschumper, Madison	Yvonne Davila, San Antonio
Ann Carncross, Madison	Brooke L Keenan, Madison	Mary Jo Pugh, San Antonio
Romay Franks, Houston	Cheryl Gilbert, Minneapolis	Katharine K. McMillan, San Antonio
Collette Evrard, Portland	Margaret Young, Durham	Nikki Caraveo, Kansas City
David Schooff, Durham	Stephanie Chen, San Francisco	Amanda Everhart- Durham
Regina McGuire, Baltimore	Winona Finley, Durham	Amy Childers, Madison
Heather Hodges, Richmond	Jill Jones, San Francisco	Jeanne Arsenault, West Haven
Karen Parko, San Francisco	Ellen Matthiesen, Houston	Natalya Kan, Los Angeles

FY14 Progress and Accomplishments

- Attended AANN Conference 2014: presented ECoE abstracts.
- Developed ECoE Health Professionals Counseling Guide to be printed in FY15.
- Developed QuickSeries: Taking Control of Your Epilepsy: A Guide to Self-Management to be printed in FY15.
- EMU Consent form now available on iMED consent in CPRS.
- Developed script, content, and assisted in production Patient Self-Management Video Filming to be completed in FY15.
- Assisted in production Epilepsy CME Video Series to be completed in FY15.

FY15 Goals and Initiatives:

- Evaluate current safety/quality assurance of ECoE vs. civilian EMUs.
- Start needs assessment survey (think about what questions to survey each site).
- Develop an advanced practice nurse (nurse practitioners and clinical nurse specialist) epilepsy training curriculum.
- Collaborate with epilepsy nurse interest groups in AANN and AES with goals of enhancing communication among the groups, sharing resources, avoiding duplication of efforts.
- Include case presentations in monthly calls.
- Develop an Expert symposium in Epilepsy (Nursing workgroup would work on a curriculum and help coordinate an epilepsy expert symposium at each site).
- Create a PNES booklet for patients.

EEG TECHNOLOGISTS WORKGROUP

Ronda Tschumper, R.EEG/EP T., CLTM, Chair
Amy Childers, Administrative Support

Workgroup Members		
Ryan Rieger, San Francisco	Amy Childers, Madison	Pamela Kelly, Durham
Karen Parko, San Francisco	Ronda Tschumper, Madison	Winona Finley, Durham
Janice Broughton, San Francisco	Mary Maier, Madison	Tung Tran, Durham
Terry Hu, San Francisco	Joan Schultz, Madison	Margaret Young, Durham
Joaquin Barreda, Los Angeles	Vonda Starks, Madison	Josie Brame, Durham
James Vera, West Haven	Debra Hanson, Minneapolis	Susan Hayes, Durham
Betty Calahan, Houston	Deborah Perkins, Seattle	Bonnie Durrance, Durham
Phenita Groves, Houston	Larissa Ronich, Seattle	Paula Crew, Gainesville
Harold Walker, Houston	Christopher Madson, Richmond	Scott Bearden, Gainesville
Stacy Pedigo, Houston	Dana Wade, Portland	Maria Resillez, Miami
Debra Dennis, Houston	Jane Stolte Baltimore	Dennis Thomas, Miami
Brenda Wilson, Richmond	James Coleman, Baltimore	Diane Burroughs, Miami
Robert Spears, Albuquerque	Brenda Robertson-Wilson, Richmond	Cynthia Jackson, Tampa
Katharine K. McMillan, San Antonio	Katherine Brewer, Richmond	Chris Holt, Tampa
Galina Khutoryan, Cleveland	Kathleen Holscher, Richmond	Jean Bruno, West Haven
Melanie Seal, Minneapolis	George Gregoire, West Haven	Debbie Goozner, Fayetteville
James Coleman, Baltimore	Andrew David, Baltimore	Dominica Rodriguez, West Haven

FY14 Highlights and Accomplishments:

- Worked with ECoE sites, consortium sites and non-consortium sites across the nation to educate on policy and procedures manuals according to ABRET.
 - Clinical Guidelines – American Clinical Neurophysiology Society
- Introduced ABRET standardization policy and procedures for the LTM across all sites.
- Initiated and completed several Medical Instrument Technicians functional statement and grading.
- Incorporated case studies with each call for continuing learning opportunities.
- Assisted Portland with effectively posting a new position for a MIT.
- Conducted a live meeting in conjunction with the 2014 annual ASET conference.
 - Interacted with 11 VA EEG Technologist sites
 - 3 non-ECoE sites



Future Initiatives / FY15 Goals:

- Continued efforts to increase consortium and non-consortium site involvement.
- Standardizations, qualifications & salaries for EEG Technologists across all sites.
- ABRET policy and procedures for outpatient & LTM – continued knowledge and training.
- BENEFITS: Confidence, Knowledge, Competency, Awareness. Professionalism, Marketability, Encourages Continuing Education
- Conference Call - Discuss LTM case studies (De-identified) from various sites

FELLOWSHIPS

Name	Fellowship	ACGME	VA FTE	Start Date	End Date
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San Francisco

Vikram Rao, MD, PhD	Polytrauma (Epilepsy)	non-ACGME	1.0	Jul-13	Jun-14
Kitti Kaiboriboon, MD	Neuroimaging in Epilepsy	non-ACGME	1.0	Oct-13	Jan-14
Arti Muralidhara, MD	Polytrauma (Epilepsy)	non-ACGME	0.5	Dec-13	Nov-14
Brian Cabaniss, MD	Clinical Neurophysiology	ACGME	0.25	Jul-14	Jun-15
Wolfgang Muhlhofer, MD	Clinical Neurophysiology	ACGME	0.25	Jul-14	Jun-15

Los Angeles

Rafael Lopez-Baquero	Polytrauma (Epilepsy)	Non-ACGME	1.00	Jul-14	Jun-16
Justin Cheongsiatmoy	Clinical Neurophysiology	ACGME	1.00	Jul-14	Jun-15
Inna Keselman	Clinical Neurophysiology	ACGME	1.0	Jul-14	Jun-15
Chutima Saipetch	Clinical Neurophysiology	ACGME	1.0	Jul-14	Jun-15

Houston

Shirine Majmudar	Clinical Neurophysiology	ACGME	0.333	Jul-13	Jun-14
Mian Zain Urfy	Clinical Neurophysiology	ACGME	0.333	Jul-13	Jun-14
Pantea Zohrevand	Clinical Neurophysiology	ACGME	0.333	Jul-13	Jun-14
Dona Murphey	Clinical Neurophysiology	ACGME	0.333	Jul-13	Jun-15
Aarthi Ram	Clinical Neurophysiology	ACGME	0.333	Jul-14	Jun-15
Liliana Robles	Clinical Neurophysiology	ACGME	0.333	Jul-14	Jun-15

San Antonio

Sasha Alick, MD	Clinical Neurophysiology	ACGME	0.33	Jul-14	Jun-15
Sreekanth Koneru, MD	Clinical Neurophysiology	ACGME	0.33	Jul-14	Jun-15
Tanzid Shams, MD	Clinical Neurophysiology	ACGME	0.33	Jul-14	Jun-15

Baltimore

Joseph Brown	Polytrauma (Epilepsy)	non-ACGME	0.000	Sep-14	Sep-15
Jennifer Pritchard	Polytrauma (Epilepsy)	non-ACGME	1.000	Jul-13	Jul-14

Richmond

Matthew Roberts	TBI Epilepsy	non-ACGME	1.000	Aug-13	Aug-14
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Madison

Jason Chen	Clinical Neurophysiology	ACGME	0.25	Jul-13	Jun-14
Kevin Kapadia	Clinical Neurophysiology	ACGME	0.25	Jul-13	Jun-14
Robert Kotloski	Clinical Research Fellowship	Non-ACGME	2/8ths	Jul-13	Jun-15

Portland

Matt McCaskill, MD	OAA Fellowship	Non-ACGME	0.000	Jul-14	Jul-15
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Minneapolis

Sam Maiser	Clinical Neurophysiology	ACGME	0.42	Jul-13	Nov-13
Katie Esse	Clinical Neurophysiology	ACGME	0.42	Feb-14	Jun-14
Brian Moran	Clinical Neurophysiology	ACGME	0.16	Dec-13	Jan-14

Durham

Variable	Clinical Neurophysiology	ACGME	1	Jul-14	Jun-15
Abeer Hani, MD	Clinical Neurophysiology	ACGME	0.33	Jul-14	Jun-15
Luedke, Matthew MD	Clinical Neurophysiology	ACGME	0.33	Jul-14	Jun-15
Pietak, Michael MD	Clinical Neurophysiology	ACGME	0.33	Jul-14	Jun-15

Miami

Carolina Valdes	Clinical Neurophysiology	ACGME		Jul-12	Jun-13
Melina Trinidad	Clinical Neurophysiology	ACGME		Jul-12	Jun-13

Gainesville

Daynet Vega	Clinical Neurophysiology	Non-ACGME	0.5	Jul-14	Jun-15
Yue Wang	Clinical Neurophysiology	Non-ACGME	0.5	Jul-14	Jun-15

Tampa

Eric Vernier	Clinical Neurophysiology	ACGME	0.5	Jul-14	Jun-15
Frank Torres	Clinical Neurophysiology	ACGME	0.5	Jul-14	Jun-15

West Haven

Gabriela Lizama	Neurobehavioral	Non-ACGME	1.0	Jul-13	Jun-14
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PUBLICATIONS / MANUSCRIPTS / CHAPTERS

Albuquerque

Davis LE, Coleman J, Harnar J, King MK. "Teleneurology: Successful delivery of chronic neurologic care to 354 patients living remotely in a rural state" *Telemedicine and e-Health* 2014;20:May.

Baltimore

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ABSTRACTS / POSTERS / PRESENTATIONS

Baltimore

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Hopp J. "Psychogenic Seizures and Psychogenic Movement Disorders: Are They the Same Patients?" George Washington University Neuroscience Grand Rounds, Washington, DC, 2013.

Sanchez A. "Epilepsy: What It Is and What We Do About It." Epilepsy Foundation of the Chesapeake Region, 2013.

Durham

Tung, Tran (2014) - Review of outpatient home Clinical Video Telehealth (CVT) in epilepsy and pilot experience within the Veterans Health Administration (VHA) – AES Abstract

Houston

Satpute S, Franks R, Chen DK. Diagnoses of neurobehavioral paroxysms in veterans of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) – Experiences from a VA Epilepsy Center. Poster presented at the 67th American Epilepsy Society meeting in Washington, DC, USA (December 2013).

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Andrews, S. & Collins, R. (2013). Coping Patterns in Veterans with Psychogenic Non-Epileptic Seizures. Poster presented at the 16th Annual Meeting of the VA Psychology Leadership Conference, San Antonio.

Haneef Z: How long is long enough? The utility of prolonged inpatient video EEG monitoring. American Academy of Neurology 66th Annual Meeting, April 26 to May 3, 2014, Philadelphia, PA (Poster P5.045).

Haneef Z: Graph Theory Based Functional Connectivity in Lateralized Temporal Lobe Epilepsy. American Academy of Neurology 66th Annual Meeting, April 26 to May 3, 2014, Philadelphia, PA

Haneef, Z.: How long is long enough? The utility of prolonged inpatient video EEG monitoring. Annual Meeting of the American Epilepsy Society. December 2013, Washington, D.C

Chen, D: Treatment of Psychogenic Non-epileptic Seizures – Training Workshop, Sponsored by South Texas Veterans Health Care System – VISN 17. 9/4/14 to 9/5/14, at Audie Murphy VAMC in San Antonio, Texas. Workshop title: "Brief group psychogenic for PNES protocol" (3 hours).

Chen, D: The Houston Neuropsychological Society Lecture Series, 7/31/14, at MEDVAMC
Title: "Controversies and Quandaries in the Management of PNES".

Collins, R.: Neuropsychology and Epilepsy. Invited presentation to Clinical Neuropsychology Program, University of Houston, April 11, 2014

Collins, R.: Temporal Lobe Epilepsy. Invited lecture presented at the Houston Area Neuropsychology Fellowship Didactic. Michael E DeBaakey VA Medical Center, February 21, 2014.

Collins, R.: Cognitive Changes Associated with Parkinson's Disease. Invited lecture to the MEDVAMC PADRECC Patient and Family Forum, March 7, 2014.

Collins, R.: Military Culture. Invited lecture presented at the RCL monthly case conference. Michael E DeBaakey VA Medical Center, January 8, 2014.

Haneef, Z.: ECOE Provider Audio conference on 9/10/14 entitled "Epilepsy and Imaging"

Haneef, Z.: Speaker at "Current Neurology 2013" organized by Baylor College of Medicine Neurology on "Neuroimaging in Epilepsy". Houston, TX. 2013

Yoshor D: "Complication Avoidance in Epilepsy Surgery" Invited Speaker Annual Meeting of the American Association of Neurological Surgeons, San Francisco, CA, April 8, 2014.

Yoshor D: "Advances in Epilepsy Surgery", Invited Speaker Houston Neurological Society, Houston, Texas, March 19, 2014.

Yoshor D: "Studies of Perception in Human Subjects with Semi-Chronically Implanted Intracranial Electrodes", Invited Speaker 2013 Summer Institute in Cognitive Neuroscience, Lake Tahoe, California, July 11, 2013.

Los Angeles

James Chen, Speaker on "Posttraumatic Epilepsy and Treatment", 9th Annual Brain Injury Rehabilitation Conference

Madison

E. B. HUTCHINSON, S. OSTING, P. RUTECKI, T. SUTULA; Histological correlates of diffusion tensor imaging abnormalities in the dentate gyrus following TBI induced by controlled cortical impact in the temporo-parietal cortex of the rat. SFN 2013

P. A. RUTECKI, S. OSTING, T. LANGBERG, T. SUTULA; Therapeutic effects of 2DG at the time of injury on fear conditioning and fear context recall at long intervals after TBI in plasticity-susceptible rats. SFN 2013

D. King-Stephens, E. Mirro, P. Weber, K. Laxer, P. Van Ness, V. Salanova, D. Spencer, C. Heck, A. Goldman, B. Jobst, W. Shields, G. Bergey, S. Eisenschenk, G. Worrell, M. Rossi, R. Gross, A. Cole, M. Sperling, D. Nair, R. Gwinn, Y. Park, P. Rutecki, N. Fo; Lateralization of temporal lobe epilepsy with long-term ambulatory intracranial monitoring using the RNS system: Experience in 82 patients. AES 2013

Rutecki, P "New treatments for epilepsy" Wisconsin Neurological Society Annual Meeting, October 2013.

Rutecki, P "Posttraumatic Epilepsy: A VA perspective" Geisel School of Medicine, Hanover NH, September 26, 2014

Kotloski, RJ, Liu, G, McNamara, JO. Antiseizure effects of TrkB kinase inhibition. Poster to be presented at American Epilepsy Society Meeting, 2014 Dec 5-9; Seattle, WA

Kotloski, RJ TrkB and Epilepsy. Presented at ECoE Basic Science Research Call, 2014, July 9.

Miami

Epilepsia partialis continua and palatal myoclonus. Poster accepted in the Florida neurological Society.

Poster submitted to 2013 AES regarding epidemiology of VA patients with epilepsy.

Portland

Psychogenic Seizures in US Veterans; Outcome Following Diagnosis: **Salinsky M**, Storzbach D, Goy E, **Evrard C**. American Epilepsy society annual Meeting; 12/2013.

Richmond

Epilepsy Awareness Day: ECoE sponsored March 26, 2014

Hodges, H & Browning, K. "Teaching Epilepsy" Critical Care Nursing Courses, Richmond, VA March & July 2014

Towne, A. "New Technologies for TBI Assessment." 42nd Annual Hans Berger Clinical Neurophysiologic Symposium presentation. Richmond, VA May 2014

Madson, C. "Technological Challenges in the Monitoring of Endovascular Procedures." 42nd Annual Hans Berger Clinical Neurophysiologic Symposium presentation. Richmond, VA May 2014

Laccheo, I. "Intraoperative Neurophysiologic Monitoring of the Spinal Cord." 42nd Annual Hans Berger Clinical Neurophysiologic Symposium presentation. Richmond, VA May 2014

Hodges, H. "Nursing Roles in Epilepsy Care." 42nd Annual Hans Berger Clinical Neurophysiologic Symposium presentation. Richmond, VA May 2014

Waterhouse, E. "Name that Pattern." 42nd Annual Hans Berger Clinical Neurophysiologic Symposium presentation. Richmond, VA May 2014

Waterhouse, E. Panelist, Tips for Clinical Clerkships, sponsored by Women in Medicine & Science Organization, VCU School of Medicine, Richmond, VA May 2014

Waterhouse, E. Seizure Semiology and Classification, Department of Neurology, VCU Medical Center, Richmond, VA. July 2014

Waterhouse, E. Introduction to Electroencephalography, Department of Neurology, Clinical Neurophysiology Lecture Series, VCU Medical Center, Richmond, VA July 2014

San Antonio

Pugh MJ, Baca CB, Rohde N, Van Cott AC. Antiepileptic Drugs Prescribed for Afghanistan/Iraq War Veterans Diagnosed with Epilepsy. Paper and Poster for Presentation at the American Academy of Neurology Annual Meeting, Philadelphia, PA. May 1, 2014.

Pugh MJ, Orman JA, Jaramillo CA, Eapen BC, Grafman JH. The prevalence of epilepsy and association with traumatic brain injury in veterans of the Afghanistan and Iraq wars. *Int. Brain Injury Assoc.* 2014, San Francisco, CA, March 19-22, 2014

AM Moise, J Jordan, L Morgan, L Leary, K Karkar, O Lie, J Cavazos, JL Caron, A Papanastassiou, C Szabo. Surgical Outcome of Parietal Lobe Epilepsy (P7. 278) *Neurology* 82 (10 Supplement), P7. 278, 2014. Poster for Presentation at the American Academy of Neurology Annual Meeting, Philadelphia, PA. May 1, 2014.

Z Wang, X Li, A Powers, J Cavazos. Economic Outcomes in Patients Receiving Anti-epileptic Drug (AED) Adjunctive Therapy (P5. 051) *Neurology* 82 (10 Supplement), P5. 051, 2014. Poster for Presentation at the American Academy of Neurology Annual Meeting, Philadelphia, PA. May 1, 2014.

D Barron, N Tandon, J Lancaster, J Cavazos, PT Fox. Thalamo-Hippocampal Connectivity in Medical Temporal Lobe Epilepsy. (Abst. 3.070), 2013. Poster Presentation for the American Epilepsy Society. December, 2014

M Girouard, C Szabo, L Morgan, K Karkar, L Leary, O Lie, J Cavazos. EMG-Based Seizure Detector: Interim Results Comparing a Generalized Tonic-Clonic Seizure Detection Algorithm to Video-EEG Recordings. (Abst. 2.037), 2013. Poster Presentation for the American Epilepsy Society. December 2014

San Francisco

Poster: Mueller SG, Bateman LM, Laxer KD. Atrophy and Network Disruption in the Brainstem: A Risk Factor for Sudden Unexplained Death in TLE? Human Brain Mapping Meeting 2014, Hamburg, Germany, PAME 2014 (June), Minneapolis/St Paul, USA

Poster: Singh RK, Hegde M, Dlugos DJ, on behalf of the HEP EEG Core and HEP Investigators. Title: Ictal EEG yield in newly-treated focal epilepsy: Interim findings from the Human Epilepsy Project (HEP). American Epilepsy Society Annual Meeting 2014, Seattle, WA, USA.

Poster: J Hixson, D Barnes, K Parko, T Durgin, S Van Bebber, and P Wicks (2014). The POEM Study: Testing the Impact of a Digital Health Platform in U.S. Veterans with Epilepsy. Presented at: 1) AAN Annual Meeting 2014, Philadelphia, 2) Epilepsy Therapy Project Annual Pipeline Conference 2014, San Francisco, 3) European Epilepsy Congress, International League Against Epilepsy, Stockholm, Sweden

Poster: J Hixson, D Barnes, K Parko, T Durgin, S Van Bebber, and P Wicks (2014). The POEM Study: Patient Usage and Satisfaction with an Online Health Management Platform for Epilepsy. American Epilepsy Society Annual Meeting, Seattle, USA

Invited Speaker: Hixson JD. "The POEM Study: Final Results and Implications for Integrated Health Systems". Doctors 2.0 Digital Health Conference, Paris, France

Invited Speaker: Hixson JD. "The VHA and Social Networking: Lessons from the POEM Study". Doctors 2.0 Digital Health Conference, Paris, France

Invited Presenter: Hixson JD. VHA E-Connected Health Showcase, "A Patient-Facing Application for Medication Management", Washington DC. 2013

Invited Panelist: Hixson JD. Connected Health Symposium Panelist, "Engaging Patients, Elevating Care", Global Health Delivery Project, Harvard University, 2013

Invited Presenter: Hixson JD. Intelligent Content 2014 Life Sciences Conference, "Finding the Value in Social Media for Health", San Francisco. 2014

Research Presenter: Hixson JD. Stanford Med X Conference, "The POEM Study: Results from an Online Health Community for Veterans", Palo Alto, CA. 2014

Invited Presenter: Hixson JD. ePatient Connections Conference, "Patient-Generated Data: Utilization and Value", Philadelphia, PA. 2014

Invited Speaker: Hixson JD. Dameron Hospital Association Department of Medicine Grand Rounds, "Epilepsy management for the PCP", Stockton, CA, 2014.

Seattle

Ransom, CB, Ye, ZC, Spain, WJ, Richerson, GB. Modulation of extrasynaptic GABA_A receptors by anion channel and connexin hemichannel antagonists in hippocampal neurons. Society for Neuroscience, San Diego, CA. 11/2013.

Tao, W, Spain, WJ, Ransom, CB. GABA_B receptors regulate trafficking of extrasynaptic GABA_A receptors in dentate gyrus granule cells via PKA- and PKC-dependent signaling pathways. American Epilepsy Society Annual meeting, Seattle, WA. 12/2014.

SouthEast Region

Kelly, P, Rehman, P, & Husain, A. (2014) - Leveraging technology to improve access - Epilepsy Centers of Excellence (ECoE) capitalizes on the telemedicine opportunity – Selected AES abstract

Rehman, R, Kelly, P, & Husain, A. (2014) - Creation of an epilepsy registry in the Veterans Health Administration – selected AES abstract

Tampa

Rong L, Frontera AT, Benbadis SR. Effects of Tobacco Smoking on EEG. Presented at the American Clinical Neurophysiology Society Annual Meeting 2014.

Flores N, Bozorg A, Frontera A, Vale F, Benbadis S, Kelly V, Rathod J. Idiopathic Generalized Epilepsy vs. Frontal Lobe Epilepsy: A Common Dilemma at Epilepsy Centers. Presented at the American Epilepsy Society Annual Meeting 2013.

Rong L, Frontera AT, Benbadis SR. Characteristics of Routine EEG Performed in Adults at a Typical Tertiary Academic EEG Laboratory. Presented at the American Epilepsy Society Annual Meeting 2013.

Rong L, Keller C, Frontera AT. Recurrent Episodes of Expressive Aphasia: Stroke vs Stroke Mimics. Presented at the Florida Medical Association Annual Meeting 2013.

West Haven

Yale Annual Epilepsy Course “Psychogenic Seizures” May 2013

“Mapping Epilepsy Subspecialty Care by Physician Networks” AES 2014

Television and radio presentation on Epilepsy Care of Veterans which was joint sponsored by CT Epilepsy Foundation July 2014/Sept 2014

RESEARCH

ECoE Collaborative Research Projects Funded (shown highlighted in table):

- 1) RECORD Quality (Mary Jo Pugh, PI)
- 2) Psychogenic Seizures (Martin Salinsky, PI)

Baltimore

Principle Investigator	Grant/Study Title	Project Start Date	Project End Date	Funding Source
Tang, CM	NMDA receptor mediated feedforward memory	10/2013	09/2017	VA BLR&D Merit
Tang, CM	In vivo confocal imaging and photo-activation system	2014		VA BLR&D shared instrument grant
Krumholz, Allan Co-Investigator; Hopp, Jennifer, Co- Investigator	“Psychosocial Status and Health Related Outcomes in Patients with Psychogenic Seizures Compared with Psychogenic Movement Disorders”			Collaborative project involving University of Maryland Epilepsy Center and Movement Disorders Center, Department of Neurology
Barry, Elizabeth - Co-PI	Pharmacokinetic Studies of Epileptic Drugs: Evaluation of Brand and Generic Antiepileptic Drug Products in Patients	09/2010	09/2014	DHHS/FDA/OAGS/DCGM
Kabir, Arif – Co – investigator	Pharmacokinetics Studies of Epileptic Drugs in Patients			DHHS/FDA/OAGS/DCGM
Kabir, Arif	Epilepsy – Home Automated Telemanagement (E-HAT)	06/2012		VA

Houston

Principal Investigator	Grant/Study Title	Project Start Date	Project End Date	Funding Source
Chen, David K. and Collins, Robert Co-Principle Investigators	Targeted Research Initiative for Veterans with Non-Epileptic Seizures (NES)	Submitted		Epilepsy Foundation of America (Research Grants Program)
Haneef, Zulfi Principal Investigator	Patterns of Network Connectivity in Temporal Lobe Epilepsy	2014	2015	Baylor College of Medicine Junior Faculty Seed Funding Program Grant
Haneef, Zulfi Principal Investigator	Lateralization of TLE using fcMRI and DTI	01/01/2012	12/31/2014	Epilepsy Foundation of America (Research Grants Program)
Haneef, Zulfi Principal Investigator	Network Connectivity in Epilepsy	Submitted		NIH – K Award

Haneef, Zulfi Co-Principal Investigator	Memory fMRI in Epilepsy	2010	2013	Moody Foundation
Hrachovy, Richard Co-Principle Investigator	Mission Connect Mild TBI Translational Research Consortium (DAMD W81XWH-08-2-014)	09/01/2008	08/31/2014	US Army Medical Research and Materiel Command (USAMRMC), Office of the Congressionally Directed Medical Research Programs (CDMRP)
Hrachovy, Richard Co-Principle Investigator	Infantile Spasms: Mechanisms and Consequences as Therapeutic Targets	2/1/2013	Present	CURE Foundation
Yoshor, Daniel Principal Investigator	Neural Mechanisms of Rapid Recognition in Human Ventral Temporal Cortex	3/1/2011	3/31//2014	VA Merit Review Award
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"	9/1/2013	8/31/2017	National Eye Institute National Institutes of Health
Haneef, Zulfi Principal Investigator	Computational and Integrative Biomedical Research Center (CIBR)	2013	2014	Seed Grant Awards from Baylor College of Medicine

Los Angeles

Principle Investigator	Grant/Study Title	Project Start Date	Project End Date	Funding Source
Wasterlain, Claude,	Treatment of Status Epilepticus: a Translational Proposal	04/01/13	03/31/17	VA Merit Review
Wasterlain, Claude,	Rational polytherapy in the treatment of cholinergic seizures	09/15/2011	08/31/2016	NIH/NINDS, 1 UO1 NS074926-01
Golshani, Peyman, PI	Hippocampal interneuron network dynamics after epileptogenesis	07/01/2012	06/30/2015	VA Merit Review
Golshani, Peyman, PI	Alterations in inhibitory synaptic input during decision making in mice navigating a virtual reality task	07/01/2012	06/30/2015	Whitehall Foundation
Golshani, Peyman, PI	Optogenetic treatment of social behavior in autism	08/01/2013	07/31/2018	NIMH (RO1MH101198-1)

Madison

Principle Investigator	Grant/Study Title	Project Start Date	Project End Date	Funding Source
Salinsky, M Co-investigator Rutecki, P	Psychogenic Non-epileptic Seizures in U.S. Veterans	01/01/2013	12/30/2016	VA CSR&D
Rutecki, P	Mechanisms of 2DG Anti-epileptic Effects	07/01/2014	06/30/2017	VA BLR&D

Sutula, T Co-investigator Rutecki, P	IND-enabling Preclinical Studies of 2DG for Prevention of Post-traumatic Epilepsy in Plasticity Susceptible Rats	09/01/2014	8/31/2017	CURE
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Portland

Principle Investigator	Grant/Study Title	Project Start Date	Project End Date	Funding Source
Salinsky, Marty	Psychogenic Seizures in US Veterans	02/01/2013	01/31/2017	VA Merit Review

Richmond

Principle Investigator	Grant/Study Title	Project Start Date	Project End Date	Funding Source
Towne, Alan	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	A post market, long-term, prospective, observational, multi-site outcome study to follow the clinical course and seizure reduction of patients with drug-resistant, post-traumatic epilepsy who are being treated with adjunctive VNS therapy.	10/1/14	9/30/17	Cyberonics

San Antonio

Principle Investigator	Grant/Study Title	Project Start Date	Project End Date	Funding Source
Pugh, Mary Jo	Restructuring Epilepsy Care: Organizational Dynamics and Quality: RECORD Quality	05/01/2012	04/31/2016	VA HSR&D
Pugh, Mary Jo	Penetrating Traumatic Brain Injury and Epilepsy in OEF/OIF Veterans	11/01/2013	04/01/2014	Frankel Foundation

San Francisco

Principle Investigator	Grant/Study Title	Project Start Date	Project End Date	Funding Source
Hixson, John D	The POEM study: Policy for Optimized Epilepsy Management	03/01/2012		UCB Pharma
Mueller, Susanne	Improved non-invasive Focus Lateralization in Partial Epilepsy with DSASL MRI	1/1/2013	12/31/2014	UCSF REAC (Research Evaluation and Allocation Committee)
Mueller, Susanne	SUDEP Imaging Project	09/01/2014	08/31/2015	Epilepsy Foundation
Mueller, Susanne	Neurite Orientation Dispersion and Density Imaging (NODDI)	NA	NA	Unfunded pilot study

Parko, Karen (site PI)	Psychogenic Non-epileptic seizures in U.S. Veterans (Co-investigator and site PI)	08/12/2012	08/12/2016	Merit Review Award: Department of Veterans Affairs
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Seattle

Principle Investigator	Grant/Study Title	Project Start Date	Project End Date	Funding Source
Spain, William	Mechanisms of synaptic integration in central neurons	11/1/2013	10/30/2017	Veterans Administration Merit Review
Spain, William (PI on sub-contract; R.C. Foehring PI on overall project)	Slowly inactivating K+ channels in neocortical pyramidal neurons	07/01/2012	06/30/2017	NIH-NINDS RO1
Ransom, Christopher	GABA transporter type 1 (GAT1) function in epilepsy	01/01/2012	12/31/2014	Veterans Administration Career Development Award

West Haven

Principle Investigator	Grant/Study Title	Project Start Date	Project End Date	Funding Source
Hamid, Hamada	Psychogenic Nonepileptic Seizures in the VA Healthcare System	07/01/2014	06/30/2015	Veterans Health Administration
Hamid, Hamada	Neurocircuitry of Depression in Temporal Lobe Epilepsy	07/01/2012	12/30/2014	Epilepsy Foundation
Hamid, Hamada	Evaluating VA Subspecialty Traumatic Brain Injury Services	04/01/2012	03/30/2013	Veterans Health Administration

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.

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
LCDR Mill Etienne, MD, MPH, MC, USN, Walter Reed National Military Medical Center
Sandy Finucane, Executive Vice President, Epilepsy Foundation
Glenn Graham, MD, VA Deputy Director of Neurology
Leonard Pogach, MD, VA Acting Director of Neurology
COL Jamie B Grimes, MD, MC, USA, Defense and Veterans Brain Injury Center National Director
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, Government Relations, Epilepsy Foundation
Jack Pellock, MD, Virginia Commonwealth University
Robert Ruff, MD, VA Director of Neurology - Retired
Rawn Sahai, Air Force Veteran
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
CAPT Will Watson, MD, PhD, MC, USN, Vice Chair of Neurology, Uniformed Services University
Michael Flowers, LTCOL, USMC (Retired)
Ann Marie Bezuyen, Director of Special Projects, Anita Kaufmann Foundation
Robert J. Gumnit, MD, National Association of Epilepsy Centers President
Phil Gattone, CEO, Epilepsy Foundation
Jan Buelow, VP of Programs & Research, Epilepsy Foundation
Princess Katana, Senior Director for Programs, Epilepsy Foundation

Report of the third meeting of the VA Epilepsy Centers of Excellence (ECoE) National Advisory Board (NAB) on December 6, 2013

The meeting lasted from 9AM to 1PM.

1. Attending:

Marc Dichter (Chair), Robert Ruff, Brien Smith, Ramon Diaz-Arrastia, Kathy Tortorice, Sandy Finucane, David Labiner, Jack Labiner.

2. The NAB met in a closed session to review the written report and discuss accomplishments and any possible problems. The NAB also reviewed its “mission” with regard to the Epilepsy Centers of Excellence, which was originally outlined at the first advisory meeting in 2011. The committee’s role is to help evaluate the progress made by the ECoEs and help to integrate the program on a national level. The NAB helps to identify those areas most successful and encourage the adoption of these by all of the ECoEs. The NAB also helps identify problem areas that could be remedied and could serve as important cautionary learning exercises for other ECoE sites. The NAB also serves in an advocacy role for individuals with epilepsy and seizures or at risk for those conditions within the VA system.

3. The Advisory Committee felt the new ECoEs were providing an excellent new service for our injured Veterans in multiple dimensions. First, the extent of the problem of epilepsy in our Veterans has been much more clearly defined and quantitated. In addition, multiple gaps in the care of our wounded Veterans with epilepsy were also identified and mechanisms are being formulated for eliminating many of those impediments. With the limited resources made available for these efforts, a “hub and spoke” model of progressively more intense diagnostic and therapeutic interventions was established and the flow of patients with intractable epilepsy through the system was facilitated. Each of the “hubs” was associated with a regional polytrauma center to optimize the ability to reach Veterans with Traumatic Brain Injury (TBI) returning from the Gulf wars who were at major risk for developing posttraumatic epilepsy, a potential lifelong disabling consequence of their injuries. It is estimated that the VA takes care of more than 100,000 Veterans living with epilepsy each year, and it is expected that that number will increase significantly in the next five years. Many of these individuals are not able to have their seizures controlled with available medications and many others in this population might be able to achieve seizure control if they had access to optimal treatments. There is clear evidence from the medical literature that complete, and not merely partial, seizure control is associated with a much higher incidence of return to full time employment and a significantly reduced likelihood of death from seizures, or the syndrome known as sudden unexplained death in epilepsy (SUDEP). The main mission of the new ECoEs is to improve the health and well-being of these Veterans with epilepsy and related disorders. Based on our evaluation, the details of which are below, the successes already accomplished, including the improved care for Veterans, and the potential cost savings derived from reduced medication requirements, reduced emergency room visits, reduced hospitalizations, and even reduced lifetime disability benefits, clearly indicate that the return on investment of the relatively small amount of support this national program receives will likely surpass the costs of the program.

4. Specific accomplishments of the ECoEs in the first five years of their existence include:

- A. Increased the ability of the existing inpatient epilepsy monitoring units to offer state of the art diagnostic evaluations for Veterans with intractable epilepsy or other forms of seizure-like events.
- B. Streamlined the referral of patients in need of these highly specialized services.
- C. Reduced the number of out-of-the-system (contracted) referrals for Veterans with epilepsy or seizure-like spells, thereby saving significant amounts of money for the VA.
- D. Negotiated the “red tape” involved in the transfer of Veterans from their home bases to the centralized facilities.
- E. Improved the care of Veterans with epilepsy in the “spokes” by new educational programs directed at multiple levels – to neurologists, general physicians, physician extenders, and the Veterans and their families.
- F. Developed unique telemedicine programs to reach Veterans in outlying areas that normally would not have access to epilepsy expertise at their local VA facilities.
- G. Developed new VA fellowships to train more specialists in this area.
- H. Developed a new epilepsy patient intake component of the VA’s Computerized Patient Record System (CPRS) which will standardize record development for all VA patients with epilepsy, make the intake procedure more efficient, and capture all the relevant information about the VA epilepsy patients. The information captured will be

stored in a database that can be used for both improving Veteran care and also for important clinical research into the causes of the epilepsies and the most effective treatments. This has been a major undertaking. There is no comparable patient intake mechanism/epilepsy database used commonly in the civilian population and the one that has been developed by the VA ECoEs may serve as a national model for this endeavor.

- I. Developed several critical clinical research programs (independent of the dedicated clinical funding in the original budget). One such program is differentiating between epilepsy and seizure-like events of other origin that can be disabling components of PTSD, one of the other major illnesses experienced by our Veterans with TBI returning from the Gulf wars. A second is beginning to determine metrics that can be applied to Veterans with epilepsy utilizing CPRS to determine, in real time, where treatments are succeeding and where Veterans are in need of more intense interventions.
- J. Each of these activities, and more that I don't have space to discuss, are occurring in the context of a national collaborative effort among the 16 ECoEs and the many other VA facilities associated with each of those, as well as with the associated polytrauma centers. All of this adds up to significantly improved care for Veterans with traumatic brain injury, PTSD, and epilepsy.
- K. Finally, the institution of the new ECoEs has apparently already begun to save money for VA. It has been estimated that, since the establishment of the ECoE, inpatient costs for Veterans with epilepsy may have dropped by more than \$14 million, non-VA care costs by more than \$5.5 million, and in addition, the ability to make proper diagnoses of non-epileptic events may save the VA \$2.6 million in health care costs per year.

5. All of the areas highlighted above have made significant strides, and there is much still to be done. These projects are works in progress, and all need continued support and development. Better outreach to Veterans who are seen outside ECoE sites can improve overall quality of care in VA. Closer interaction with the polytrauma centers and Defense & Veterans Brain Injury Center (DVBIC) needs fostering. The national consortium needs improved communication and coordination of efforts. More education, especially for the Veterans and their families, needs development and distribution. Connections between the VA efforts and those in the private sector need to be established, with support from VA and potentially third-party grants. These connections should utilize the goals enumerated in the newly released Institute of Medicine report on "Epilepsy Across the Spectrum: Promoting Health and Understanding." Significant increases in patient oriented research into epilepsy prevention after traumatic brain injury, the older population, and optimization of epilepsy care are critical needs. Finally, the ECoEs need to continue to document both the improvement in Veterans' care and the cost savings associated with these new efforts, with specific emphasis on the use of non-face-to-face care. ECoEs should continue to identify any "holes" in the system that are preventing optimal care for the greater than 100,000 Veterans with epilepsy currently being treated by the VA.

6. Specific efforts that the NAB would like to see the ECoEs undertake during the next year are outlined below:

- A. Productivity measures need further attention to ensure that all sites have processes in place to record workload & productivity and are accurately capturing work performed. Information on standardized best practices that conform to VA policy and accurately capture ECoE workload should be created and distributed.
- B. The ECoE's are beginning to integrate behavioral health into ECoE network, and this needs to be continued and emphasized. Information on what services are available and what percentage of Veterans is able to access is requested.
- C. An EMU Diagnosis Database has been established and is operational. The NAB believes consideration should be given to revising the current classification of diagnostic subgroups to better reflect what is being accomplished and the actual determinations made.
- D. As outlined above, CPRS template usage has started, and next year the NAB would like to see information on where it is being used, how frequently it is used and any barriers to implementation.
- E. ECoEs have implemented a national patient satisfaction survey, which the NAB commends. Patient satisfaction survey results are high and the NAB supports this as a good measure. In the future, other information on satisfaction might be useful. For example, how do these ECoE satisfaction results compare to Neurology or other VA programs and what is current patient wait time to appointment?
- F. Family travel support and arrangements for family staying with a patient during EMU stays is an important issue to explore and emphasize at the various ECoE sites. There are third party charities that may be able to help, and some hotel chains have programs to donate "frequent user points."
- G. The NAB also discussed how it might best aid the ECoE and VA by informing and educating others in the professional community, the public, and VA leadership on the ECoE's substantial successes and accomplishments despite its relatively short operation and limited funding. The NAB regards the ECoE as something that is helping national healthcare and could in some ways serve as a model for healthcare. One way

suggested to inform others of the ECoE's accomplishments might be for NAB members to distribute copies of the ECoE Annual Report(s).

7. I would be remiss if I did not specifically mention once again the National Advisory Committee's recognition of the outstanding jobs done first by Dr. Robert Ruff, the National Director for Neurology, in organizing this entire effort, despite his not being himself an epilepsy expert, and the excellent leadership demonstrated by Dr. Karen Parko, who serves as the National Director, elected by her peers, Mr. Ryan Rieger, the National Administrative Director, and each of the regional ECoE Directors.

SOUTHWEST REGION ADVISORY COMMITTEE

Dr. Dan Lowenstein, UCSF Director of Epilepsy
Dr. Robert Fisher, Stanford Director of Epilepsy
Butch Bottimore, Veteran (Redding, CA)
Michael Scott, Epilepsy Foundation Director
Dr. Kolar Murthy, LA Clinical Neurology
Dr. Raman Sankar, UCLA Professor of Neurology
Dr. Jerome Engel, UCLA Professor of Neurology
James Althouse, Veteran (Sonora, CA)
Susan Pietsch, Epilepsy Foundation Director
Dr. Eli Mizrahi, Baylor Chairman of Neurology Dept
James Zapata, Veteran (Houston, TX)
Donna Stahlhut, Epilepsy Foundation Director
Dr. Kameel Karkar, UTHSC Professor of Neurology
Timothy Tilt, Veteran (San Antonio, TX)
Sindi Rosales, Epilepsy Foundation Director

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John Booss, Yale; CA Connecticut HCS
William Culpepper, University of Maryland; VA MS Center of Excellence
Paul Fishman, VA Maryland HCS; University of MD
Lee Ann Kingham, Abilities Network/Epilepsy Foundation of the Chesapeake Region
Richard Mattson, Yale
Jack Pellock, Virginia Commonwealth University
Marc Testa, Lifebridge Health
Georgette Wertz, Veteran
Mary Wontrop, Abilities Network/Epilepsy Foundation of the Chesapeake Region
Marshall Balish, DCVAMC

SOUTHEAST REGION ADVISORY COMMITTEE

Stephen Nadeau, MD Chief of Neurology, Gainesville – University of Florida Medical Center (Professor of Neurology)
Mohamad Mikati, MD Pediatric Epileptologist, Duke University Medical Center (Professor of Pediatrics and Neurobiology)
Angel Colon-Molero, MD Deputy Chief of Staff, Orlando VA – University of Central Florida College of Medicine
Charles Brock, MD Chief of Neurology, Tampa – University of South Florida College of Medicine (Associate Professor)
Patricia Gibson, MSSW, ACSW President, Epilepsy Foundation of N.C. – Wake Forest University School of Medicine

NORTHWEST REGION ADVISORY COMMITTEE

Bruce Hermann, University of Wisconsin – Department of Neurology
Brent Hermann, NW Epilepsy Foundation
Llo E. Leppik, University of Minnesota
Vicki Kopplin, Epilepsy Foundation – Minnesota
Dennis Smith, Portland, OR
John Lahman, Veteran

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 chapter 73 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.”