

# Women's Health and Epilepsy: Are we meeting AAN Quality Measures?

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## Introduction

There is a known association between epilepsy and reduced fertility, pregnancy complications, and malformations in the infant<sup>1</sup>. Additionally, there are bidirectional drug interactions between hormonal contraception and multiple anti-seizure medications<sup>2</sup>. Adequate counseling from an epileptologist has potential to improve outcomes in these areas.

Quality measures help us assess whether our provided care is consistent with current medical consensus and guidelines. The purpose of one 2017 quality measure from the AAN is to ensure women with epilepsy are routinely educated on need for folic acid supplementation, drug-to-drug interactions, and potential medication effects.

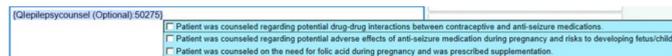
We sought to use note templates in the EMR to prompt these discussions during clinic visits and help streamline the adequate documentation of this counseling.

## Methods

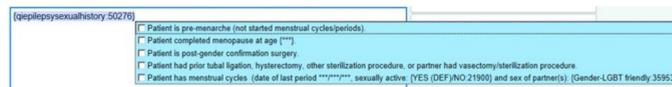
A Smartphrase was created in Epic to standardize documentation of counseling for the following:

- need for folic acid supplementation
- drug to drug interactions with contraception medications
- potential anti-seizure medications effects(s) on fetal/child development and/or pregnancy

At least two of the three should be discussed at least once yearly to fulfill the quality measure.

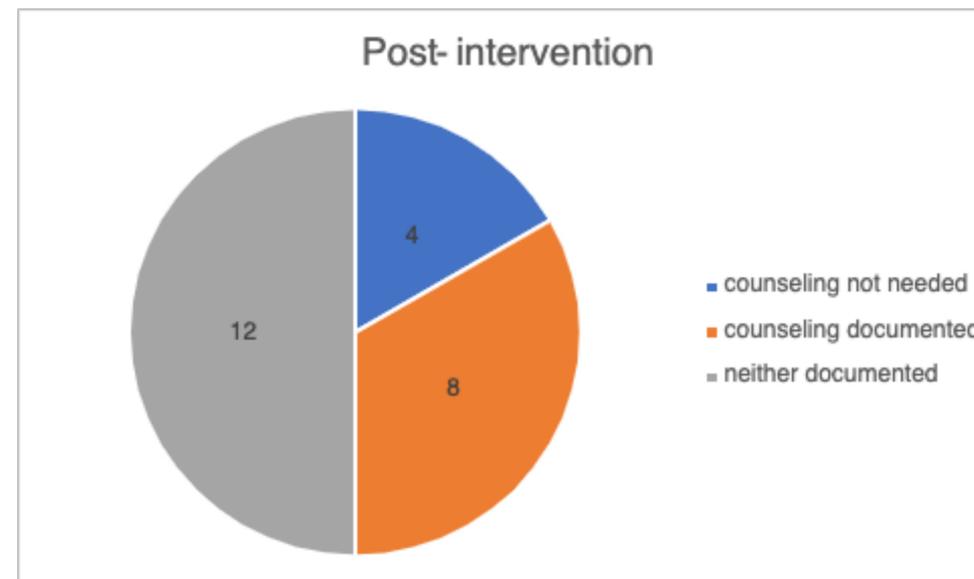
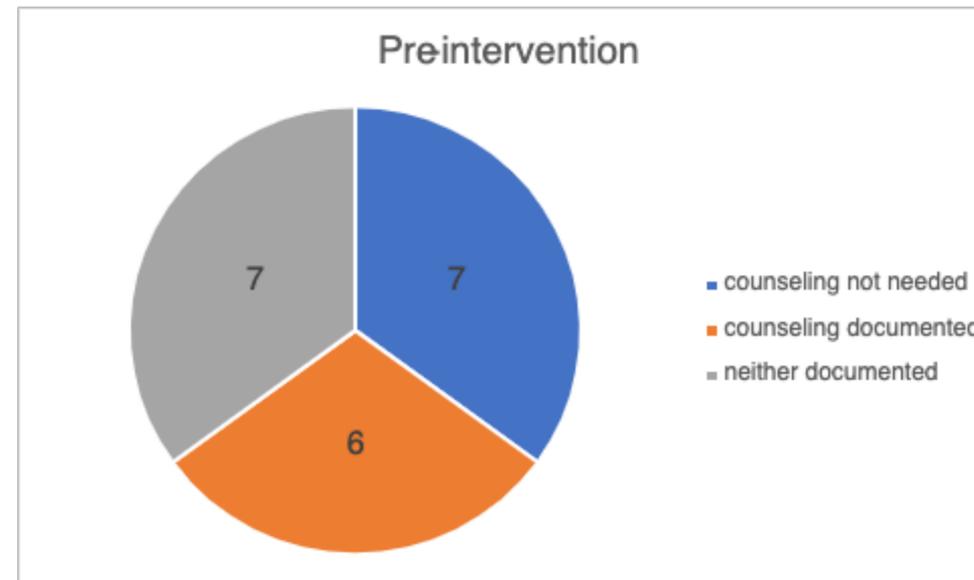


An additional Smartphrase was created to document reasons that counseling may not be applicable to a particular patient, which would also fulfill the quality measure.



The epilepsy division was educated on the Smartphrases during a division meeting and encouraged to include them in their personal note templates. Initial visits with women patients were reviewed 8 weeks before and after this intervention to determine whether this increased documentation of counseling.

## Results



## Discussion and Further Questions

The new Smartphrases were not found to increase counseling documentation in this small pilot. This may be due to several factors. The number of visits captured in this time frame may be too small to appreciate any change. Additionally, during the pre-intervention time period, a higher-than-expected proportion of initial visits took place with faculty who are participating in this project, who were likely already attentive to this issue.

In the future, we would like to consider increasing faculty participation and interest in this initiative. Documentation burden is a significant issue and there are many other counseling issues that need coverage in an epilepsy visit. Seeking feedback from faculty on their existing workflow, additional education/reminders, or hands-on help with the logistics of including the Smartphrases are all future considerations.

## References

1. Johnson EL, Burke AE, Wang A, Pennell PB. Unintended pregnancy, prenatal care, newborn outcomes, and breastfeeding in women with epilepsy. *Neurology*. 2018 Sep 11;91(11):e1031-e1039.
2. Espinera AR, Gavvala J, Bellinski I, Kennedy J, Macken MP, Narechania A, Templer J, VanHaerents S, Schuele SU, Gerard EE. Counseling by epileptologists affects contraceptive choices of women with epilepsy. *Epilepsy Behav*. 2016 Dec;65:1-6.