Epilepsy: A Model for Collaborating - Post IOM Report

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EPILEPSY IS COMMON

- Estimate of up to 3 million people in the US with epilepsy
- 50 million worldwide
- Highest incidence of new cases at the 2 ends of life
- Prevalence changing as population ages
 - Increase in elderly
 - 1 in 26 people will develop epilepsy in their lifetime
 - Lifetime risk of epilepsy (recurrent seizures) is 3.3%

Epilepsy Spectrum Disorder



- Spectrum of seizure syndromes
- Spectrum of etiologies
- Spectrum of severity
- Spectrum of non-ictal symptoms

NINDS Epilepsy Benchmarks Area III: Prevent, limit, and reverse the co-morbidities associated with epilepsy and its treatment.

http://www.ninds.nih.gov/research/epilepsyweb/2007_benchmarks.htm

The paradox

- Our issues
 - Epilepsy awareness and stigma
 - Inconsistent access to health care delivery
 - Outdated incidence and prevalence data
- Our advances
 - Expanding research base relating to mechanisms
 - Expanding armamentarium of new diagnostic technology
 - Expanding list of newly introduced therapies



- Institute of Medicine Report on "Public Health Dimensions of the Epilepsies"
- Purpose: to suggest priorities and propose strategies for dealing with barriers and gaps in knowledge that diminish quality of life for people with epilepsy and their families

Questions to be addressed:

- How can the public health burden of epilepsy for patients and families be more accurately assessed?
- What priorities for future population health studies could inform treatment and prevention?
- How can the access to health and human services and the quality of care for people with epilepsy be improved?
- How can the education and training of professionals who work with people with epilepsy be improved?
- How can the understanding of epilepsy in patients and the general public be improved to create supportive communities?

Statement of Task

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- 1. Public health surveillance, collection & data integration
- Population & public health research
- 3. Health policy, healthcare & human services
- 4. Education for patients/families, providers, & the public

Parameters

- Domestic focus, yet identify international issues
- Consider current budget climate and ongoing healthcare reform
- Focus should <u>not</u> be on biomedical research priorities covered by 2007 NINDS Epilepsy Research Benchmarks

IOM Committee Sponsors

- Vision 20-20
 - American Epilepsy Society
 - Citizens United Research Epilepsy
 - Dravet.org
 - Epilepsy Foundation
 - Epilepsy Therapy Project
 - Finding a Cure for Epilepsy & Seizures
 - Hemispherectomy Foundation
 - Internatnl League Against Epilepsy
 - National Assn. of Epilepsy Centers
 - Preventing Teen Tragedy
 - Rasmussen's Encephalitis Children's Fdn.
 - Tuberous Sclerosis Alliance

- Governmental/Federal
 - National Institutes of Health (NIH)
 - NINDS (Neurology)
 - NICHD (Child Health)
 - NIA (Aging)
 - NIMH (Mental Health)
 - Health and Human Services (HHS)
 - Administration on Developmental Disabilities
 - Office of the Asst. Secretary for Health
 - Office for Women's Health
 - Assistant Secretary for Planning and Evaluation
 - Center for Disease Control (CDC)
 - Chronic Disease and Health Prevention
 - National Center for Birth Defects and DD
 - Food and Drug Administration (FDA)
 - Division of Drug Information (CDER)
 - Center for Devices and Radiological Health (CDRH)

Vision 20-20































The Anita Kaufmann Foundation Educating the public not to fear epilepsy Visit – www.aldus.org















































IOM Report Timeline

- Jan 2010-
 - idea conceived, abstract brought forward by AES to Howard Koh, MD, MPH, Assistant Director HHS
- Mar 2010
 - first meeting of Vision 2020 group at AES board meeting, partnering of NGOs with
 - federal agencies for common goal/message
- May 2010
 - formal request from Vision 2020
- September 2010
 - Stakeholders finalize funding (~\$1.5M total, with \$250K from NGO group)
- December 2010
 - IOM committee formed
- January 2011-
 - First public meeting of IOM committee (2 days)
- March 2011-
 - Second public meeting of IOM committee (2 days)
- June 2011-
 - Third public meeting of IOM committee
- Spring 2012
 - PUBLICATION OF IOM REPORT ON EPILEPSIES

Pre-Report Process

- Input into Statement of Work
- Recommendations for Committee Members
- Monthly calls between IOM staff and sponsors
- Advanced copy of recommendations/call with IOM staff
- Vision 20-20 Working Groups
 - Healthcare Services and Advocacy
 - Patient Advocacy and Stigma
 - Therapy
 - **Pediatrics**
 - Comorbidities

Working Groups

- Prepared written and oral testimonies for each Workshop
- One representative from each group presented; rotated among organizations
- Collaborations were surprisingly successful
- Groups were able to put goals above differences
- Some issues among groups
- Set precedent for what followed report release

IOM Report – Released March 31, 2012

- Recommendations #1-3 Surveillance and Prevention
- Recommendations #4-7 Healthcare Providers
- Recommendations #8-11, 13 Patients,
 Families and Education
- Recommendation #12 Vision 20-20 Working Groups and Collaborative Partnerships.

Post Release

- Formation of Governmental and Vision 20-20 Working Groups
- Organizational inventories by recommendation
- Monthly IOM calls continued not just with sponsors
- Support of HHS
- Healthy People 2020 –For the first time public health goals for epilepsy will be included in detail and the IOM report on epilepsy will be used as an evidenced-base resource on access to care.
- Several publications
- An MOU has been established between NINDS and NHLBI expanding their Sudden Death Registry to include SUDEP.

Post Release

- Four Vision 20-20 Working Groups were formed to implement the report: Surveillance/Prevention; Healthcare Providers; Patient/Family/Education; Clinical Trials
- Two workshops sponsored by IOM have been held on the patient tool and one on dissemination of report recommendations.
- Presidential Symposium at AES
- Define essential epilepsy knowledge and skills (developing epilepsy curriculum for maintenance of certification (MOC))
- Conduct surveys of health professionals to identify knowledge gaps (self assessment tests for educational programs)
- Ensure educational materials reflect current research, clinical guidelines and best practices (AES Annual Meeting, PAME)
- Disseminate educational materials and tools widely to health professional educators

www.MySeizuresKnowMore.com

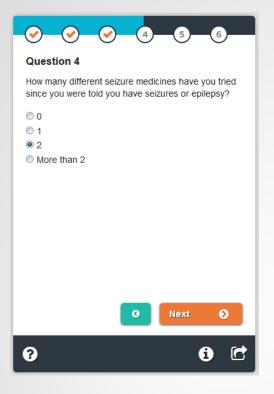
Get the Right Help at the Right Time

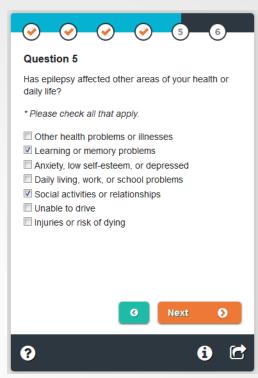
My Seizures, Know More

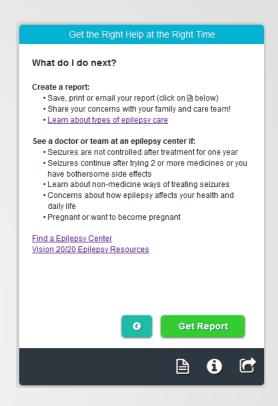
• Empowers patients to communicate their concerns with their care providers.

 Guides patients to seek more specialized epilepsy care if they are having seizures, side-effects from drugs, other health problems, or social or educational issues.

It can be placed on any website or blog.

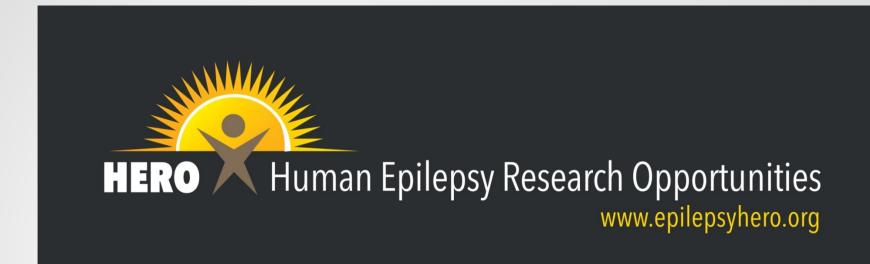




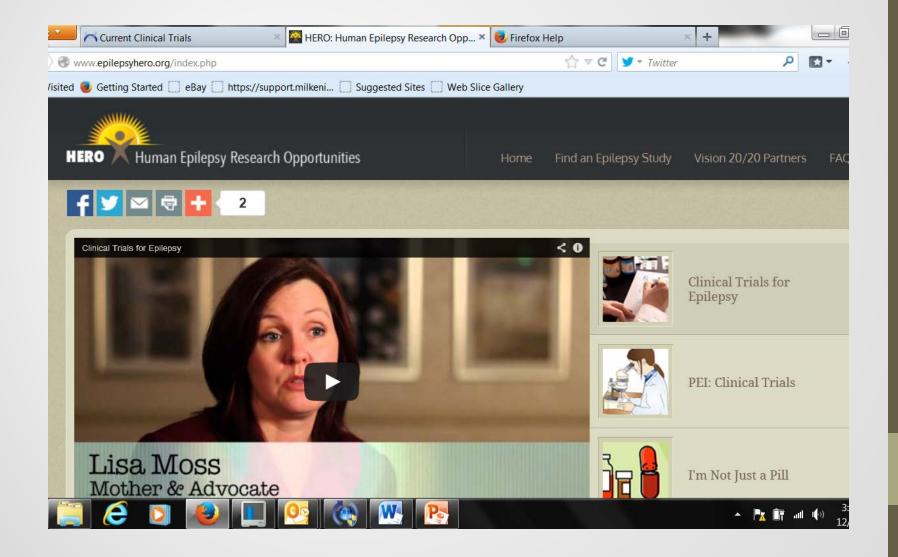


- Answer six critical questions
- Create a report to share with
- your care provider
- Take Action!





A collaborative effort of multiple epilepsy organizations. Made possible through Vision 2020.



EpilepsyHERO.org:

- Provides a clear explanation of clinical research
- Answers many frequently asked questions
- Includes informational videos featuring patients and researchers in the epilepsy community
- Makes it easier for individuals to find and enroll in clinical studies and advance epilepsy research.

Current Activities

- Monthly IOM calls
- Rare Epilepsy Network (REN) of PCORI
- Vision 20-20 Special Interest Group
- Resources in Epilepsy Research website- epilepsyresearchresource.org
- PAME Conference, June 19-22, 2014

Lessons Learned

- Supportive and engaged IOM personnel crucial
- Individual organizational identities are important to maintain but collaborations are possible and essential
- Identify and emphasize commonalities
- Paid staff coordination helps

Challenges

- Funding projects and personnel
- Administration of Vision 20-20
- Messaging
- Maintaining momentum

Search for the cure(s) and improving lives of people is focus and keeps us going