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The Epilepsy & Seizures 24/7 Helpline, a service of the National Epilepsy Foundation Office, responds to more than 14,000 information requests each year. Information specialists answer questions and connect people with epilepsy, their families, and caregivers to resources and services nationwide. Helpline staff pride themselves on providing friendly, personalized and timely service as they respond to phone calls, email, postal mail and monitor the Foundation’s online forums and communities. This service is available in English, Spanish, and over 100 other languages.

Some of the topics Helpline staff respond to most often include:

- Current treatment options
- Finding a support group
- Seizure first aid and safety issues
- Employment and discrimination issues
- Emotional support
- Connecting with a local Epilepsy Foundation affiliate
- Sudden Unexpected Death in Epilepsy (SUDEP)
- Requests for print materials

To contact the Epilepsy & Seizures 24/7 Helpline:

- Call 1.800.332.1000, option 1 (En Español 1.866.748.8008)
- Email info@efa.org
- Submit a request using an online form at www.epilepsy.com/Helpline

For those needing travel assistance for epilepsy or seizure related medical care, expenses can mount up. The J. Kiffin Penry Travel Assistance Fund, a service of the Epilepsy Foundation, can help cover some of the cost of specialized care outside your home area. Learn more about eligibility guidelines and how to apply at www.epilepsy.com/penryfund.

For questions call the Epilepsy & Seizures 24/7 Helpline at (800) 332-1000, option 1.
Although children and youth represent one of the fastest growing populations affected by epilepsy, many do not have access to pediatric neurologists and high-quality coordinated care provided in a medical home. In fall 2013, the American Academy of Pediatrics (AAP) was proudly selected as the Coordinating Center for Children and Youth with Epilepsy under a Health Resources and Services Administration (HRSA) Maternal Child Health Bureau (MCHB) Cooperative Agreement. The overarching vision of the Center is to establish a multifaceted community-based system of care that ensures that children and youth with epilepsy (CYE) have access to the services required to achieve optimal health outcomes and an improved quality of life. The AAP is working with several state grantees to develop and implement a comprehensive evaluation methodology to support and monitor the various projects outcomes. A key component of this program is to ensure that grantees are also addressing transitional care for CYE. Various grantees are creating epilepsy transition clinics, webinars, trainings for providers and families on beginning the transition process, webinars, and more. For example, several of the grantees reported the following:

- During the summer of 2014, the Epilepsy Foundation of Texas offered a transition program to 147 campers during a weeklong summer camp. The program consisted of a series of four sessions to introduce concepts of self-advocacy in relationship to personal health management and transitioning in relationship to assuming greater responsibility for health care routines. Results of follow-up surveys from campers and parents reported improved medication adherence, an increase in self-advocacy skills and improved communication skills. Ninety-four percent of parents/caregivers agreed the transition programming was important information for their youth and reported observed improvements in personal appearance and hygiene, self-advocacy, knowledge about epilepsy, willingness to be around others, and remembering medication schedules. Parents/caregivers also reported CYEs were happier, had more positive attitudes and exhibited a greater willingness to help with household chores.

- The Maryland Team, through the Parents’ Place of Maryland and the Office for Genetics and People with Special Health Care Needs, is working on a learning collaborative with primary care pediatricians. This initiative focuses on improving access to comprehensive, coordinated health care and other services for CYEs, including youth transition to adult care within the medical home framework. Through the use of monthly quality improvement conference calls, webinar-based didactic sessions and in-practice team meetings, the practices will work toward developing and implementing a transition policy, establishing criteria for transitioning youth, and developing a plan for transition of care. Two key components of the learning collaborative include the training and placement of parent partners within each pediatric practice and the partnership with Epilepsy Foundation Chesapeake Region (EFCR). Through the partnership with the EFCR, the Teen Epilepsy Empowerment Now (TEEN) group was established. This social and educational group for teens with epilepsy combines learning sessions on topics such as common seizure triggers, seizure action plans, and transitioning to adult care with fun activities like bowling, movies, and an annual outdoor retreat.

- The Cleveland Clinic Foundation Pediatric Epilepsy Center’s Transition Clinic has created a “Journey to Adulthood Workbook.” It is their hope that this workbook will assist patients and families during this transition process. During their visits to the Transition Clinic, patients and families will work together with the Social Worker in completing their individual short-term and long-term goals. By meeting their personal goals, they will be able to move closer towards independence as they begin taking more responsibility in managing their own healthcare needs. The “Journey to Adulthood Workbook” will be provided as a tool to help them become more independent as they enter adulthood; highlighting the changes that teens go through from the ages of 14 through 22. Helpful tips have been included that will encourage them to begin thinking about the steps that are needed for the transition process, especially as it relates to their diagnosis of epilepsy. The Journey to Adulthood Workbook can also help patient’s current and future healthcare providers learn more about them and their health care needs. The Cleveland Clinic Pediatric Epilepsy Center’s Transition Clinic anticipates that “Journey to Adulthood Workbook” will be ready for distribution by September, 2015.

- The Epilepsy Foundation of Western/Central Pennsylvania developed its first Teen Leadership Summit which took place from March 20-22, 2015 at Camp Allegheny in Stoystown, PA. The event was designed for youth, ages 14-18, with a diagnosis of epilepsy/seizure disorder, and a desire to build personal and leadership skills. The agenda for the Summit was based on recommendations for content and activities which were solicited from youth, family members, and primary care and specialty practices. It included an overview and presentations/activities on the following topics: leadership, self-advocacy, social issues, including: self-awareness, stigma, bullying, drugs and alcohol and personal adjustment, transition, including: employment, post-secondary education/training, accommodations/supports, goal setting and transition to adult healthcare. A variety of materials such as: a bullying tip sheet, transition activity/planning grid, lifestyle modification tips, healthcare contact sheet, seizure action plan, seizure record form, seizure calendar and the PA Department of Health “Transition to Adult Living in Pennsylvania, Transition to Adult Healthcare Checklist.”
Improving Transitional Care for Children and Youth with Epilepsy (cont’d)

An immediate and positive outgrowth of the Teen Leadership Summit is the plan for a statewide conference on transition to adult life and healthcare for families and youth impacted by epilepsy. This historic event will be held from July 31 – August 2, 2015 at the Hershey Lodge and Convention Center in Hershey, PA. Patti Hackett-Hunter, leader of the former federal Healthy and Ready to Work Project, will provide a keynote presentation and follow up activitiesoverviewing the importance of healthcare transition and the need for youth to acquire the knowledge and skills to take responsibility for their current and future healthcare.

- The Michigan Department of Community Health is focusing on transition to adulthood for children and youth with epilepsy utilizing telemedicine technology. Existing framework involves the use the medical home and telemedicine as the methodology to improve access to care for children and youth with epilepsy in rural and medically underserved areas in Michigan. One section of the demonstration pilot is focused on connecting our youth, families, primary care providers, and pediatric and adult specialists for transition planning and transfer of care through the use of telemedicine technology. Two telemedicine appointments are being used to accomplish the transfer of care from the pediatric epilepsy specialists to the adult epilepsy specialists. This project is being piloted in collaboration with the grantee’s colleagues in the Department of Pediatrics and Communicable Disease, Neurology Section, the University of Michigan, Ann Arbor, Michigan. The Michigan project is based in their Title V Children with Special Health Care Needs program within Michigan Department of Health and Human Services.

In addition, transitions was included as a key educational component of the AAP CYE Project ECHO curriculum. The AAP partnered with the University of New Mexico Project Extension for Community Healthcare Outcomes (ECHO) to expand existing capacity to provide best practice care for CYE in rural and underserved areas. Finally, with help from its advisory committee, the Center also recently updated content to the HealthyChildren.org website and integrated content on transitions:

Seizures and Epilepsy in Children (Spanish)

Seizures (Spanish)

Diagnosis and Treatment

How to Support a Child with Epilepsy

Febrile Seizures (Spanish)

For additional information, please contact Trisha Calabrese, MPH, Director of Innovation at tcalabrese@aap.org

Health Care Transitions - David Wood, MD, MPH, FAAP

On April 2nd, Coordinating Center on Epilepsy Advisory Committee Member, Dr David Wood, MD, MPH, FAAP presented an overview on transitional care. Including what defines health care transitions, factors impacting transitional care for youth with epilepsy, barriers to adult care, and how to improve health care transitions overall.

Click on the YouTube arrow below to view the presentation.

Click on the YouTube arrow below to view the presentation.
COMING SOON: Let the AAP help you transform your practice into the medical home model of care with the NEW NCQA standards.

The 2014 NCQA Standards are being added to the AAP Digital Navigator and will be available this summer. As you aim to be a Patient and Family-Centered Medical Home within the National Committee for Quality Assurance (NCQA) standards look to the AAP to be your partner and help guide the way. For more information contact dnsales@aap.org

Practice Transformation Webinar Series

Value Based Contracting with Payers

Presented by Tom Long, MD, FAAP. July 15, 2015, at 12:00 Noon Central Time. To register for this FREE webinar click here.

Participants will:

- Learn the meaning and intent of value based contracting terms and provisions
- Identify key questions to address in reviewing a value based payment contract
- How to assess the amount of risk to the practice and payer
- Learn to assess your practice’s readiness to enter into a value based contract

How to Prepare Your Practice for Implementing Alternative Payment Models

Presented by Suzanne Berman, MD, FAAP. August, 12, 2015 at 12:00 Noon Central Time. To register for this FREE webinar click here.

Participants will:

- Assess the impact of new payment models to the practice
- Identify key practice management and clinical areas that impact cost/revenue under value based payment
- Learn strategies to effectively prepare and enhance the practice operations under value based payment
New Coding and Reimbursement Tip Sheet for Transition from Pediatric To Adult Care

To support the delivery of recommended health care transition services in pediatric and adult primary and specialty care settings, Got Transition and the American Academy of Pediatrics partnered to develop a transition payment tip sheet. The resource includes a summary of innovative payment methodologies and a comprehensive listing of transition-related CPT codes and corresponding Medicare fees, effective as of 2015.

In 2014, a new set of clinical resources were provided by Got Transition, called the "Six Core Elements of Health Care Transition 2.0” Consistent with the AAP/AAFP/ACP Clinical Report on Health Care Transition, these tested Six Core Elements define the basic components of health care transition support with linked sample tools for primary and specialty practices serving youth and young adults between the ages of 12-26. Aligning payment with these recommended transition-services is a critical step for ensuring that all young and young adults, especially those with chronic conditions effectively transition from pediatric to adult health care.

Healthy Tomorrows Can Help with Project Sustainability

The Healthy Tomorrows Program, in cooperation with X Factor Consulting, LLC, has released a series of tip sheets to support community-based programs in planning for sustainability in their organizations. Thinking about a sustainability plan in the first year of funding can improve chances of sustaining the project after grant funding ends. These tip sheets were made possible with support from the Health Resources and Services Administration.

Pediatric Care Coordination: Beyond Policy, Practice, and Implementation

View the National Center for Medical Home Implementation (NCMHI) 3-part recorded webinar series focusing on implementing, measuring, and sustaining care coordination in pediatric practice and across multiple care systems. Expert faculty include authors of the Pediatrics policy statement "Patient- and Family- Centered Care Coordination: A Framework for Integrating Care for Children and Youth Across Multiple Systems."

View the recorded webinars, PowerPoint slides, and audience questions here.

Leonard P. Rome CATCH Visiting Professorships

Call for proposals are now open!
Applications are due Wednesday, July 8, 2015 at 2:00 PM CDT

The Community Pediatrics Training Initiative (CPTI) partners with The Community Access to Child Health (CATCH) Program to offer the Leonard P. Rome CATCH Visiting Professorship Program. The purpose of the Leonard P. Rome CATCH Visiting Professorship Program is to promote advocacy for children and advance the field of community pediatrics. The program provides up to 8 accredited pediatric residency programs up to $4,500 each to fund a 2- or 3-day educational program focusing on the field of community pediatrics.
Epilepsy is the most common neurological disorder in adolescence
Currently affects more than 300,000 children under the age of 15
200,000 new cases of epilepsy are diagnosed each year

45,000 children under the age of 15 in the US develop epilepsy each year

Approximately 1 in 26 People in the United States Will Develop Epilepsy at Some Point in their Lifetime

150,000 new cases of epilepsy are diagnosed each year

Project ECHO Kansas/Missouri - Successful Launch!!

Kansas and Missouri launched their first Child & Youth (CYE) ECHO series on May 26th through a joint partnership between University of Kansas Medical Center Research institute, Inc (KUMC) and Children’s Mercy Hospital (CMH).

The clinics will be held on Tuesdays at 12 pm CST bi-weekly. Furthermore, continuing education credits will be offered to physicians, APRNs and Nurses. For more information please contact Meagan Dorton at mddorton@cmh.edu or (816) 234-9384.

Ahmed Abdelmoity, MD, Epileptologist | CMH
Kathy Davis, PhD | KUMC
Meagan Dorton, MSN, MBA, RN-CPN, |CMH
Janine Gracy, MSE, CHES, CPP | KUMC
Dale Grube, MA | KUMC
Megan Gustafson, APRN | CMH
Dedrick Hooper | KUMC
Chet Johnson, MD, FAAP | KUMC
Jermey Ko | KUMC
Lisa J. Large, MSBE | CMH
Eve-Lynn Nelson, PhD | KUMC
Joy Williams | KUMC
Coordinating Center on Epilepsy Site Visits - Home and Away

May 5th

The Coordinating Center welcomed the ECHO-Chicago team to the AAP National Headquarters in Elk Grove Village, IL! Special thanks to Daniel Johnson, MD, FAAP, Director, ECHO-Chicago, Dana Sohmer, MA, Project Coordinator, and Zuoli Zhang, MS, Research Specialist for visiting our office and for the engaging conversation regarding:

- Feedback on the ECHO-Chicago CYE expansion project
- Updates from work at ECHO-Chicago
- Updates from the AAP ECHO Expansion project
- Discuss opportunities for collaboration

From left: Dr. Johnson, Zuoli, and Dana

May 18th-19th

The Center conducted an in-person site visit with the Epilepsy Foundation New Jersey (EFNJ) to discuss the progress of the program initiatives. EFNJ partnered with the Northeast Regional Epilepsy Group, Epilepsy Foundation of Connecticut, and the Epilepsy Foundation of Northeast New York to implement a community-based system of services for children and youths with epilepsy and their families.

Meeting participants included:
Eminet Abebe Gurganus, MPH (part-time), MOC Coordinator Connecticut Children's Medical Center
Jenna Andolora, Epilepsy Resource Coordinator (EFNJ)
Basil Bruno, MD, FAAP (part-time), lead pediatrician at Pedimedica, Rochelle Park,
Trisha Calabrese, MPH, Director, Division of Innovation (AAP)
Meghan Carnowski, MPH, Health Educator/Grant Coordinator (EFNENY) (part-time)
Liza Gundell, Deputy Director (EFNJ)
Eric Joice, Executive Director (EFNJ) (part-time)
Steven Kairys, MD, FAAP (NJAAP)
Pamela Kelley, PhD (Kelley Analytics-Evaluator) (Part-time)
Andrea Racioppi, Associate Director (EFNJ)

June 10th

Center staff was delighted to receive a visit by its Medical Director, Sucheta Joshi, MD, MS, FAAP.

Dr Joshi provided a summary of the meeting:

“It was pleasure to visit the AAP and meet the CYE Coordinating Center team in person! Trisha, Doris and Amy were perfect hosts, and the day had a packed agenda to review the upcoming Grantee and Advisory Committee meetings in Washington, DC on June 17th and 18th. I am thrilled to see all the GREAT work that the grantees and the Coordinating Center have done in the last year. Much has been accomplished to make a difference in the lives of children and youth with epilepsy and their families. Everybody at the AAP and on all the state grantee teams should give themselves a pat on the back!

Looking forward, there still is much to be done to improve access to care and quality of life of children and youth with epilepsy. The meetings in Washington DC provide that impetus to continue with this great and meaningful work.”
Epilepsy in ICD-10-CM

As ICD-10-CM approaches, it is important to understand the new code structure and any changes that will impact the codes used most. Under category G40 - “Epilepsy and Recurrent Seizures” there are many new terms and requirements in order to report the most specific code in the code set. In most cases ICD-10-CM affords clinicians to be able to report in greater detail the patient’s condition. At the G40 category level, there is a note that states “the following terms are to be considered equivalent to intractable: pharmacoresistant (pharmacologically resistant), treatment resistant, refractory (medically) and poorly controlled.” This is important for coders to recognize that these terms are used interchangeably in the ICD-10-CM code set. It is also important to note that G40 has several “Excludes 1” codes. In ICD-10-CM an “Excludes 1” note means not coded here. An Excludes1 note indicates that the code excluded should never be used at the same time as the code above the Excludes1 note.

The following conditions/codes are excluded from all codes under the G40 category:
conversion disorder with seizures (F44.5); convulsions NOS (R56.9); hippocampal sclerosis (G93.81); mesial temporal sclerosis (G93.81); post traumatic seizures (R56.1); seizure (convulsive) NOS (R56.9) ; seizure of newborn (P90); temporal sclerosis (G93.81); Todd’s paralysis (G83.8)

The epilepsy codes have additional detail that is not found in ICD-9-CM.

Under the G40 category, there are 10 subcategories to further detail the specific type of epilepsy. Note that all of these subcategories (with the exception of code G40.89) will require a 6th digit for a complete code:
G40.0- Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset
G40.1- Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures
G40.2- Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures
G40.3- Generalized idiopathic epilepsy and epileptic syndromes
G40.A- Absence epileptic syndrome
G40.B- Juvenile myoclonic epilepsy [impulsive petit mal]
G40.4- Other generalized epilepsy and epileptic syndromes
G40.5- Epileptic seizures related to external causes
G40.8- Other epilepsy and recurrent seizures
G40.9- Epilepsy, unspecified

In order to complete all the subcategories above (with the exception of G40.89 – Other seizures), add a 5th and 6th character.

<table>
<thead>
<tr>
<th>Subcategory</th>
<th>5th Character</th>
<th>6th Character</th>
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<tbody>
<tr>
<td>G40.0-</td>
<td>0 = not intractable</td>
<td>1 = intractable</td>
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<tr>
<td>G40.1-</td>
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<td>G40.2-</td>
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<td>G40.9-</td>
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Subcategory G40.8- is broken down differently under the 5th character as follows:
G40.80 - Other epilepsy | G40.81 - Lennox-Gastaut syndrome | G40.82 - Epileptic spasms | G40.89 - Other seizures

Each subcategory above (except for G40.89) will also require a 6th character as follows:
1 = with status epilepticus
9 = without status epilepticus (or NOS)

Unspecified codes will not be removed from the ICD-10-CM nomenclature and still have their place. If the encounter ends with the clinician unable to determine specifically the type of epilepsy the patient has, a code from subcategory G40.9- should be reported.

SEIZURE CONDITIONS FOUND ELSEWHERE IN THE CLASSIFICATION
There are other areas in ICD-10-CM where you could find yourself coding for an encounter where a seizure has taken place, however, you will not report a code from the G40 category.
Epilepsy in ICD-10-CM (cont’d)

Under the signs and symptoms chapter there are codes for convulsions (seizures) not elsewhere classified. These conditions fall under category R56. Category R56 has an “Excludes1” note for dissociative convulsions and seizures (F44.5); epileptic convulsions and seizures (G40.-) and newborn convulsions and seizures (P90).

- **R56.00** Simple febrile convulsions (seizures)
- **R56.01** Complex febrile convulsions (seizures) Including atypical or febrile seizure and complicated febrile seizure
- **R56.1** Post traumatic seizures
- **R56.9** Unspecified convulsions Including convolution disorder, fit NOS, recurrent convulsions, seizure(s) (convulsive) NOS

For convulsions of the newborn, report the specific code from the neonatal chapter. This also includes when the convulsions begin within the first 28 days of life. This code may also be used if the condition is affecting the patient beyond the neonatal period, so long as it originated in the perinatal period (defined as birth through the 29th day of life, since the day of birth is day 0). Code P90 (convulsions of newborn) is reported in this instance. The P90 code has an “Excludes1” note for subcategory G40.3- (benign myoclonic epilepsy in infancy or benign neonatal convulsions (familial)).

If a patient presents with a conversion disorder coupled with seizures or convulsions, report the appropriate conversion disorder code that includes seizures or convulsions, not a code from the G40 category. Code F44.5 (conversion disorder with seizures or convulsions) is reported in this instance.

**STATUS EPILEPTICUS**

One of the major changes in the classification for epilepsy is now to be able to define those patient’s “with status epilepticus.” Status epilepticus is a common neurological emergency with considerable associated health-care costs, morbidity, and mortality. Because of this, ICD felt it was important to distinguish it from without status. There are variations in the definition, however, the clinician will need to document that they have diagnosed the patient “with status” so it can be properly coded for and therefore will allow for the increase in cost in treating and caring for the patient. If it is not documented, query the physician or report the “without status” code as that is the default code.

**LINKING DIAGNOSIS TO PROPER ICD-10-CM CODE**

Listed below are some of the more common diagnoses seen for pediatrics and the proper ICD-10-CM code.

**Diagnosis #1** | Benign epilepsy of childhood with centrotemporal spikes, not documented as intractable or with status
G40.009  Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, without status epilepticus

Note that in the index, you are re-directed to this code, see below

Index: Epilepsy - benign childhood with centrotemporal EEG spikes — see Epilepsy, localization-related, idiopathic

**Diagnosis #2** | Childhood absence epilepsy, intractable, not documented as with status
G40.A19  Absence epileptic syndrome, intractable, without status epilepticus

**Diagnosis #3** | Juvenile myoclonic epilepsy, not documented as intractable or with status
G40.B09  Juvenile myoclonic epilepsy, not intractable, without status epilepticus

**Diagnosis #4** | Infantile spasm, intractable, not documented with status
G40.824  Epileptic spasms, intractable, without status epilepticus

Note: Under the sub-category “Epileptic spasms” there will be a sub entry for infantile spasms

**Providers:** Be sure to document intractable and status epilepticus as appropriate, in order to get to the most appropriate code for the patient’s condition **Coders:** contact the provider with questions about terms

Happy Coding!
SATURDAY, OCTOBER 24, 2015

I1112 - Telementoring as a Strategy to Reach Children Globally | 2:00 - 3:30 pm |
Faculty: Sanjeev Arora, MD and Sucheta Joshi, MD, MB, MS, FAAP

Course Description: Children with chronic medical conditions (asthma, diabetes, epilepsy, ADHD, etc.) frequently do not have access to subspecialists and wait times for an appointment can exceed months. This promises to be an inspiring but practically useful interactive group forum as the founder of Project ECHO (Extension for Community Healthcare Outcomes) shares how this model of care has increased access to subspecialty care within the medical home, around the globe for several medical conditions.

SUNDAY, OCTOBER 25, 2015

F3008- One Seizure, Two Seizures: What Do I Do Now? | 7:30 – 8: 15 am | Repeats as S2057 on Sunday, October 25, 2015 at 9:30 am
Faculty: Paul Graham Fisher, MD, FAAP

Course description: When a child presents with a first or second seizure both temperature and anxiety can be high. Do you know how to evaluate and manage the child with a first or second febrile seizure or seizure without fever? Come review the most current approach for handling a child with new-onset seizures, and review AAP guidelines that address

P2076- Changing the World of Pediatrics: How Telementoring Can Aid in Reaching Children Globally | 10:00 am – 10:40 am
Faculty: Sanjeev Arora, MD

Course description: Children in the United States and across the globe with chronic medical conditions (asthma, diabetes, epilepsy, ADHD, etc) often lack access to subspecialists, as wait times for an appointment can exceed months. In rural areas, it is not uncommon for families to drive nearly 200 miles to see a subspecialist, resulting in costly travel, time away from work/school, and parents feeling intimidated by "big city" navigation. This plenary session promises to be inspiring and thought provoking, as the founder of Project ECHO (extension for community healthcare outcomes) shares how this model of care has increased access to subspecialty care within the medical home and around the globe for several medical conditions.

MONDAY, OCTOBER 26, 2015

S3154 - What Happens Next: Update on Epilepsy Treatment | 4:00 - 5:30 pm | Repeats as S4106 on Tuesday, October 27 at 4:00 to 5:30 pm
Faculty: Dewi Frances T. Depositario-Cabacar, MD and Ajay Gupta, MD, FAAP

Course description: Nearly 30% of patients with epilepsy have seizures that are not controlled by medication. There are many options for this population, including newer medications, epilepsy surgery, dietary therapy, and nerve stimulation. Recent media reports have highlighted supplements and plant-based therapies as well. Come listen to our experts discuss what to do when the older medications are not working.

A3140- Shake, Rattle, and Roll: Was That a Seizure? | 4:00 -4:45 pm
Faculty: Sarah Nicole Kelley, MD and Eric Heath Kossoff, MD

Course description: Did you see that? Was that a seizure? Something else? A breath holding spell, myoclonus, shuddering attack, migraine, tic, faint, or something else? Come learn how to sort out and identify the spells that will present in your practice, and lean what is neurological, cardiac, or even benign.

Interested in learning more? Please visit:

AAP 2015 National Conference Website- www.aapexperience.org
2015 National Conference Preliminary Program- www.aapexperience.org/program
AAP Conference Planner – www.aapexperience.org/planner
Plenary Sessions- www.aapexperience.org/plenary
Registration- www.aapexperience.org/register
Hotel Reservations- www.aapexperience.org/hotels
### June | July | Aug

#### Calendar of Events

**New Mexico CYE TeleECHO Clinics**

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**Kansas/Missouri CYE TeleECHO Clinics**

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<td>07/21/15</td>
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**Illinois CYE TeleECHO Clinics**

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**Colorado CYE TeleECHO Clinics**

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**Kansas/Missouri CYE TeleECHO Clinics**

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**MetaECHO Conference Call**

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<td>07/08/15</td>
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</tr>
<tr>
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For more information regarding the TeleECHO Clinics, contact Amy Shah, MPH, Project Manager, Project ECHO

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“Those who have learned to collaborate and improvise most effectively have prevailed.”

-- Charles Darwin--