

IMPROVING ACCESS TO CARE AND TRANSITION SERVICES FOR CHILDREN AND YOUTH WITH EPILEPSY IN EASTERN PENNSYLVANIA

(I-ACT FOR EPILEPSY)

Children's Hospital of Philadelphia

PROGRAM OVERVIEW

I-ACT for Epilepsy utilized quality improvement approaches and telemedicine to improve access to coordinated and comprehensive quality care for children and youth with epilepsy and pediatric-to-adult healthcare transition services in the catchment area of the Children's Hospital of Philadelphia (CHOP), with an emphasis on those living in medically underserved areas.

PROGRAM UNIQUENESS

- EMR-based Transition Registry serves as a tool for population health, prospective care
- Development of and EMR-based transition-specific risk stratification score
- Development of a [clinical pathway for transition](#)
- [Patient Transition Webinars](#)

STRATEGIES

EPILEPSY PATIENT REGISTRY

Epilepsy patient registry and population management interface for care coordinators and clinicians to track health outcomes, utilization, process measures, with linkages to REDCap for patient-reported outcomes.

CHANGE PACKAGES

Tested and implemented change packages through clinical pathways and electronic medical record clinical decision support tools to standardize approaches to decision-making assessments and legal guardianship initiative.

TELEMEDICINE

Tested and implemented telemedicine (secure video conferencing) in three different settings.

EDUCATION AND OUTREACH

Developed and implemented education, outreach, and dissemination strategies with partner organizations including Epilepsy Foundation of Eastern Pennsylvania, Child Neurology Foundation, and the Society of General Internal Medicine: Resources can be found [here](#).

SUCCESSES

- **Transition Registry:** Through the development of the Epilepsy registry and care management tools, all clinical coordinators can identify patients (both retroactively and prospectively) who have recently received or are currently receiving emergency department (ED) or urgent care (UC), who were recently or currently hospitalized, or who have recently missed a regularly scheduled appointment.
- **Scaling:** Abstracts presented at Pediatric Academic Societies annual meeting, Society for General Internal Medicine annual meeting, and the American Public Health Association Annual meeting.
- **Transition Risk Score:** Components of the transition care coordination risk score include: recent no-shows, number of unique specialists seen in the last 12 months, presence of intellectual disability, need for legal guardianship, other psychosocial risk, use of antipsychotics, use of ADHD stimulant medications, home health use, medical technology dependence, recent ED/UC visits, and recent hospitalizations. This risk score was developed and implemented in the EMR.
- **Collaborative partnerships:** Deep collaborations were built with pediatric and adult primary care practices and neurology. These relationships have served as a basis for sustainability of new processes developed through this project.

GOALS

MEDICAL HOME

Improve access to the patient/family centered medical home.

TELEMEDICINE

Implement evidence-based and innovative models of telemedicine.

TRANSITION

Implement *Got Transition Six Core Elements Framework* to help youth successfully transition from pediatric to adult systems of healthcare.

EDUCATION AND OUTREACH

Facilitate outreach and education regarding epilepsy among pertinent stakeholders in the provider network of CHOP, emphasizing populations experiencing health disparities and those residing in medically underserved areas.

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