

Use of Best Practice Alerts in Electronic Medical Records to Improve Care for Women of Childbearing Age Taking Anti-Seizure Medications

Lu Lin¹, David A. Castleman², Catherine S. Glover², Jill Vieley³, Paul C. Van Ness^{1,4}

1. Department of Neurology & Neurotherapeutics, University of Texas Southwestern Medical Center, 5323 Harry Hines Blvd, Dallas TX, 75390-8508;

2. Parkland Health & Hospital System, Clinical Informatics, 5201 Harry Hines Blvd, Dallas TX, 75235;

3. Parkland Health & Hospital System, Enterprise Reporting, 5201 Harry Hines Blvd, Dallas TX, 75235.;

4. Current address: Department of Neurology, Baylor College of Medicine, 7200 Cambridge, 9th Floor, MS BCM 609, Houston, TX, 77030-4202.

Objective:

- ✓ Develop a best practice alerts (BPA) tool in electronic medical records (EMR) to ensure fertile women taking anti-seizure medications (ASM) are co-prescribed folic acid supplementation (FAS).

Background:

- ✓ AAN Epilepsy Quality Measures recommend that women at 12-44 years of age be counseled about ASM effects on contraception and pregnancy.
- ✓ AAN also recommends that women of childbearing age on ASM routinely take FAS.
- ✓ Previous study at our center showed that less than 50% of women taking Valproate presenting to a large multi-hospital EEG laboratory had both adequate contraception and appropriate FAS.

Methods:

✓ Inclusion criteria

- Women at 12-44 years old (yo) at the time of encounter (2014.1.1-2014.12.31)
- With prescription of any ASM
- With a diagnosis of epilepsy OR other medical/psychiatric issues requiring ASM

✓ Rate of compliance = (B + C)/A

- Total number of 12-44 yo women on any ASM
- Number of 12-44 yo women on ASM with FAS
- Number of 12-44 yo women on ASM without FAS, but with surgical sterilization

✓ BPA triggering criteria

- Gender: female
- Age: 12-44 yo
- On any ASM
- NOT on FAS (> 0.4mg/day) **AND** NOT surgically sterilized

Results:

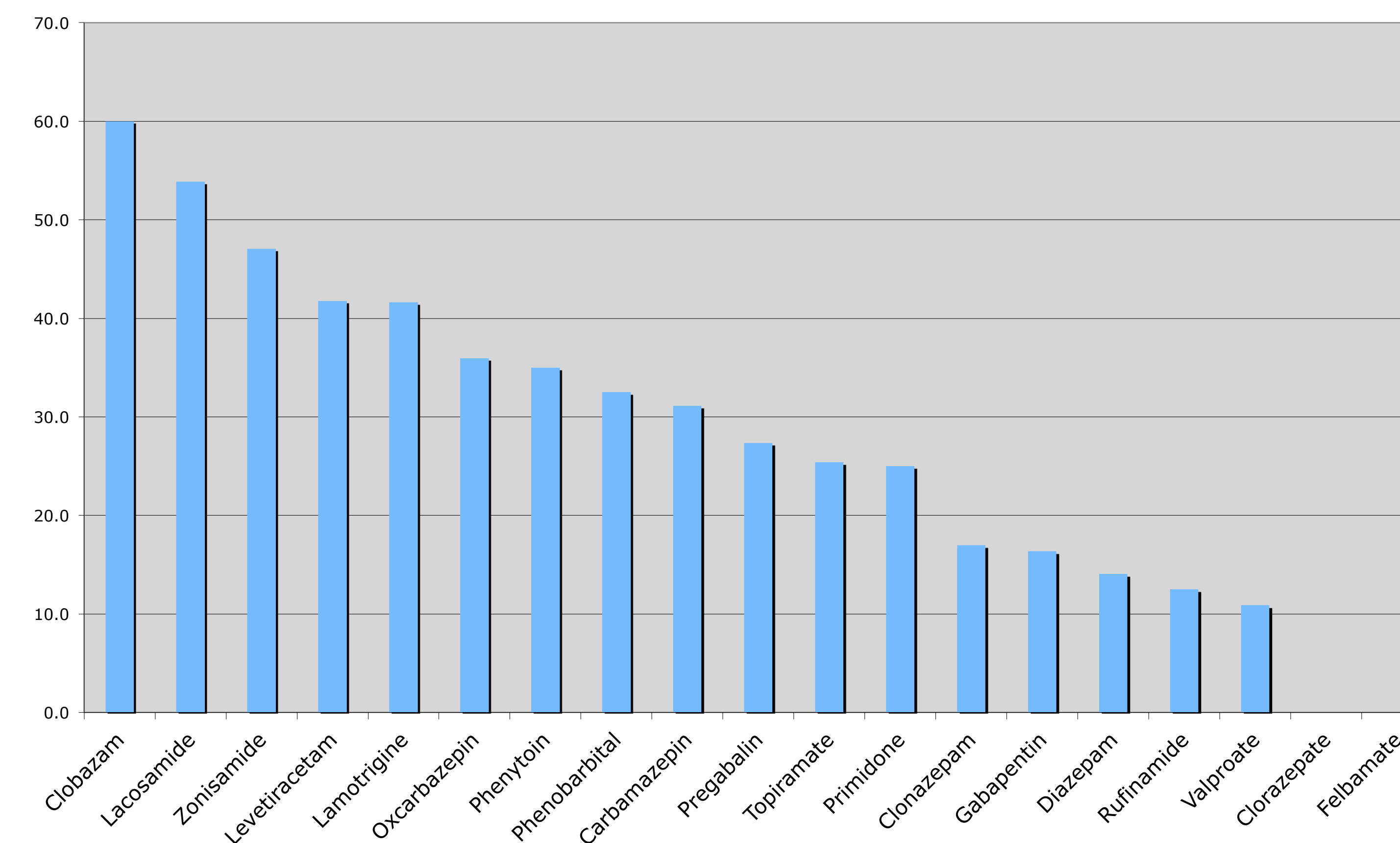
✓ Distribution of individual ASM prescription

ASM	%	Pregnancy Category
Gabapentin	35.88	C
Levetiracetam	14.92	C
Diazepam	10.84	D
Clonazepam	8.69	D
Topiramate	7.20	D
Lamotrigine	5.74	C
Carbamazepine	5.31	D
Pregabalin	3.40	C
Phenytoin	3.25	D
Oxcarbazepine	1.43	C
Lacosamide	1.04	C
Valproate	0.74	X
Phenobarbital	0.64	D
Zonisamide	0.55	C
Rufinamide	0.13	C
Clobazam	<0.1	C
Felbamate	<0.1	C
Primidone	<0.1	D
Clorazepate	<0.1	N

Parkland Memorial Hospital, 2014, N=6238.

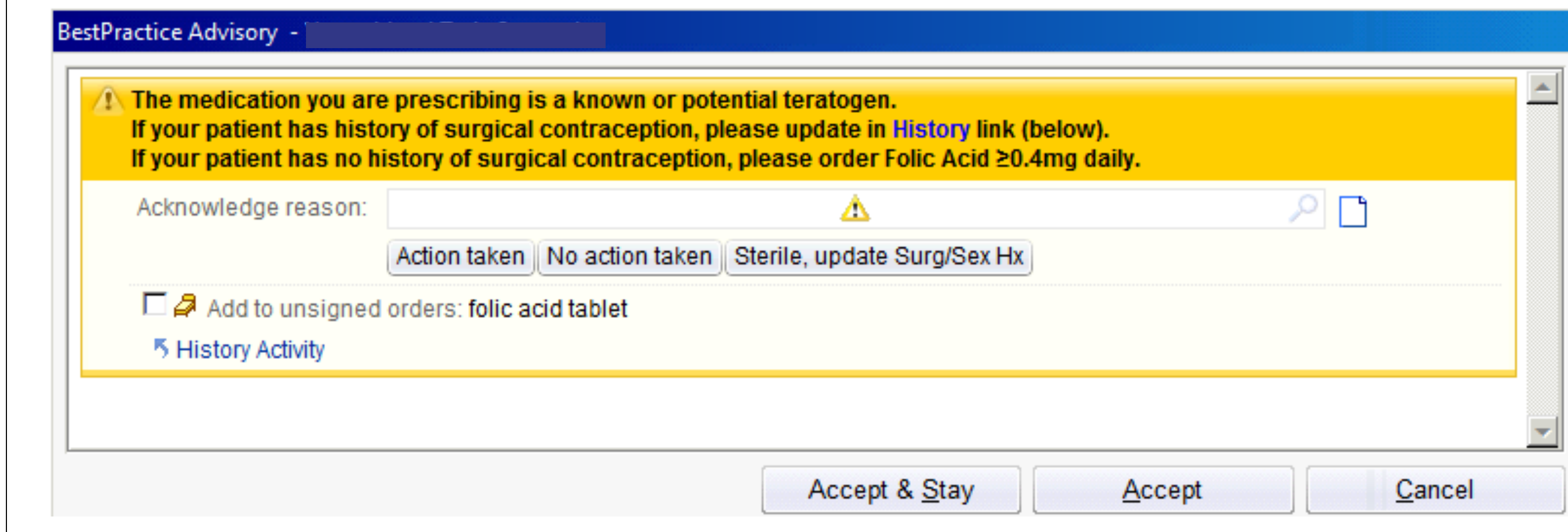
Results:

✓ Rate of compliance before BPA is in effect



Results:

✓ Construction of Best Practice Alert in EMR



Future directions:

- ✓ Compliance rate will be monitored every 3-6 months after BPA is in effect and be compared to baseline.

Conclusion:

- ✓ In year 2014, about 24.7% (1543/6238) of childbearing age women prescribed any ASM at our center were either taking FAS or were surgical sterilized. This represents a significant care gap.
- ✓ A new BPA tool has been constructed and will be in use. The percentage of compliance will be monitored after the BPA takes effect and compared to baseline.
- ✓ By using this new BPA in an EMR, we hope to track AAN quality measure compliance for FAS in women taking ASM, when indicated, to improve patient care in this sub-population.

References:

- Quality improvement in neurology: AAN epilepsy quality measures: Report of the Quality Measurement and Reporting Subcommittee of the American Academy of Neurology. Neurology. 2011 Jan 4;76(1):94-9.
- AAN Epilepsy Quality Measures: Electronic Medical Record Documentation of Folic Acid and Contraceptive Method Use in Women of Childbearing Age Taking Valproic Acid Referred for Electroencephalography. Neurology Feb 12, 2013; 80 (Meeting Abstracts 1): PD4.001.