

Epilepsy Treatment and Education Task Force - Report to the Iowa Legislature

2/14/12

From: Dale Todd, Chairman

Dear Honorable Members of the Iowa Legislature:

The Epilepsy Treatment and Education Task Force to date have met on two occasions. This nine member task force works in conjunction with the Iowa Department of Public Health to fulfill the goals outlined in House File 322 which was enacted by Governor Branstad on April 14, 2011.

House File 322, calls for the formation of a task force consisting of patients, physicians and pharmacists to provide education and information to the public and to assess the impact on people with epilepsy of generically equivalent drug product selection for the treatment of epilepsy related seizures. Its goal is to submit a final report consisting of activities, findings and any recommendations to the Eighty-fifth General Assembly of the Iowa Legislature by January 1, 2013.

Members of the Task Force include:

- Dr. Todd Janus – MD, Neurology, Director of Clinical Research, Iowa Health System, Des Moines
- Dr. David Friedgood – DO, Neurology, Mercy Ruan Neurology Clinic, Des Moines
- Dr. David B. Moore – MD, Neurology, McFarland Clinic, Ames
- Chasity Mease (Vice Chair) – Clinical Pharmacist, Walgreens, Des Moines
- Brett Barker - Director of Clinical Services at NuCara Pharmacy, Nevada
- Dr. Geoff Wall - Internal Medicine Clinical Pharmacist/Associate and Professor of Pharmacy Practice, Iowa Methodist Medical Center/Drake University
- Kevin Harris – Parent of a child with epilepsy, Des Moines
- Kristin Wells – Parent of a teenager with epilepsy, Waterloo
- Dale Todd (Chairman) – Parent of a child with epilepsy, Cedar Rapids

Staff support is provided by Jessica Peters and Vic Verni with the Iowa Illinois Epilepsy Foundation and Jill Myers Gadelmann with the Iowa Department of Public Health.

At the first meeting on November 15, 2011 Dale Todd was elected chairperson of the committee and then a summary of the legislation (House file 322) that created the task force was provided by Kyle Frette of Advocacy Strategies.

To date, members of the committee have developed an eight question confidential survey that we hope will shed light on the issue of switching with data from Neurologist affiliated with the Iowa Neurological Association. This survey asks eight questions of the neurologist about the prevalence of switching in the physicians practice and other issues related to epilepsy care.

Once the survey results are compiled they will be shared with the Iowa Legislature in the final report due January 2013.

Committee members are also evaluating the DAW (Dispense As Written) to ensure that patients receive the correct medication. The more we can do to improve and enhance this process the more we can decrease the possibility of medical errors between the provider, pharmacists and patient.

One of the challenges that the committee is faced with is lack of actual data that exists in Iowa to determine spikes in seizure activity related to switching of brand name medications and generics. The committee is attempting to learn from

hospital admittance data that has been compiled by the Iowa Department of Public Health to determine if there is any cause and effect relationship between increases in ER visits and the release of new drugs and generics.

The committee has been discussing the issue of the supply chain and how pharmacies determine what patient options patients and physicians have when determining what anti-seizure medications are available. The issue of costs and stockpiling of medications from various manufactures is an issue that most local pharmacists do not have control over; this is true especially among large chain drug stores or mail order. This is a topic that the committee will probably spend more time exploring.

The importance of unbiased input to the discussion and has brought the committee to the conclusion that other types of valuable data can be learned from other stakeholders in the medical, pharmacy benefit and insurance industry. Input from first responders, other healthcare physicians and the involvement of other stakeholders from the epilepsy community will help the task force develop better conclusions and outcomes. We look forward to fulfilling our goal of education as we learn and develop solutions to challenges that epilepsy patients and healthcare providers encounter.

Members of the Epilepsy Treatment and Education Task Force have agreed to meet monthly as we work to fulfill the goals of the legislation outlined in HF 322.