

Clinical Services

Time Allocation: 60%

Dr. [redacted] is an active and productive member of the neurology section since her appointment in August 2012. Despite an initial prolonged maternity/medical leave from October 2012-February 2013 as well as a non-ACGME epilepsy fellowship at ACH early on for 12 months, she has proven herself one of the top RVU producers in the section. Her clinical interests include pediatric epilepsy as well as pediatric demyelinating disorders. She is involved in general neurology clinics, inpatient neurology service, neurology consults and the interpretation of routine, prolonged and inpatient electroencephalograms. She has focused on patient education, creating educational documents and informational handouts to be given to patients to increase their understanding of their diagnosis.

One of Dr. [redacted]'s most important accomplishments since becoming faculty has been the successful creation of Arkansas Children's Hospital's first Demyelinating Clinic, seeing all the patients with this diagnosis (multiple sclerosis, optic neuritis, transverse myelitis, neuromyelitis optica and clinically isolated syndrome) in the state of Arkansas and surrounding areas. This is a specialized set of patients that did not have a clinic dedicated for their diagnosis, treatment and education until Dr. [redacted].

Highlights:

- 1. Attending Inpatient Neurologist**
- 2. Attending Neurologist in outpatient clinic**
- 3. Epileptologist in Epilepsy Monitoring Unit**
- 4. One of the top RVU generators for section, at 270% benchmark for FY2017**
- 5. One of the top ACH neurologists for outpatient patient satisfaction scores.**

Summary of Clinical Care Duties:

	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Weeks on inpatient/consult service	7	8	11	9	9
½ day clinics per year	57	172	124	152	146
Weeks in Epilepsy Monitoring Unit	19	19	18	18	13

Charges:

Fiscal Year	Charges
FY2017	\$789,058
FY2016	\$782,915
FY2015	\$793,710
FY2014	\$514,349
FY2013*	\$310,170

*On medical/maternity leave 4 months. Time not pro-rated

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Work RVWs:

Fiscal Year	RVWs	Benchmark for 100% clinical neurologist	Adjusted benchmark (adjusted for 60% clinical FTE)	% of Benchmark Achieved
FY2017	6356	3924	2354	270
FY2016	5962	4208	2525	236
FY2015	6171	4753	2852	216
FY2014	4375	4838	2903	151
FY2013(adj for 11mo)	1106	4247	2548	43*

*On medical/maternity leave 4 months. RVU not pro-rated

Clinical Duties:

Attending Inpatient Neurology Physician Role:

As an inpatient attending in the neurology section, Dr. _____ is responsible for the management of patients admitted to the neurology service as well as providing inpatient consultation for the hospital. Inpatient service spans 7 days with an average of 9-11 inpatient weeks per year. The inpatient neurologist averages 5-10 patients on service, including 2 video EEG patient admissions per days with an average of 3-6 consults per day. A typical day involves inpatient rounds with the inpatient team, consisting of the attending, child neurology resident, upper level pediatric resident, two pediatric interns as well as medical students from both pediatrics and neurology. Neurology patients are seen in the morning following rounds and the afternoon consists on rounding on new and follow-up consults at ACH. Common evaluations include new onset or worsening seizure activity, status epilepticus, altered mental status, weakness, headaches/status migrainosus, and gait changes. Daily clinical duties average 9 hours per day with 1-2 hours of teaching included. During the inpatient service, Dr. _____ is on call from 8am-5pm Monday through Thursday as well as continuous call from Friday 8am through the following Monday 8am. Evening call is taken from home with occasional return to the hospital based on the severity of the consult.

Attending Outpatient Neurology Physician Role:

Dr. _____ does 10-18 outpatient clinic weeks per year. This week consists of 8 half-day clinics per week. During these clinics, Dr. _____ will have either new patients or follow up patients. During new patients, Dr. _____ will see 12-14 new patients, each allotted 1 hour, with the assistance of an APRN. During follow up clinics, Dr. _____ will see 14 patients, each allotted 30 minutes. Occasionally, patients with intractable epilepsy will have vagus nerve stimulator and Dr. _____ evaluates and programs these devices during follow up clinic visits. She is also involved in the resident continuity clinic, staffing this clinic intermittently every Wednesday for 2-3 child neurology residents. Teaching is also provided during the outpatient clinics as child neurology residents, adult neurology residents, child psychiatry fellows, developmental pediatric fellows and medical students rotate through this clinic. To help with patient instructions upon discharge from clinic, Dr. _____ created a one page handout that allows the provider

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to list contact information, patient diagnosis and medications prescribed that the family can then take with them after the clinic visit.

In addition, Dr. [redacted] is the founder and clinical director for the Child Neurology Demyelinating Clinic, a clinic focused on the evaluation, diagnosis and treatment of pediatric demyelinating disorders, including multiple sclerosis, neuromyelitis optica, optic neuritis, and transverse myelitis. She created this clinic and recruited both psychology and neuropsychology to be part of this clinic, forming a multidisciplinary clinic. Dr. [redacted] has been strongly involved in the National MS Society as well, allowing her to have the most up to date information on pediatric multiple sclerosis for patients and to provide them with educational materials at each visit. She created a one page information handout to be given at initial diagnosis as well, explaining pertinent information about the diagnosis. Through her experience and excellent patient care, she has been deemed a National Multiple Sclerosis Society Partner in Care, a distinction for physicians dedicated and experienced in the treatment of multiple sclerosis. There are currently only 292 Partners in MS Care in the US, with only seven being Pediatric Neurologists. Dr. [redacted] is the first pediatric neurologist in the state of Arkansas with this distinction.

Attending Epilepsy Monitoring Unit Physician Role:

Dr. [redacted] does an average of 1-2 weeks per month in the epilepsy monitoring unit (EMU). During these weeks, Dr. [redacted] is responsible for the interpretation of all long term video electroencephalograms (EEGs) done in the hospital. This includes those on a general pediatric floor as well as critical care monitoring in the CVICU, PICU and NICU. During these weeks, Dr. [redacted] is responsible for the EEGs completed from 3pm on Friday through the following Friday at 3pm. This results in over 500 inpatient vEEGs read in the fiscal year 2016 alone. In addition, Dr. [redacted] performs and interprets intraoperative monitoring (IOM) for complex neurosurgical or orthopedic cases, often monitoring 3-6 cases per week. Dr. [redacted] also rotates with the other neurologists in the section for interpretation of routine EEGs done in the outpatient setting, totaling greater than 300 routine EEGs read per year.

In 2017, Dr. [redacted] as well as the other three epileptologists and Dr. Albert, neurosurgery, learned that Arkansas Children's Hospital has been awarded the title of a Level 4 Epilepsy Center, stating that ACH serves as a regional referral center for intractable epilepsy patients, providing complex forms of intensive neurodiagnostic monitoring as well as more extensive medical, neuropsychological and psychosocial treatment.

Year	# Routine EEGs Interpreted	# Prolonged video EEGs Interpreted
FY2014	329	261
FY2015	333	573
FY2016	389	553

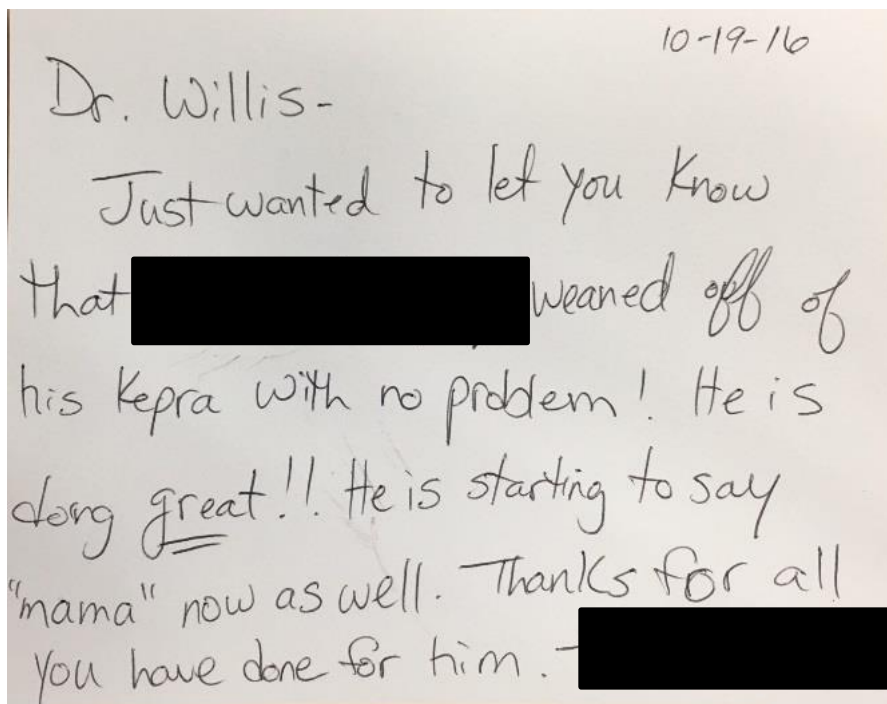
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Creation of Clinical Guidelines:

Dr. [redacted] was co-author with Dr. Nick Porter for the peer reviewed Angels Guidelines for Emergency Management of Migraines in Children, accepted in 2017.

Patient/Family Evaluations:

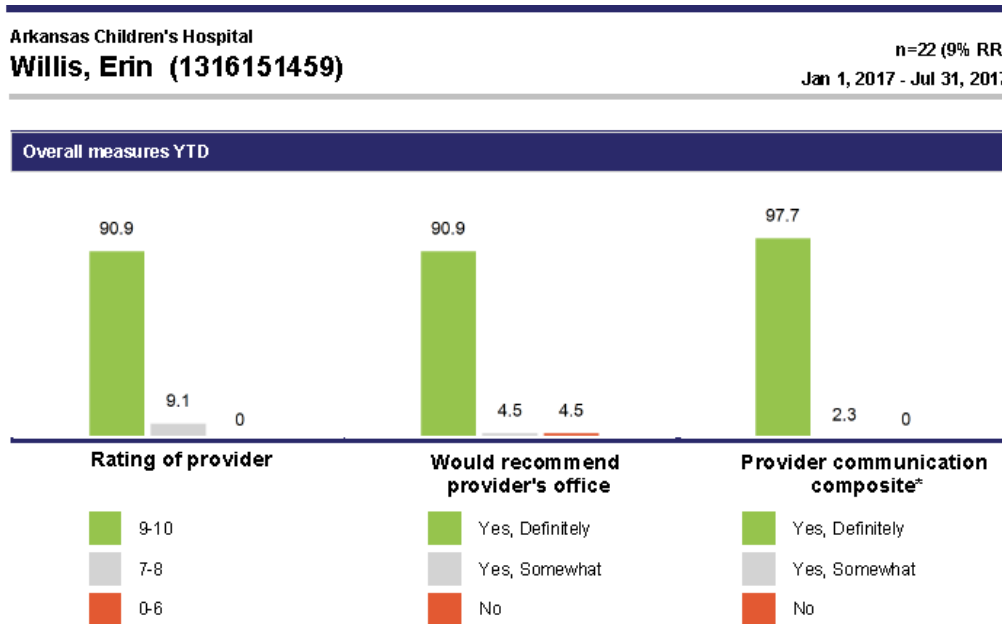
Dr. [redacted] remains committed to providing not only excellent patient care, but connecting with patients and providing strong doctor-patient relationships. This ability to explain complex medical diagnoses with patients and their families at appropriate levels has resulted in Dr. [redacted] forming strong bonds with her patients. Below is an example of a thank you letter received by Dr. [redacted] concerning one of her patients as well as an email Dr. [redacted] received from another colleague:



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Patient Evaluation Scores:

National Research Corporation (NRC) is a professional research organization that surveys patient's families via phone, email or text to gather responses to various questions concerning their experience in the clinic. These scores recently replaced the old PRC scores in January 2017. Although limited in number, below are Dr. [redacted]'s scores for January-July 2017 with greater than 90% of patients rating Dr. [redacted] as excellent:



*Provider Communication Composite combines the results of four (4) measures: Provider explained things understandably, Provider listened carefully, Provider showed respect for what patients said, and Provider spent enough time with patient. This is in alignment with the CG CAHPS v3 provider composite.

Prior to the NRC score, outpatient patient satisfaction surveys were conducted through Professional Research Consultants (PRC). Although more generic to the neurology clinic in general, individual comments were provided. Some examples of patient comments about Dr. [redacted] include:

"The doctor that my grandbaby sees is the most outstanding doctor ever, Dr. [redacted]"

"She took time to listen to me. She waited patiently. She paid attention and asked questions. She was really glued and knew what was going on."

"I really liked Dr. [redacted], she is very friendly and listens very well and she's very thorough."