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www.reachmd.com
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(866) 423-7849

Seizures & Epilepsy: How Cell Phone Videos Could be an Effective Tool

Dr. Wilner:

Welcome to NeuroFrontiers on ReachMD. I'm your host, Dr. Andrew Wilner. And joining me today is my friend and colleague Dr. Selim Benbadis. Not one to shy away from controversial topics, he is going to discuss why cell phone videos should be considered as a reimbursable diagnostic tool for seizures and epilepsy. Dr. Benbadis is Professor of Neurology and the Director of the Comprehensive Epilepsy Program at the University of South Florida.

Dr. Benbadis, thanks for joining me today.

Dr. Benbadis:

Thank you for having me.

Dr. Wilner:

Okay. So let's start with your thesis that was articulated in the recent article in *Neurology* that cell phone videos have value as diagnostic tools. So, which tools are we using now? And how can cell phone videos complement them?

Dr. Benbadis:

Oh, a great question. As you know, the most useful diagnostic tool for seizures, as written in every textbook, is taking a history from the patient and the witnesses who have seen the episodes in question or the seizures and give us a description, and that's unanimous among clinical neurologists. That is the best tool we have had, and it's still true. And I view cell phone videos as an extension of the history. It doesn't really compete with the history. It's a complement to it, and it's much more objective.

Witnesses are not medically trained, they may be freaking out because their loved one is having a seizure, they don't give great, accurate accounts of what happens during the seizure or the episode. Cell phone videos are incredibly valuable. Everybody I've talked to who has read my article has told me, "We've been doing this for years." They ask patients, families, parents, loved ones to bring or send cell phone videos, and it's incredibly helpful to helping the diagnosis.

Dr. Wilner:

Well, we have EEG video. Isn't that better?

Dr. Benbadis:

Yes and no. Of course it's better. If I could monitor somebody with EEG video 24/7 365 days a year, it would be great for us epileptologists, but as we all know, that's not possible because EEG video is limited in time. We do it typically, as you know, in the hospital maybe three, four, five days, maybe a week, maybe even two, but that's really pushing it. We can do ambulatory EEG video, and that's great, but same thing, we can't do it forever. The advantage of cell phone video is it's on demand, when the episode occurs. Hopefully, you can capture it on cell phone videos. Now, it doesn't have the EEG portion, obviously. It's only the video part, but as you know, many seizures there is more information to be gained by viewing the episode than viewing the EEG at least when it comes to

differentiating epileptic seizures versus other diagnoses that resemble epileptic seizures.

Dr. Wilner:

Right. And you and I spend a lot of time talking with the patient. Was this a syncopal event? Did their eyes roll back? Did they turn pale? Did they fall on the floor? Did they jerk? And how long did it last? what about the limitations? I mean, there's no EEG.

Dr. Benbadis:

The gold standard is the combination of both the video and the EEG. We look at the semiology and the EEG at the same time, so that's the gold standard, and we are not at all questioning that. The cell phone video use should be viewed—I feel strongly—as an extension of the history. First of all, as we said, it's not that easy for family or loved ones to take a video when the patient is in the middle of a seizure, so they can't always do it. Sometimes it's not of great quality. There are challenging issues potentially about how to transmit those to us in a HIPAA-compliant way. Where do we store them? So there are some issues, but they are so quick and dirty and accessible to everyone that it's, it's really an incredibly useful tool,

Now, another limitation, of course, is it's only as good as the person who reviews them. So, in the hands of people like you and me who review seizures, who have looked at thousands of seizures over our career, it's reliable, but same as EEG—neurologists or clinicians who are not used to looking at episodes, it might be subject to interpretation errors, just like EEG and other tests.

Dr. Wilner:

Right. And then, as you say, what do you do with them? I've been frustrated by that. If someone does bring in a good video, and they show it to me, I go, "Wow, that really helps." What do I do with it? I want to put it in the chart, so I'm not sure how to broach that aspect.

these things are time-consuming. You have to watch video in real time, so a 10-minute video takes almost the whole length of a typical office visit.

Dr. Benbadis:

That's why I argue potentially for a CPT code. And, similarly, to your point of putting it in medical records, right now we can put pictures in most. Like for dermatologists, orthopedic surgery, they can put pictures of things, x-rays, MRIs. for video it's not quite there yet. The one we have, which is Epic, does allow to put videos, but for the moment it's limited in size and duration. But I think we'll get there. I think we'll get there. Again, the purpose of my article was to be thought-provoking and start people to talk about adjusting to technology and making good use of it.

Dr. Wilner:

For those just tuning in, you're listening to NeuroFrontiers on ReachMD. I'm Dr. Andrew Wilner, and I'm speaking with Dr. Selim Benbadis about the use of cell phone videos as a diagnostic tool for patients with seizures and epilepsy.

Okay, Selim, so, have you gotten any response from your article? I think it just came out. Is there any feedback?

Dr. Benbadis:

Yes. Most of the feedback I have received is to the effect of "Oh my God, you're right. We've been doing this for years." But yes, I think people agree that we should be evolving and formalizing this, which again, people are doing already, including yourself. As you mentioned, you've done this. It just needs to be formalized, maybe a little bit more regimented and hopefully one day reimbursed because, it's not a medical test. it is time-consuming, and it's a great complement to the traditional history-taking.

Dr. Wilner:

Well, Dr. Benbadis, I want to thank you for highlighting this problem and for your article. Any final thoughts you'd like to share with our audience today?

Dr. Benbadis:

No. I appreciate the opportunity to discuss this, and if people want to send me feedback when they read the article, I believe my e-mail is in there, so I'm always happy to entertain discussions.

Dr. Wilner:

Dr. Selim Benbadis, I want to thank you very much for joining us on ReachMD NeuroFrontiers.

Dr. Benbadis:

Thank you for having me.

Dr. Wilner:

For ReachMD, I'm Dr. Andrew Wilner. To access this and other episodes in our series, visit ReachMD.com/NeuroFrontiers where you can be Part of the Knowledge. Thanks for listening.