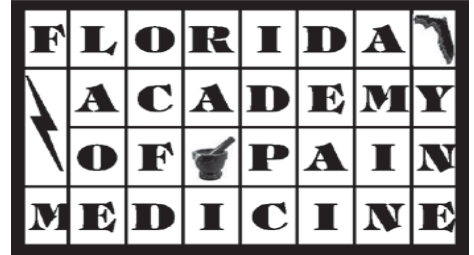


PAIN info



NEWS FROM THE FLORIDA ACADEMY OF PAIN MEDICINE ♦ VOL 11, NO. 2 ♦ Fall, 2006

PRESIDENT'S MESSAGE

RONALD B. TOLCHIN, D.O., FAAPM&R

I am honored to serve as your President for the coming year 2006-2007. This year in July we had a wonderful educational program at the Breakers Hotel in West Palm Beach that was well received. For those of you who attended, thank you for supporting your society. For those who didn't next year's program should be even better. We will be at the Gaylord Palms Hotel in Orlando once again and hope to see you there.

I want to take a moment to thank Dr. Fred Furgang (our former President), Ms. Lorry Davis, and the program committee for their diligent work in planning the educational program. In addition, Dr. Furgang has maintained a close relationship with the FMA and the Florida Pain Coalition to insure that our organization has been up with the current political trends.

A special thanks goes out to all of you – the members who desire to embrace the complex nature of pain and expand their educational horizons. We have members who are outspoken when it comes to improving the way in which pain management is delivered. This truly makes a difference in the lives that we serve each and every day as we strive to improve the quality of life for those who suffer from daily pain.

Who is the Florida Academy of Pain Medicine? We are 135 members strong comprised of: Anesthesiologists, Physiatrists, General Practitioners, and various other practitioners. We treat pain by a variety of methods: interventional techniques, medical pain management, prolotherapy, psychotherapy, manual medicine, physical modalities, prayer, acupuncture, and numerous other methods.

What does this tell us? That no one way or method is correct. Pain is complex. It transcends all boundaries.

It is all encompassing. It requires the cooperation of a multidisciplinary team care approach with broad based ideas and treatment plans

designed to approach pain from many avenues. This is who we are – The team of pain physicians and providers. We speak the language of pain but our dialects may be slightly different. Who benefits? – Our patients do! In addition, the medical community also benefits as we provide answers for patients suffering from one of the most misunderstood yet frequent occurrences in medicine – **Pain**.

We face many challenges for the coming year. Among these are insurance constraints with falling reimbursement, dissatisfaction of the patients with the health care system and their providers, challenges from other practitioners to cut into the interventional pain pie, practitioners with limited experience or only weekend training courses, and others who claim they have the answer to pain management. In addition, there is the harsh climate of the medicolegal society with rising costs of malpractice. Further challenges include pain clinics sprouting up on every corner and falling membership in professional societies. What can we do to overcome these obstacles? Simply, we can stay together.

We can encourage our colleagues to get involved. We need to stay involved both locally in the communities and when we have the chance, nationally as well. We can become involved with the training programs. We can bring residents and fellows into our offices and link with training affiliates. We can give lectures in the

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community. We can formulate pain teams within our hospitals, surgical centers, and offices concentrating on the multidisciplinary team care approach. We can communicate with civic organizations, local and state government and voice our needs and concerns. Most importantly, we can remember to listen to our patients. They need to be heard and to tell us their stories.

Significant change needs to take place. We need to be the authors of such change. We need to insure that patients have access to pain management and understand our specialty. However, in meeting this challenge we need to practice evidence based medicine. We should get involved in research when possible. We should look at the practice of pain with our critical eyes – glean the most useful and scientifically based practices necessary to obtain positive outcomes.

In the months to come I would like you to get involved – as much as you can. If you have special needs or concerns, please bring them to our attention. Communicate through the officers or through our executive director, Lorry Davis. Visit our website for important updates. If you would like to be involved with the leadership, then we welcome you. If you would like to see a topic or workshop covered next year, then please inform us. If you have a guest speaker or have someone in mind for a symposium next year, then please let us know.

This is your organization. As we move forward, we need to become more progressive. We need to grow our membership and spread our word. We need to

project our cause, and we need to help our patients. Join our grass roots efforts and be a part of the difference we can make as comprehensive pain clinicians. Thanks, and let us have a great year together!

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Lorry S. Davis, M.Ed.,
Executive Director

The 2007 FAPM ANNUAL MEETING AND CONFERENCE UPDATE

The dates for the 2007 event: July 27 – 29. Location: The Gaylord Palms Resort and Convention Center in Kissimmee (Orlando). FSIPP, the Florida Society of Interventional Pain Physicians, will again join us as the venue for their annual meeting and conference.

FAPM's Educational Committee (Susanti Chowdhury MD, President-Elect; Felix Linetsky MD, Secretary/Committee Chair; and Ronald Tolchin DO, President) has been meeting and working to develop a good program for our 2007 meeting. They have carefully reviewed all feedback that came through the evaluations which you provided at the end of this year's event at The Breakers. Here is a DRAFT of the topics the Educational Committee is considering including:

Workshops: These are always done on Friday, the opening day of the conference. There are 2 workshops in the morning and 2 in the afternoon. All run 4 hours. We offer one cadaver workshop in the morning and one in the afternoon. The proposed morning workshops are:

Introduction to Vertebroplasty (cadaver course) and ***Ultrasound Guided Injection Therapy***.

The proposed afternoon workshops are: ***Regenerative Injection Therapy*** (cadaver course) and ***Drugs and the DEA*** (with Attorney Jennifer Bolen who lectured on this topic for an hour at this year's meeting).

Lectures: Anatomy, Ethics, Addiction (hyperalgesia, methadone, bupinorphine), A New Look at Whiplash syndrome (intervention, rehab, evidence base), Complex Impairment Ratings, What's New in Minimally Invasive Spine Surgery? (macrointerventional techniques)

FSIPP will sponsor the Saturday evening dinner event following the FAPM President's Reception. All conference attendees will be included. The primary focus of this dinner will be political/legislative: what is happening at the state and national levels, and what we can do about it for the betterment of pain patients and the betterment of the profession of pain medicine.

(When the Spring issue of PainInfo comes out, the finalized program and registration materials for the 2007 meeting and conference will be included.)

FAPM and the FMA

Andrea Trescot, MD, FAPM's Legislative Liaison, attended the Florida Medical Association's annual meeting over Labor Day weekend and was FAPM's Delegate to the FMA House. She reports, "There were several issues of interest to Florida pain doctors. The FMA agreed to support Florida passage of NASPER (the National All Schedule Prescription Electronic Reporting bill). Although the bill has been signed by President Bush, it requires each state to set up a state monitoring program. There are national funds available if the program is established by the next fiscal year. A Florida bill had been introduced in the last legislative session, but it died in committee. Be prepared to advocate for this state legislation again in 2007. The FMA also recognized the Florida Society of Interventional Pain Physicians as a component society."

Jonathan Daitch, MD, attended the October FMA Council meetings in South Florida. This included the Specialty Section, Legislative Council, and Medical Economics Committee. Dr. Daitch was representing both FAPM and FSIPP. Dr. Daitch's report follows:

The quarterly Florida Medical Association (FMA) meeting was held at the Doral Hotel in Miami October 20-22. Dr. Jonathan Daitch attended the meeting representing both the Florida Academy of Pain Medicine, and the Florida Society of Interventional Pain Physicians. Dr. Daitch attended the Specialty Society meeting on Friday Afternoon, and the remainder of the meetings through Sunday.

Dr. Daitch felt the following information was most pertinent:

1. Although there was concern that different criteria might be used to accept Specialty Groups into the Specialty Society, the present criteria were not changed. This is a very complex issue, especially since there are many FMA members who are not officially "ABMS" board certified. Therefore, changing the criteria to only ABMS board certification would alienate much of the membership, and would therefore be untenable.

2. It was recommended to the House of Delegates that Resolution 06-30, Physician Compensation for Emergency Department Call Rotation, be adopted. According to a recent FMA survey, many physicians are now compensated for ER call. The FMA believes that all physicians should be

compensated by the hospital for ER coverage, since it involves significant time and essentially no reimbursement. Incidentally, hospital by-laws cannot force you to take call, or at least not more than "reasonable" call. (Reasonable, however, has never been defined). Some physicians in Florida have gotten together and changed their hospital by-laws in their favor, eliminating mandatory uncompensated call altogether!!!

3. Recently, the Florida Supreme Court ruled that trial attorneys may obtain waivers from patients allowing them to circumvent Amendment 3. Their clients can sign a waiver that in order to have a particular attorney represent them, they will not abide by the rules of Amendment 3.

Accordingly, the FMA lawyers came up with their own version of a waiver. It states that in order for you as a physician to begin or continue treating your patient, the patient must agree not to seek more than \$250,000 in non-economic damages. This waiver is optional for you to utilize in your practice. It can be found on the FMA website.

However, to use this particular form, a physician must be a member of the FMA and his or her county medical society; and further that all members of a group practice must be members of the FMA and their county medical society in order for any member of the group practice or the group to use the FMA waiver form with the exception that if all members of a group practice are not members of the FMA, a group practice may use the FMA waiver form only if the group practice pays the FMA a licensing fee per non-FMA member in an amount to be determined by the FMA.

4. There was a proposal that the 4 geographical payment areas of Florida be reduced to a single payment group. Presently Dade gets the highest payment, while Lee and Collier Counties receive the second highest rate. Instead of uniting Florida physicians to a single payment level, this issue became very divisive. It seemed unlikely that CMS would raise the other counties up to the higher level of Dade due to budget neutrality.

The Board voted to have the Florida AMA Delegation address the review and revision of the Geographic Practice Cost Indexes (GPCI) as a component of overall Medicare
(cont.)

FAPM and the FMA (cont.)

reform efforts with AMA leadership and staff at the upcoming AMA Interim Meeting in November. The AMA and our delegates will continue to work hard to have Congress act prior to year's end to circumvent planned Medicare reimbursement cuts and correct the flawed formula for calculating Medicare reimbursement rates. FMA leadership feels strongly that instead of the Sustained Growth Rate (SGR), payment updates should be based on annual increases in practice costs, as recommended by the Medicare Payment Advisory Commission.

The point is that the real culprit in this issue is CMS and their unsustainable SGR formula. Ultimately, we need Medicare reform, and those changes have to start in Washington.

Therefore, we need to get out and vote, and continue writing letters to our Representatives and Congressmen.

5. Also, it is important that members of our Pain Societies lobby our state representatives in Tallahassee. There is no one day that the FMA goes lobbying. Lobbying needs to be done by individual groups. This should usually be done on a Wednesday, since this is mainly the Healthcare Legislation Day, and has the highest attendance. Representative Paige Kregel agreed to help us find an appropriate day when no other big issues would be pending.

The FLORIDA PAIN INITIATIVE

Fred Furgang, MD, Immediate Past President, will continue to serve FAPM as our representative to the Florida Pain Initiative. He has attended other FPI meetings and has reported on them to us in previous issues of PainInfo. (These can be found at <http://fapmmed.net>). Dr Furgang represented FAPM at the First Annual Florida Pain Summit on October 27, 2006, in Orlando. This event was aimed at improving pain education in the state and to promote professional and public awareness of the prevalence and impact of pain in our state. Raymon Priewe, DO, also attended this event, on behalf of FSIPP. Following is Dr Furgang's report.

On Friday, October 27th, I attended the first "Pain Summit" sponsored by the Florida Pain Initiative (FPI), at the M.D. Anderson/Orlando Regional Medical Center. There were approximately 50 attendees at this truly multi-disciplinary conference including pain physicians, nurses, pharmacists, chiropractors and assorted therapists.

I had the honor of being the first featured speaker and delivered a talk entitled "The State of Pain Management in Florida." The meeting was well supported by several drug companies and vendors. Of interest are two new developments using fentanyl. One is a new transmucosal tablet (Fentora), which consists of a dissolving tablet that is tucked between the cheek and the gum; it does not have the "lollypop" stick of Actiq, and because of better absorption (bioavailability) the dosing is lower. The other product is the iontophoretic fentanyl patch which is likely to replace the PCA for post-operative pain. As someone who has managed a busy acute pain service, I will not be sad to see PCA pumps for intravenous opioids replaced.

Dr. Robert Yerzierski, director of the Comprehensive Center for Pain Research at the University of Florida in Gainesville, and President of the FPI, presented an update of the current efforts of the FPI to expand their role as patient educator and advocate for the chronic pain patient. The Florida Pain Coalition, a loose affiliation of multiple state professional organizations whose members administer to pain patients, is an attempt to further the efforts of the FPI in patient education and advocacy by building bridges across professional lines.

Dr. David Brushwood, Professor of Pharmacy Health Care Administration at the University of Florida, and an attorney, went into exhaustive detail regarding the prescribing of controlled substances, the apparent self-contradictions within the DEA, including wording with regard to the DEA's current NPRM concerning the writing of multiple sequential prescriptions.

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The FLORIDA PAIN INITIATIVE (cont.)

There were several other excellent talks, including a panel on alternative and complementary pain management. Dr. June Dahl, University of Wisconsin, brought us up to date on the institutional requirements for meeting the pain certification standards set by the Joint Commission (JCAHO).

There were also some interesting people in the audience, themselves chronic pain sufferers. Case in point: Mr. Rowe Jones, who has chronic neuropathic pain. He has a website called "Happy with Pain:" <http://www.happywithpain.co>. Here is a brief introduction from his webpage: Happy with Pain™ a program developed by long-time chronic pain survivor Rowe Jones. "The term Happy with Pain™ isn't a celebration of pain. It is a positive declaration of being happy no matter the level of pain you may have. You have a choice to be happy or not; there is no in between. By making the right choice we choose to be happy!" Now, don't you wish that you could spread a little of that joy among your pain patients?

I would describe the FPI's first Pain Summit as an unmitigated success. I look forward to additional multi-disciplinary summit meetings in the years to come.

FAPM to HOST SESSION at WORK COMP CONFERENCE

For the first time ever, FAPM will host a breakout session at the annual Florida Workers' Compensation Educational Conference. At the conference this past August in Orlando, Sanford Silverman, MD, approached the General Chair of FWCI about FAPM having an opportunity to educate adjusters, nurse case managers, attorneys, as well as other physicians. Dr Silverman has been involved with Florida's workers' compensation system for a number of years and says that pain medicine, within workers' comp, is not viewed favorably. Pain medicine is frequently viewed as a last ditch effort, a treatment of last resort, and overly expensive.

FAPM's breakout will be on Tuesday, August 14, 10 am – 12 pm. The conference itself is Sunday – Wednesday, August 12 – 15, 2007, at the Orlando World Center Marriott.

FAPM's Educational Committee met with Dr Silverman and this is the DRAFT they have developed:

- 10 am** **Dr Sanford Silverman, Moderator** – Overview, laying the predicate for the evidence base which does exist for pain medicine, as well as for aggressive, early medical pain management as a means of improving return to work parameters
- 10:15 am** **Dr Andrew Sherman** - Evidence Base for Pain Management of Cervical and Low Back Pain
- 10:45 am** **Dr Albert Ray** - Behavioral Aspects of Pain Management (including the outcomes data from his own RIT patients)
- 11:15 am** **Dr Tolchin** - Evidence Base for Manual Medicine
- 11:45 am - 12 pm** **Dr Silverman** fields questions/comments, brings it all together with the idea of "parallel care," i.e., medical pain management from the outset, along with other medically necessary care to get the injured worker up and returned to work



The 62nd Annual Workers' Compensation Educational Conference & 19th Annual Safety & Health Conference

August 12 - 15, 2007

The Orlando World Center Marriott

For more information
visit www.fwciweb.org
or call 850.425.8156

Not Yet A Member?

The Florida Academy of Pain Medicine offers many benefits. For occasional print materials such as this newsletter, you do not have to be member of FAPM to be on the distribution list. But to be on the email distribution list for very timely notices about political/legislative activity, upcoming meeting information, or anything of critical importance to the pain community, you do need to become a member. Your primary affiliation may be with FSPMR or FSIPP/ASIPP; or perhaps you attended one of our meetings and we now include you in some of our communications. We think it behooves the entire pain community to support each other's interests in the overall promotion of access for pain patients. Please, join us. An application is on the other side of this page.

Why We Are Here

The Florida Academy of Pain Medicine is dedicated to:

- ◆ The pursuit of a high standard of excellence in the practice of pain medicine;
- ◆ The promotion of the interest of patients suffering from pain;
- ◆ The enhancement of the scope and level of knowledge on pain disorders;
- ◆ Educating physicians to enhance their knowledge in clinical evaluation and treatment of patients with persistent pain disorders through continuing education activities; and
- ◆ Promoting a healthy socio-economic climate conducive to patients suffering from persistent pain to receive high quality and specialized medical care.

Active membership in the Academy is available to all physicians who have an interest in the specialty of pain medicine, including but not limited to:

anesthesiologists, neurologists, neurosurgeons, psychiatrists, physiatrists, and any other physician who specializes in and desires to learn more about treating patients with pain disorders.

Membership Benefits

- ◆ Educational programs designed to keep you up-to-date on the latest developments in pain medicine. Discounted fees for members.
- ◆ Information resources to provide practical insight into dealing with third party payers and regulatory agencies.
- ◆ Opportunities for the exchange of information and experiences with colleagues who have encountered problems similar to those with which you are dealing.
- ◆ PainInfo, the Academy's periodical newsletter, which keeps you informed as to upcoming meetings, Academy activities, and economic, legislative and regulatory information (both state and national) which affects your practice.
- ◆ Representation within Florida's recognized organized medicine body, the Florida Medical Association, both via a seat in the FMA House of Delegates, and a seat on the FMA Specialty Council.



Florida Academy of Pain Medicine

Membership Application

Mail with check to: Lorry S. Davis, M.Ed., Executive Director
P.O. Box 330298, Atlantic Beach, FL 32233-0298
Ph. 904 270 8886, Fax 904 246 9233

I am a Licensed Physician in good standing. I am enclosing my application fee of \$275.
(Send check if mailed. If faxed, include Visa/Master Card # and Expiration Date.)

Name: _____

Degrees: _____

Please indicate how you would like your name & degrees to appear on documents

Company/Institution: _____

Office Address: _____

City: _____ State _____ Zip: _____

Office Phone : _____ Fax: _____

Email (Important!) _____

Primary Speciality _____

Secondary Speciality _____

Other Areas of Professional Interest _____

Please List Professional Organizations to which you belong: _____ FMA? Yes NO

Board Certification (s) _____

Date of Birth _____ Sex _____ Spouses Name _____ Home phone: _____

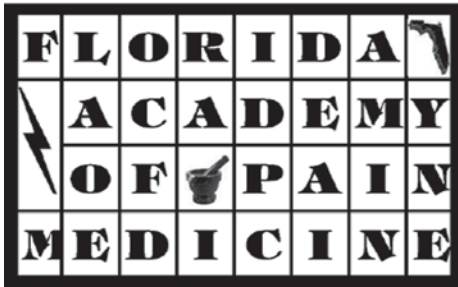
Home Address: _____

PLI Carrier: _____

State (s) in which you are Licensed to Practice Medicine: _____

License Number(s): _____

Signature _____



P.O. Box 330298

Atlantic Beach, FL 32233-0298

The Florida Academy of Pain Medicine is proud to present

**THE 2007 ANNUAL
CONFERENCE**

in Conjunction with the

Florida Society of Interventional Pain Physicians

July 27-29, 2007

**The Gaylord Palms
Resort & Convention Center
Kissimmee (Orlando)**