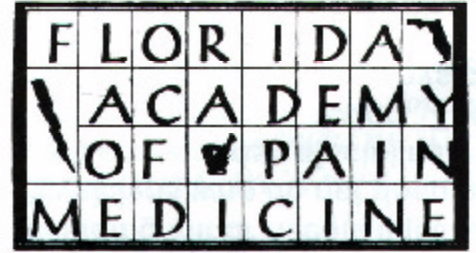


PAINInfo



NEWS FROM THE FLORIDA ACADEMY OF PAIN MEDICINE ♦ VOL 8, NO. 1 ♦ Spring, 2003

PRESIDENT'S MESSAGE

Gary W. Jay, M.D.

Inside

Well, time keeps flying by, as it is wont to do, and we pain specialists remain bobbing up and down in deep water. The Florida Legislature continues its debate regarding how best to make the Workers' Compensation (WC) system even more physician unfriendly. The debate regarding the fee, a percentage of Medicare, physicians may receive for seeing patients in the WC system is not going well for us. The hospital systems make enormous amounts of money from the WC system, but no one will cut their "take" back to enhance physicians' fees- further more, increasing physicians' fees to even a reasonable level may well cause a further monetary deficit in the program, something which our Governor will not tolerate. So, it is not looking good- more physicians will probably not elect to see WC patients and even more will leave the system. Moreover, if the "Fair Care" bill passes, or one of its clones, pain specialists probably won't be able to see these patients anyway.

They are also looking to turn the PIP (personal injury) system even further on its head- a physician's fee schedule may come out of this, along with the dissolution of the no-fault system.

In terms of things we can control, the FAPM has filed articles of incorporation for Florida Pain Medicine Accreditation and Standards, Inc., an S corporation. The purpose of the FPMAS is to perform pain center accreditations, on a voluntary basis, as I discussed in the last issue of PainInfo (as well as described at last year's annual meeting). We hope to be good to go in June- accepting requests and getting started. There are some more housekeeping items that must be done first, but we will persist and get this done.

It has also been decided that rather than affiliate with a single organization, the Florida Academy of Pain Medicine IS ASSOCIATED AT LARGE with the American Academy of Pain Management and the American Academy of Pain Medicine. Other organizations will be added to the list when there is mutual agreement.

Finally, I want to give a tip of the hat to Lawrence Gorfine, MD, who wrote in the ASA newsletter that "It is illogical and presumptuous that anesthesiologists are the only practitioners of this branch of medicine (pain medicine/management) and entitled to an exclusive (hospital) contract." I couldn't agree more. Thank you, Dr. Gorfine!

When Dr. Winston Paris, myself and 28 other physicians started the American Academy of Algology (later the American Academy of Pain Medicine) in 1983, anesthesiologists were not in the majority. That occurred years later, in the early 1990s. Ben Crue, MD, the first president of the organization, and the man who pushed to found it, was a neurosurgeon.

So, allow me to express my thanks to all of you- I believe the FAPM is a vibrant organization and can and will get even better. I very much appreciate the chance to have helped in the FAPM's continued evolution!

I hope to see you all at the FAPM annual meeting in May!

Sincerely,

Gary W. Jay, MD, President

ASA Article: Exclusive Contracts Should Not Include Pain Medicine, by Lawrence Gorfine, M.D.

Schedule at a Glance

Why Families Will Like The Hilton Clearwater Beach Resort

FSPMR to Meet in Conjunction with FAPM Annual Meeting 2003

CON: Exclusive Contracts Should Not Include Pain Medicine*Lawrence S. Gorfine, M.D.*

Exclusive hospital contracts should not include pain medicine/management as the sole domain of hospital-based anesthesiologists. It is illogical and presumptuous that anesthesiologists are the only practitioners of this branch of medicine and entitled to an exclusive contract. Pain management is a complex multispecialty and multidimensional study and practice of medicine. It encompasses the anatomic, physiologic and psychological study of pain. The treatment of this complex mix of multisystem components often requires more than one medical and psychological specialty. Frequently, physical rehabilitation of some type also is needed. Many of these areas of treatment are not usually part of the expertise of the pain medicine anesthesiologist. To exclude other anesthesiologist and nonanesthesiologist pain practitioners from the hospital denies patients of that community access to a potential mix of physicians with different experiences and treatment skills.

Anesthesiologists have had a leadership role in the development of pain medicine as a subspecialty. We should continue in that leadership role by trying to offer options and choices to our hospitals and communities. Closing a hospital or medical staff to pain physicians other than those in the contracted anesthesiology group limits choice and options. It does not promote the growth of new ideas in pain medicine, and it does not promote the growth of new treatment modalities or the general promulgation of pain medicine as a specialty. We need to encourage the growth of different perspectives and facilitate the availability of physicians with different treatment skills and experiences. Our reputation as leaders in this field will be lost if we continue to request exclusivity. We will, instead, be viewed as protectionists who are not interested in the growth of knowledge and the advancement of patient care.

The practice of anesthesiology is very different than the practice of pain medicine/management. Though many hospitals and their operating rooms function more efficiently with a single anesthesia group, no such increased efficiency occurs as a result of having an exclusive contract in pain medicine. Pain medicine better resembles a surgical subspecialty than it resembles the practice of anesthesiology. Pain medicine procedures are often scheduled in an operating room or special procedure suite similar to the scheduling process utilized by surgery and endoscopy. In fact, pain medicine physicians often perform surgical procedures such as pump and stimulator implants requiring anesthesia. After these procedures, patients are followed up with in an office or outpatient clinic. Some of these patients need long-term care and medication treatment. These types of procedures are not hospital-based and work better in an office or clinic setting. There is, then, no increased efficiency or other benefit if the pain physician is a member of a hospital-based anesthesia group.

Where the practice of pain medicine is more like a surgical subspecialty practice, an exclusive contract serves to merely block competition. This inevitably leads to less availability of treatment options and services. Typically, each physician group or single practicing physician has an area of major interest. Some pain physicians prefer treating cancer pain; others treat back pain or acute postoperative pain. Physicians develop more expertise and skill in their specific areas of interest. These skills are noted and appreciated by other physicians in the community, and patients requiring these skills are naturally directed to these specialist doctors. Other areas of pain medicine are, then, underserved if other physicians or groups are not present. Patients requiring medication for neuropathic pain, weaning and narcotic detoxification, for example, may not have a physician with interest and expertise available to help.

Although competition is eliminated by an exclusive contract, it does not necessarily benefit the hospital-based anesthesia group. If more physicians are available, more services are offered. The availability of more pain medicine-trained physicians leads to a greater awareness of the benefits pain medicine has to offer and, as a result, increases the utilization of these

*(Continued, page 5)***FAPM OFFICE**

Florida Academy of Pain
Medicine

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Fax: 352-373-8034

Email: Lorry4@earthlink.net

URL: *fapm.med* or

fapm.med.new.net

ACCREDITATION INFORMATION

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the American Board of Quality Assurance and Utilization Review Physicians (ABQAURP) and the Florida Academy of Pain Medicine.

The American Board of Quality Assurance and Utilization Review Physicians designates this educational activity for a maximum of 17 hours in Category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit he/she actually spent in the activity.

FLORIDA ACADEMY OF PAIN MEDICINE

ANNUAL CONFERENCE AND MEETING, 2003

Florida Society of Physical Medicine & Rehabilitation Spring Meeting

Schedule at a Glance

Friday, May 16, 2003

WORKSHOPS**

- 7 – 8 am Continental Breakfast/Registration (Coffee Available All Morning)
- 8 am – 12 pm A. "Intradiscal Annuloplasty," Robert D. Gruber, D.O.
- 8 am – 12 pm B. "Botulinum Toxin in the Treatment of Cervicothoracic Pain & Headache," John Muenz, Jr., M.D. & Gary W. Jay, M.D.
- 8 am – 5 pm C. "Spinal Cord Stimulation," Ashraf F. Hanna, M.D.
- 12 – 1 pm Lunch on Your Own
- 1 – 5 pm Coffee/Beverages Available All Afternoon
- D. "Regenerative Injection Therapy/Prolotherapy," Felix Linetsky, M.D.
- E. "Radiology for Non-Radiologists," Chunilal P. Shah, M.D.
- 5 – 7 pm Opening Cocktail Reception in Exhibit Hall
- 7 pm Dinner on Your Own

Saturday, May 17, 2003

- 7 – 8 am Continental Breakfast in Exhibit Hall/Registration
- 8 – 8:05 am Welcome: Lorry S. Davis, M.Ed., FAPM Executive Director
- 8:05 – 8:15 am Presidential Address, Gary W. Jay, M.D.
- 8:15 – 9 am "Proper Use of Opioids," Rafael Miguel, M.D.
- 9 – 9:45 am "Recent Advances in the Management of Headache," Gary W. Jay, M.D.
- 9:45 – 10:15 am Coffee Break in Exhibit Hall
- 10:15 – 11 am "The Symptom Magnifier," Anthony Dorto, M.D.
- 11 – 11:45 am "Recent Advances in Surgical Treatment for Low Back Pain," Anthony Moreno, M.D.
- 11:45 am – 1 pm Luncheon/FAPM Annual Business Meeting
- 1 – 2 pm "Recent Advances in Spinal Cord Stimulators," Thomas Yearwood, M.D.
- 2 – 3 pm "Vertebral and Paravertebral Origin of Pain," Felix Linetsky, M.D.
- 3 – 3:30 pm Beverage Break in the Exhibit Hall
- 3:30 – 4:30 pm "Pseudosciatica," Andrea M. Trescot, M.D.
- 4:30 – 6 pm Cocktail Reception in Exhibit Hall
- 7 – 9 pm President's Dinner

Sunday, May 18, 2003

- 7 – 8 am Continental Breakfast in Exhibit Hall/Registration
- 8 – 8:45 am "Imaging in Pain Management," Joe Fortin, D.O.
- 8:45 – 9:30 am "Minimally Invasive Options to Disc Surgery," Joe Fortin, D.O.
- 9:30 – 10 am Coffee Break in Exhibit Hall
- 10 – 10:45 am "Percutaneous Vertebroplasty," Avery Evans, M.D.
- 10:45 – 11:30 am "Is There an Impairment Rating for Pain?" Oregon Hunter, MD, & Dorothy Clay Sims, JD
- 11:30 – 11:45 am Farwell Address, Ashraf Hanna, M.D., President-Elect
- 11:45 am – 12:30 pm FAPM Board Meeting
- 12:30 – 3:00 pm Florida Society of Physical Medicine and Rehabilitation Luncheon/Spring Meeting

**These workshops are designed to be very interactive, no more than 20 participants per session.

Executive Director's Message

Lorry S. Davis, M.Ed.

Why Families Will Like The Hilton Clearwater Beach Resort

*Mark your calendars and plan to be with us for FAPM's
2003 Annual Meeting, FSPMR's Spring Meeting.*

The **Clearwater Beach Hilton Resort** is spread across 10 acres of sandy white beach, overlooking the beautiful Gulf of Mexico. The area is filled with entertainment, including the *Florida Aquarium in Clearwater*, and the *Salvador Dali Museum* in nearby St Petersburg.

Try a relaxing *cabana on the beach* or enjoy a refreshing swim in one of *two beachside pools*. There's a supervised kids' recreation program - the *FUN FACTORY!* The concierge can arrange a *sunset dinner cruise, snorkeling or diving, parasailing, deep-sea fishing, catamaran rides, wave runners, golfing, sunset sailing, speedboat thrill rides, shelling, or sand sculpture instruction*. And for older children, there is *Nightspiker volleyball*, played at night with blacklights and fluorescent equipment.

Hotel amenities include Wayport High Speed Internet access in guest rooms, 4 beachside decks, Coasters Jazz Lounge, fitness room, a jacuzzi, and boutiques/restaurants/Pier 60 all within easy walking distance. There is a 24 hour business center.

Room amenities include down pillows, hair dryer, cable TV and recent release in-room movies, iron and ironing board, complimentary morning newspaper, and individual coffee maker with gourmet coffee and tea.

Arrangements can be made to take a shuttle from and to the Tampa/St Petersburg International Airport through The LIMO Inc, 800 282 6817 or 727 572 1111. The fare is \$15 each way, unless you prepay with a credit card, in which case you get a \$2.00 discount!

Call 800-753-3954 for hotel reservations and tell them you're with the Florida Academy of Pain Medicine.

See you there.

Malpractice Crisis Study Day



FAPM Member, Eduardo Dieguez, Jr., MD, participated in a malpractice crisis study day at his hospital in St. Augustine. The FMA's President participated as well. Dr. Dieguez is carrying the sign which says "Keep the Care."

CON: Exclusive Contracts Should Not Include Pain Medicine (Continued)*Lawrence S. Gorfine, M.D.*

services. Instead of decreasing the amount of work performed by the pain medicine physician in the anesthesiology group, there is often a greater request for pain medicine services in general by the physicians and members of the community. The hospitals and often the anesthesia groups in the hospitals increase the volume of work relating to pain medicine. The hospital-based anesthesia group with an exclusive contract in anesthesiology has nothing to fear by opening the staff to trained pain physicians. The increase in services offered, increase in awareness of the community and increased options for the patients ultimately benefit even the hospital-based anesthesia group.

Physicians who are fellowship-trained in pain medicine and who have no desire to join an anesthesia group to provide anesthesia services should be allowed to work. Many of the fellowship-trained anesthesiology pain physicians want only to practice pain medicine. Unfortunately, if they are not on the medical staff of a hospital, they are not able to work in most areas. In some states, the law requires that a physician have hospital or surgical center privileges for the procedures performed in an office. Some states require emergency transfer agreements to hospitals if procedures are performed in an office setting. Peer review and quality assurance can only be performed effectively if the physician is on a hospital or surgical center staff. Most medical insurance companies require a physician to have hospital privileges before a contract is written to care for the patients covered under the plan. Therefore, hospital medical staff privileges are needed to practice medicine today. Exclusive contracts do not allow trained pain physicians to obtain these necessary hospital privileges. In many cases, pain physicians are forced to join an anesthesia group and work only part-time in pain or not work at all. This creates an unjust environment for pain medicine physicians, which does not exist in other medical specialties. This unfair treatment of our fellowship-trained pain medicine anesthesiologists must be changed. Our pain medicine physicians must be allowed the opportunity to open a medical practice in the area of their choice without being unfairly blocked by established anesthesiologists.

Restricting pain medicine physicians from a community serves no benefit to that community, the hospital or the anesthesia group. Exclusive contracts for pain medicine serve to restrict pain medicine physicians from practicing in their chosen field of medicine. It further creates division and hostility between pain anesthesiologists and hospital-based anesthesiologists. This hostility often extends to encompass all anesthesiologists, who are then perceived by pain medicine physicians as unfriendly and protectionists. This division in our specialty and this unjust environment have pushed pain medicine anesthesiologists to join organizations other than ASA for support and representation.

Exclusive contracts for pain medicine are wrong, unjust and divisive. It must be changed on moral and ethical grounds. It must be changed to allow diversity in treatment options and for improved quality of care. Reasonable anesthesiologists must speak out against this unjust treatment of a segment of our specialty. We can expect pain medicine anesthesiologists to return to ASA only if we demonstrate a real commitment to rectify these injustices and show a true appreciation of the difficulties exclusive contracts have caused.

Lawrence S. Gorfine, M.D., is Medical Director, Southern Pain Institute, Lake Worth, Florida.

FSPMR to Meet in Conjunction with FAPM Annual Meeting 2003

We are pleased to announce that the Florida Society of Physical Medicine and Rehabilitation (FSPMR) has accepted our invitation to have their spring 2003 meeting in conjunction with FAPM's 2003 annual meeting. They will meet on Sunday, May 18, 12:30 – 3:30 pm, after the conclusion of FAPM's meeting. FSPMR members will receive conference announcements, registration flyers, etc, just as FAPM members do. FAPM is supplying FSPMR with a meeting room on Sunday, and in return we hope to get more of the physiatrists attending our meeting. See our website, <http://fapm.med.new.net> for particulars.

REGISTRATION

Florida Academy of Pain Medicine Annual Meeting
Florida Society of Physical Medicine and Rehabilitation Spring Meeting
May 16 – 18, 2003
Hilton Clearwater Beach Resort, Clearwater Beach, Florida

Please print legibly.

Name _____

Mailing Address _____

Phone _____ Fax _____ Email _____

Check all which apply:

Workshops:

Friday, May 16

8 am – 12 pm “Intradiscal Annuloplasty” (limit 20) \$100 _____

8 am – 12 pm “Botulinum Toxin in the Treatment
of Cervicothoracic Pain & Headache”
(limit 25) \$100 _____

8 – 5 pm “Spinal Cord Stimulation” (limit 20) \$100 _____

1 – 5 pm A. “Regenerative Injection
Therapy/Prolotherapy” (limit 20) \$750 _____

B. “Radiology for NonRadiologists”
(limit 25) \$195 _____

Conference:

Saturday – Sunday, May 17 – 18

FAPM Member / FSPMR Member \$295 _____

NonMember \$395 _____

Join FAPM (*application on other side*)
when registering (save \$75) \$595 _____

TOTAL: \$ _____

Payment – Make check payable to FAPM or provide credit card information.

I hereby authorize use of my VISA/MasterCard: Amount \$ _____

Card #	Expiration Date	Cardholder Name	Signature
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2 Ways to Register:

By Mail: FAPM, 7008 SW 30th Way, Gainesville, FL 32608

By Fax: 352 373 8034

?s: 352 372 9360

Membership Application.

I am a Florida Licensed Physician in good standing and hereby make application to the Florida Academy of Pain Medicine for Membership. I am enclosing my application fee of \$275.

Name: _____

Degrees: _____

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

Company/Institution: _____

Office #1 Address: _____

City: _____ County _____ Zip: _____

Office #1 Phone : _____ Fax: _____

Office #2 Address: _____

Email (Important!) _____

City: _____ County _____ Zip: _____

Office #2 Phone : _____ Fax: _____

Email (Important!) _____

Primary Speciality _____

Secondary Speciality _____

Other Areas of Professional Interest

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

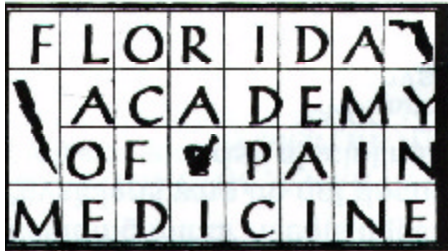
Board Certification (s) _____

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

Home Address: _____

PLI Carrier: _____

Signature: _____



Bulk Rate
Indicia

7008 S.W. 30th Way
Gainesville, FL 32608

The Florida Academy of Pain Medicine is proud to present the
**2003 ANNUAL
CONFERENCE**

May 16 - 18, 2003
Clearwater Beach, FL
Hilton Clearwater Beach Resort

**JOIN
US AT THE BEACH!
SEE INSIDE FOR
CONFERENCE INFORMATION**

