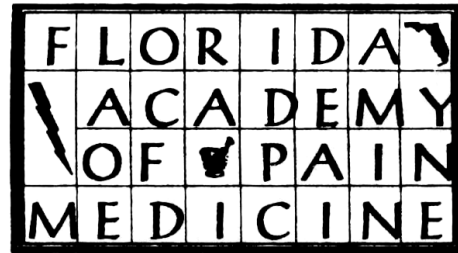


PAIN info



NEWS FROM THE FLORIDA ACADEMY OF PAIN MEDICINE ♦ VOL. 7, NO. 1 ♦ WINTER 2002

PRESIDENT'S MESSAGE

Dear Members,

As we move into 2002, I have been reflecting on the first six months of my term as president. Although you may not have heard much directly from this office, be assured that your board has been working behind the scenes on your behalf. The cause of pain management has never been more timely or important.

In this newsletter you will find the latest information regarding the new specialty designation for pain management as well as specific instructions on how to go about the designation changes (straight from Dr. Sid Sewell's mouth, the medical director of Medicare in Florida). In addition, we have information on a bill recently killed in the state legislature regarding narcotic prescribing for nurse practitioners, and a list of the legislators on the committee that killed the bill. NPs have vowed to bring the issue back next year, and they have already started an ad campaign. The legislators need to hear from us why this would be a bad idea. Other legislative issues include a provision for chiropractors to be designated as primary care physicians in the VA system, as well as Attorney General Butterworth's tentative plan to file suit against Purdue Fredrick, the makers of Oxycontin. I am asking members to respond to a simple survey regarding your use of narcotics in general and Oxycontin specifically. Send your responses to the new FAPM office (see box to the right).

Also in this newsletter is a preview of the agenda of the annual meeting. Make sure to mark May 30-June 2 on your calendar. Gary W Jay, MD, president-elect, has set up a program that promises to be practical and to help with "your bottom line." The meeting will be at The Rosen Plaza Hotel in Orlando, and there will be plenty of activities for the whole family. Look for the Note from the Executive Director for more details about this meeting, as well as membership and dues information.

Finally, a lot has happened since we last met in June. September saw terrorist attacks and the approval of the new pain management designation. October was the month of anthrax attacks and Secretary Tommy Thompson embracing pain management (see article inside). November marked the start of the bombing in Afghanistan and the continued hysteria regarding Oxycontin. December saw the rout of the Taliban and the approval a new cox2 NSAID for post-operative pain (valdecoxib). One wonders what 2002 will bring.

The board of the Florida Academy of Pain Management wishes you and your loved ones a safe, secure, and prosperous 2002.

Andrea Trescot, MD
President FAPM

FAPM NOTICES

NEW FAPM OFFICE

Effective July 1, 2001, the Florida Academy of Pain Medicine contracted with Lorry S. Davis, M.Ed., to be our Executive Director and provide administrative services. You may contact FAPM and/or Ms. Davis through the following:

Florida Academy of Pain
Medicine
7008 SW 30th Way
Gainesville, FL 32608

Phone: 352 372 9360

Fax: 352 373 8034

Email: Lorry4@earthlink.net

2002 ANNUAL CONFERENCE

May 30 - June 2, 2002
Orlando, FL

The Rosen Plaza Hotel,
International Drive

Note from the Executive Director

A new year has begun and here are some FAPM statistics: we currently have 200 members. 33 of you chose to pay your 2002 dues in 2001, after receiving an email or faxed notice. Hard copy dues invoices went out in January to those who had not yet paid. Dues is \$275.00, if paid by March 31. After that, dues is \$300.00. Please mail your check to me at 7008 SW 30th Way, Gainesville, FL 32608.

Looking forward to FAPM's annual meeting, Thursday through Sunday, May 30 through June 2, 2002, let me tell you about a few of the amenities of the Rosen Plaza Hotel. First of all, we have a great room rate of \$110/night. Go ahead and call the hotel to make your reservations, 1 800 627 8258. Be sure to mention you're with the Florida Academy of Pain Medicine.

The Rosen Plaza Hotel is located on International Drive in Orlando, right next to the Convention Center, 1 mile to Sea World, 5 minutes to Wet 'n Wild and Universal Studios Florida, 10 minutes to Walt Disney World Resort. Right across the street from the hotel is Pointe Orlando - 17 acres of entertainment, restaurants, and shopping (home of FAO Schwarz). And we are 15 minutes to the Orlando International Airport. There are 3 restaurants in the hotel, as well as Backstage, a nightclub with live entertainment. There is a pool, video arcade, and within 30 minutes, numerous golf courses and tennis courts.

Guest services include (but are by no means limited to) arrangement of attraction tickets and transportation, babysitting, and a multilingual staff.

This is a great opportunity for a family vacation, so plan to join us. I'll look forward to seeing you there.

Lorry S. Davis, M.Ed.
Executive Director

EXCERPTS of Honorable Tommy Thompson's Speech (Health & Human Services Secretary), October 6, 2001, Washington, DC, ASIPP Third Annual Meeting

Pain is a critical national problem. It is the most common reason for medical appointments. Pain costs its victims and the health-care system as a whole more than \$100 billion each year in health care and lost productivity.

Now, let me highlight some good news that I know you've been anticipating for a long time. On September 21, the Centers for Medicare and Medicaid Services announced a specialty designation for pain management. It's called "Specialty Code 72," and becomes effective on January 1, 2002.

The code can be used in studies to determine procedure costs and practice expenses for pain management. Its adoption signals Medicare's recognition of the importance of pain management as an emerging medical sub-specialty. I also know this is not everything you wanted. Pain Management is not the same as Interventional Pain Management. The reason we haven't yet recognized Interventional Pain Management has to do with technical rules under the Health Insurance Portability and Accountability Act of 1996, or "HIPAA."

Under HIPAA, the only specialties that Medicare can recognize are those recognized by the National Uniform Claim Committee, also called the NUCC. Do not lose heart. The NUCC uses an industry-led, consensus driven process to establish what specialties can be on its list.

In other words, you have to keep pushing. You have to keep making your case. I have taken action I believe will help your organization and your profession significantly. I have instructed the people at CMS to work with your organization to help move your applications through the NUCC for inclusion in its list.

We are committed to regulatory relief that will enable physicians, nurses and other

caregivers to spend more time with patients. I have instructed CMS to hold listening sessions in the field to better understand what both physicians and their patients are thinking. In fact, CMS officials have already held some sessions and many more are being planned for coming months.

In your work to heal and bring release from pain, you are serving patients today and you are building a vast, stronger and healthier future for everyone. Thank you for all you are doing for your patients and for America and for yourselves and your families. God bless you and God bless America.

CMS

The Center of Medicare and Medicaid Services has established a new designation of pain management (code 72), effective January 1st, 2002. To have your designation changed from anesthesia or neurology or family practice, etc., you must specifically apply to change. For some FAPM members this may not be an advantage or even feasible for you to change. But for some members, particularly former anesthesiologists, the change in designation can be very important, especially when negotiating with insurers (such as Cigna who currently only allows one provider for an anesthesia contract) or hospitals (who often have exclusive contracts for anesthesia).

To change your individual designation, you will need form CMS 855I from CMS. Although the booklet is 29 pages long, Dr. Sid Sewell (medical director of Medicare in Florida) has confirmed that only section 1 (page 5), section 2 part A, B, and E (page 7 and 9), and section 15 (page 29) need to be completed if the only change is the designation. These forms can be requested at www.FloridaMedicare.com, or call CMS's Customer Service Department (toll free) at 1 866 454 9007, and ask for form CMS 855I.

Chiropractors as Primary Practitioners

It was brought to our attention several weeks ago that chiropractors were trying to expand their scope of practice. This apparently started when the VA system gave full open access to chiropractors. Interestingly, there was very little use of this service. Now an attempt is being made to have chiropractors designated as primary care providers. This is clearly not reasonable. Although there is little we can do about the VA system, this is clearly a Florida challenge.

GAIN SOME TOOLS at the 2002 FAPM Meeting

The main goal of the FAPM's 2002 conference is to enable the attendees to enhance their knowledge of pain medicine, as well as their patient care abilities. Of equal importance in today's atmosphere of dwindling reimbursement, attendees to the 2002 FAPM conference should easily learn new skills that will quickly translate into enhanced revenues.

We will have 3 hands-on workshops, for a small additional fee, in which the 20-30 attendees (limited to each workshop) will be able to either: 1) learn Regenerative Injection Techniques with cadaver and C-arm enhancement; 2) learn how to use selective tissue conductance testing, a relatively new technique, which has a Medicare billing code, to diagnose autonomic nervous system disorders as well as other pain-related disorders; 3) learn how to use Myobloc (Botulinum Toxin Type B) in the treatment of headache.

A fourth workshop teaching IDET techniques, utilizing C-arm and cadaver, will also be presented, for no additional fee.

All 4 workshops take place on Thursday, May 30, the day before the Annual Meeting begins.

We are honored this year to have 2 Visiting Professors. David Longmire, MD, Clinical Associate Professor, Department of Internal Medicine, University of Alabama School of Medicine-Huntsville Program, a noted authority on the autonomic nervous system, will present the Keynote Address, "The Autonomic Nervous System and Chronic Pain" at dinner on Saturday, June 1, 2002.

Earlier that day, Connor O'Neil, MD, will be presenting the ISIS Protocols for the Treatment of LBP.

There are a host of other highly clinical talks. Please review the program outline which is part of this newsletter to see all the topics and speakers we are offering.

Highly topical, non-clinical talks will include Andrea Trescot, MD, FAPM President, speaking about Compliance Planning and Implementation. Richard Johns, a partner at Foley and Lardner, will discuss the new HIPPA Privacy Regulations, which have created a great deal of concern in the medical community.

The FAPM's new movement to accredit Pain Centers in Florida will be described by Gary W. Jay, MD, currently FAPM's President-Elect. Accreditation will be voluntary.

There will be many continuing medical education opportunities to learn new pain management, diagnostic and treatment techniques for both the non-interventional Pain Management Specialist, as well as the Interventional Anesthesiologists.

Physicians may attend for one day only at a reduced rate if they are unable to attend the entire conference..

Our second major goal is to increase our presence in Florida, increase our membership and provide an excellent venue in Central Florida (at the Rosen-Plaza Hotel on International Drive, in Orlando) for FAPM members and prospective members to get to know each other.

We look forward to an excellent and well-attended conference.

Gary W. Jay, M.D., President-Elect

ARNP

As you may now know, there was a recent bill in the Florida legislature to allow nurse practitioners to prescribe narcotics. The bill was killed in committee on a 9 to 2 vote, but the Florida Nurses Association has started an advertising campaign to change public opinion so that the bill can be brought back next year. The ads target the South Florida legislators who voted against the bill, and include their phone numbers so that voters can lobby them. Representatives Eleanor Sobel (D-Hollywood), Stacy Ritter (D-Coral Springs), Marco Rubio (R-Miami), and Roger Wishner (D-Plantation) have all been targeted. The Florida Board of Medicine and the Florida Medical Association have both come out strongly against this bill, and as the president of the FAPM (with the board's support), I contacted several legislators to voice our concerns. Please contact your legislators and let them know how dangerous narcotic prescribing can be. Below is a sample letter to send:

Dear [insert name],

As a member of the Florida Academy of Pain Management, I have significant concerns regarding any attempt to allow nurse practitioners to prescribe narcotics. Narcotics, although useful in certain circumstances, are dangerous in the wrong hands. In addition to the obvious problems of causing addiction, narcotics can mask important medical symptoms, delaying accurate diagnosis and treatment. Neither nurses nor nurse practitioners have the background or training to use these medications safely over time. Although the example has been used about a sprained ankle, I feel that there is no way to limit prescribing to just simple cases. Severe pain, the kind that needs narcotics, needs to be treated by physicians.

Narcotic Survey

1). Do you use narcotics in your practice for non-cancer pain?

- a). never
- b). rarely
- c). for selected patients
- d). for most patients

2). If you use narcotics, which ones do you use regularly? (check all that are appropriate)

- a). N/A
- b). Oxycontin
- c). Duragesic
- d). MSContin
- e). methadone
- f). hydrocodone
- g). meperidine

3). Do you believe that Oxycontin is a useful medication?

- a). yes
- b). no
- c). in certain circumstances
- d). I am unsure

4). Should Oxycontin be banned?

- a). yes
- b). no

5). Should Oxycontin use be restricted to specialists?

- a). yes
- b). no

6). Should Attorney Butterworth proceed with a lawsuit against Oxycontin?

- a). yes
- b). no

7) Should nurse practitioners have the ability to prescribe narcotics?

- a). yes
- b). no