

Florida Academy of Pain Medicine News

February, 2016

President's Message:



I am often asked the question, "What is the mission or purpose of the Florida Academy of Pain Medicine?" My answer is simple, We are a unique medical specialty society that represents physicians practicing in the field of pain medicine. As such, we are involved with education training, as provided at our annual conference, legislative issues affecting the practice of medicine in Florida, and research of medical issues confronting our members.

What is unique regarding our Academy is that the practice of pain medicine is multi-disciplinary in approach that incorporates various specialty groups to provide for the comprehensive evaluation and treatment of pain inflicted patients. Included in this overall approach to treating pain are such specialties as anesthesiology, neurology, internal medicine, orthopedic surgery, psychiatry and neurological surgery. We incorporate such modalities as interventional pain management, ultrasound techniques, physical medicine and rehabilitation, and basic pain treatments.

During our annual conference, we incorporate all of these procedures into our pre-conference programs and the two day scientific meeting. This year our program will be held on August 12-14, 2016, at the Waldorf-Astoria Hotel in the Disney area of Orlando. Details can be found on our website at www.fapmmed.net.

I hope you will plan to join us this year for a great experience at a wonderful hotel.



Fraternally,
Vinod Malik, MD
FAPM President

Ending Chronic Pain With New Drug Therapy

Brain gets addicted to pain, but double-drug approach takes pain away

NORTHWESTERN UNIVERSITY

- Chronic pain disables millions in the U.S. and costs \$600 billion per year
- Treatments for chronic pain are largely ineffective
- A brain region controlling whether we are happy or sad is remodeled by chronic pain
- FDA-approved drugs can reverse these effects and lessen pain

CHICAGO—A brain region controlling whether we feel happy or sad, as well as addiction, is remodeled by chronic pain, reports a new Northwestern Medicine study.

And in a significant breakthrough for the millions of Americans suffering from chronic pain, scientists have developed a new treatment strategy that restores this region and dramatically lessens pain symptoms in an animal model.

The new treatment combines two FDA-approved drugs: a Parkinson's drug, L-dopa, and a nonsteroidal anti-inflammatory drug. The combined drugs target brain circuits in the nucleus accumbens and completely eliminate chronic pain behavior when administered to rodents with chronic pain. The key is administering the drugs together and shortly after an injury.

As a result of the study's findings, the scientists are pursuing a clinical trial. The treatment has the potential to prevent chronic pain if used early enough after injury, the scientists said.

"It was surprising to us that chronic pain actually rewires the part of the brain controlling whether you feel happy or sad," said corresponding author D. James Surmeier, chair of physiology at Northwestern University Feinberg School of Medicine. "By understanding what was causing these changes, we were able to design a corrective therapy that worked remarkably well in the models. The question now is whether it will work in humans."

"The study shows you can think of chronic pain as the brain getting addicted to pain," said A. Vania Apkarian, also a corresponding author and a professor of physiology at Feinberg. "The brain circuit that has to do with addiction has gotten involved in the pain process itself."

A group of neurons thought to be responsible for negative emotions became hyper-excitabile and more strongly connected with other regions of the brain linked to feeling bad within days after an injury that triggers chronic pain behavior, the study showed. It went on to show this change was triggered by a drop in dopamine, a critical neurotransmitter.

When scientists administered the non-steroidal anti-inflammatory drug and L-dopa, which raises dopamine levels, the changes in the brain were reversed and the animals' chronic pain behavior stopped.

“These results that establish chronic pain cannot be viewed as a purely sensory phenomenon but instead is closely related to emotions,” Apkarian said.

In addition, Northwestern scientists treated rats experiencing chronic pain with another Parkinson’s drug, pramipexole, that activated dopamine receptors, mimicking dopamine’s effect. This drug also decreased the animals’ pain-like behavior.

It is remarkable that by changing the activity of a single cell type in an emotional area of the brain, we can prevent the pain behavior,” said Marco Martina, associate professor of physiology at Feinberg and also a corresponding author.

Currently, the most common treatment for chronic pain is a non-steroidal anti-inflammatory type of drug, which has limited effectiveness.

“The treatments for chronic pain we currently have are very limited,” said Surmeier, also the Nathan Smith Davis Professor of Physiology.

The results of the study suggest supplementing anti-inflammatories with a medication that activates dopamine receptors or raises dopamine levels might be more effective in treating chronic pain and/or preventing a transition to chronic pain.

Chronic pain is an intractable problem for millions of Americans. It’s the number one cause of disability in the U.S. and costs more than \$600 billion per year in health care.

An estimated 20 percent of the U.S. and world population suffers from chronic pain, reports the World Health Organization and the National Academy of Sciences.

A Q&A with FMA PAC President Christopher Pittman, M.D.

By Erika D. Peterman



Even as a resident physician, FMA PAC President and FMA Board of Governors member Christopher Pittman, M.D., was deeply involved in organized medicine at every level. In addition to being active in the St. Louis Metropolitan Medical Society and the AMA, Dr. Pittman served as Chairman of the Resident Section of the Missouri State Medical Association. He reached a conclusion about the impact of politics on his profession along the way. “I gradually realized that the resolutions and policies created by a state medical association and the AMA were not particularly meaningful until those resolutions and policies were acted upon by a state legislature or Congress,” said Dr.

Pittman, a vascular and interventional radiologist who is Medical Director and founder of Vein911 in Tampa. “I decided that after my residency, I would spend as much time as I could in mainstream politics advocating for our profession.” Dr. Pittman made good on that decision. During his fellowship, he joined the San Diego County Young Republicans, served on the Legislative Committee of the San Diego County Medical Society and attended the AMA Political Action

Committee Campaign School. Two years after starting practice in Tampa in 1994, Dr. Pittman became Legislative Committee Chairman for the Hillsborough County Medical Association, and he joined the FMA PAC Board in 1998 as the Young Physician Representative. Dr. Pittman became FMA PAC President in Feb. 2015. The FMA PAC has a long list of successes. It has consistently raised more money for pro-medicine candidates every election cycle, and FMA President and Immediate Past FMA PAC President Ralph J. Nobo, Jr., M.D., led the organization to raise an unprecedented total of more than \$2.5 million in 2013-14. FMA PAC-supported candidates consistently win their elections more than 90 percent of the time. But even with those impressive accomplishments, the PAC still needs more physician support in order to help Friends of Medicine continue winning so that they can be champions for medicine in the Legislature, said Dr. Pittman. "If every physician in Florida gave just \$500 a year to the FMA PAC, we would have about \$30 million to invest every election cycle," he said. "That is far more than our adversaries raise, and physicians and our issues would dominate the conversation and activity in Tallahassee." Dr. Pittman talked to *Florida Medical Magazine* about the role of the FMA PAC, the importance of physician political engagement, and the PAC's plans for the coming year.

Q: Have physicians historically been politically engaged? Why is it important for FMA physicians to be politically involved and, more specifically, to be members of the FMA PAC?

A: Most people are not politically involved, and that includes physicians. I did not make the rules in politics but I know what they are, and the main rule is that money is the mother's milk of politics, as nearly 90 percent of candidates who raise the most money win their elections. So it is critically important for Florida physicians to become members of the FMA PAC. "Ours is a profession worth preserving," as the late FMA Past President Dr. Karl Altenburger said, and the only way to save the medical profession is through political action. Another rule is, "Politics is the only sport where the spectator always loses."

'Each and every one of us makes a difference'

Most of us physicians cannot be in Tallahassee defending our profession and advancing our goals, but we can invest in our future by contributing money to the FMA PAC. The FMA has some of the best and most respected lobbyists in Florida working on our behalf and the behalf of Florida's patients each and every day. As the saying goes, "In politics, if you're not at the table, you're on the menu." Your FMA is always at the table in Tallahassee because of your FMA PAC.

Q: How has the FMA PAC made a significant difference in getting pro-medicine candidates elected?

A: The FMA PAC has a proven track record of getting results. Ninety percent of FMA PAC-endorsed candidates won their elections in 2010, and 90 percent of FMA PAC-endorsed candidates won in 2012. Ninety-five percent of FMA PAC-endorsed candidates won their state legislative races in 2014. One hundred percent of MD 1000 Club-backed candidates won their races in 2012 and 2014.

The MD 1000 Club, now called the 1000+ Club, provides additional funding to pro-medicine candidates in very close and contentious races.

Q: If you had an opportunity to talk to physicians who aren't FMA PAC members, what would you say to persuade them to join?

A: Practically any problem or issue you may have with outside forces negatively affecting you and your practice could be reversed with a stronger FMA PAC — problems like reimbursement, tort reform, scope-of-practice expansion, burdensome regulations, domineering hospital systems and the list goes on. The FMA PAC is the great equalizer and our only means of leveling the playing field. Getting pro-medicine candidates into office translates into pro-medicine legislation, and the FMA PAC has already made it easier to practice medicine in Florida. The FMA's legislative victories include medical liability reform requiring fairness in the use of expert witnesses, the defeat of various scope-of-practice expansion attempts by non-physicians, prevention of price-fixing by insurance companies, and a reduction of the "look-back" period during which insurance companies can request refunds for overpayment. **Q:** What's on the horizon for the FMA PAC in the year ahead? **A:** We will continue growing a farm team of active and committed FMA PAC Board members and improve communications with FMA PAC members. We are reaching out to more hospital general medical staffs and/or medical executive committees to educate them and ask for contributions of medical staff funds. We've also rolled out our new 1000+ Club, which lets you take your PAC investment to a higher level. The new 1000+ Club offers members many new and exciting options. For example, there's a new monthly payment option that allows you to spread your commitment across the election cycle, and there are higher commitment levels, including the 1000 Club, the 2500 Club, the 5000 Club and the 10000 Club. We offer membership recognition among FMA members, at FMA Board meetings and the Annual Meeting, as well as VIP seating at the Annual Meeting Good Government Luncheon for higher levels of commitment. Simply put, FMA PAC membership is an investment in our profession. Having the right candidates in office makes it possible for the FMA to achieve victories in the Legislature and keep our adversaries from harming the practice of medicine and our patients. By joining and re-joining the FMA PAC, each and every one of us makes a difference on behalf of ourselves and the patients of Florida. *To learn more about the FMA PAC and join today, visit www.fmapac.org or contact FMA Vice President of Political Affairs Sarah Hickman at shickman@flmedical.org. You can also contact FMA PAC President Chris Pittman, M.D. at cpittman@vein911.com.*

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2016 FMA LEGISLATIVE ISSUES

Legislative Priorities: FailFirst/Step Therapy Override: This bill would give the physician an override to the insurance company's decision to force a patient to take a certain medication or procedure and "fail first" before getting what the physician feels is in the patient's best interest. We are working with the bill sponsors to include a fix for the OneBeacon project and language that would prevent retroactive denials in this package. (Sen. Don Gaetz and Rep. Shawn Harriuson)

OB/GYN Closure Notification: This bill requires hospitals to provide 120 days' notice to physicians with medical staff privileges at their facilities when a decision has been made to close an obstetric department. (Sen. Kelli Stargel and Rep. Colleen Burton)

Needle Exchange Pilot Program: This bill authorizes the University of Miami and its affiliates to establish a five-year pilot program to offer free, clean, and unused needles and syringes in exchange for used needles and syringes as a means to prevent the transmission of HIV/AIDS and other blood-borne diseases among intravenous drug users. (Sen. Oscar Braynon, SB-242, and Rep. Katie Edwards, HB 81)

Legislation we are monitoring: ARNPs/PAs Controlled Substance Prescribing:

We have been working with the Senate sponsor, Sen. Denise Grimsley, to come to a compromise position that would allow some ARNPs and PAs the ability to prescribe some controlled substances only under a physician protocol. We have also worked to include in this proposal continuing education for these ARNPs and PAs, a version of fail first, a provision that prevents retroactive denials, and a requirement for a single form for prior authorization approval. (Sen. Denise Grimsley, SB 210 and Rep. Gary Pigman, M.D.)

Telehealth: We are working with the House and Senate sponsors (Sen. Aaron Bean & Rep. Travis Cummings) to ensure that they mirror the decision by the Board of Medicine that requires any physician who practices telehealth with a patient in this state to have a Florida license. (Sen. Aaron Bean and Rep. Travis Cummings)

Legislation we are working against: ER Balance Billing Ban: This bill would ban out-of-network physicians who are covering in emergency rooms from balance billing patients for the remainder of their charges. This would severely impact ER coverage and unfairly aid the insurance companies in reducing reimbursements to physicians in network. (Rep. Carlos Trujillo, HB 221)

Independent Practice for Nurses: This bill would give ARNP's the ability to set up independent practices in Florida. This would not increase access or decrease the cost of health care. It would only decrease the quality of health care services provided. While we are working on a compromise on ARNPs and PAs prescribing controlled substances, this is not an issue on which we can reach a compromise.

Limitations in Medical Payments: This bill dictates what evidence is or is not admissible to allow a jury to determine the amount of medical damages in all personal injury and wrongful death actions. The effect of the bill would be to allow wrongdoers to escape accountability for the full amount of medical expenses they cause.

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