



News Update

Official
publication
of the
Indian River County
Medical Society

Patient Care - Our Highest Priority

March - April

2009

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Message from the President

In the last newsletter, I discussed how our medical society was planning to add value to your membership, and as you have seen, many of these changes are already underway. If you have not already done so, please e-mail our executive director Caroline Godwin with your updated profile information, webpage link, and photograph so that you can be featured on our website. We have negotiated for our web designer to help with your own website at a substantial discount. If interested, please contact Jennifer Craig (jenkcraig@bigriver.net). Of course there are many other member benefits, including the FMA Preferred Vendors program (800 762 0233)

In this edition's newsletter I would like to focus on legislative and regulatory issues. Access is the first step, and we will continue to invite legislators to our meetings. Please contact Dr. Val Zudans if you have special contacts with our representatives and would like to serve as a legislative contact.

Right now you should be aware of the federal financial incentive of up to \$44,000 (over a four-year period beginning in 2011) for "meaningful use" of electronic medical records (EMR). I think most of us should consider postponing purchase of an EMR since everyone using an EMR system will have to upgrade their product to meet the new standards - you want to be sure you are purchasing a system that meets Federal requirements - to qualify for the bonus payment.

The Federal Trade Commission (FTC) has issued a "Red Flag" rule effective May 1, 2009 requiring "creditors" to develop and implement identity-theft prevention programs. The AMA, does not believe physicians fall under the "creditor" label and contends that the rule is an unreasonable burden on the medical profession, but you should be aware of this issue. In any event, physicians must use reasonable precautions to avoid identify theft, and check our IRCMS website periodically for more information.

Also, please see the online information from the FMA 1) How To Write Your Legislator 2) 10 Tips On How To Get Along With Your Legislator and 3) Legislative Terminology (www.fmaonline.org). If you are working in this area, please cooperate with FMA's Department of Governmental Affairs so that they can develop an accurate snapshot of your representatives' attitudes and focus their efforts accordingly.

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Some members may choose to focus on the Florida House Health Care Regulation Policy Committee. If so, you can write to them at 1301 The Capitol, 402 South Monroe Street, Tallahassee, FL 32399-1300. They include Chair Jimmy Patronis, Vice-chair Kevin Ambler, and Representatives Ari Porth, Esteban Bovo, Jr., Eric Eisnaugle, Kelly Skidmore, and Charles Van Zant. At this point, I am asking every member to pick one person on the committee and to focus your efforts. Please let me know if there is anything IRCMS can do to help.

To view the complete legislative agenda for FMA, please visit www.famonline.org. Some of the major issues are: 1) Increase the reimbursement rate from Medicaid to that of Medicare; 2) Require insurance companies to honor assignment for out-of-network physicians and prohibit insurance companies from denying claims that they previously authorized; 3) Provide sovereign immunity to physicians who provide mandated treatment to patients in emergency rooms; 4) Require expert

witnesses to become licensed in Florida; 5) Impose a one dollar increase in Florida's cigarette excise tax to increase Medicaid reimbursement rates to Medicare levels. For more detailed questions, you can contact the FMA regulatory affairs at jhinson@medone.com or members services at tshafer@medone.com. Of course, I also encourage you to contact me directly at 772 299 7299.

Finally, I encourage every member to pay close attention to the "Top 10 Laws and Rules Every Florida Physician Should Know. You could of course read the entire legal statute directly at <https://www.flrules.org/Default.asp> and <http://www.leg.state.fl.us/STATUTES/>, but IRCMS will gladly provide any member with a copy of the summary table with citations and descriptions upon request.

In summary, we are working on your behalf and stand ready to support you and your patients. Please call on us if we can help.

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FPIC Files for Rate Decrease

Our major sponsor, First Professionals Insurance Company (FPIC), has filed for a rate decrease of almost six percent to be effective July 2009. This is in addition to the rate decrease of six percent effective December 2008. They are also accepting online credit card payments at: www.firstprofessionals.com (click "Policyholder Services" link) and will offer any of our members a Risk Manager who is available to visit physician office and complete a Risk Management Assessment of the practice.

Save the Date

The IRCMS general membership meeting will be held on Tuesday, May 26th at Pointe West. More information will be forwarded closer to the date.



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AN EPIDEMIC IN FLORIDA: Prescription Drug Abuse

Lori Brown, MD, DAPM, ABIPP

Pain Management Specialist

Coastal Orthopedics and Pain Management, Bradenton, Florida

An epidemic has hit Florida. Prescription drug abuse claims the lives of more than 9 people per day in the state of Florida. In 2007 a total of 8,620 Floridians

died as a result of drug related deaths and the number continues to rise in 2008 according to the Florida Medical Examiners 2008 Interim Report.

Florida contains the nation's top twenty-five oxycodone prescribers according to the United States Drug Enforcement Administration.

Nationally, prescription drug abuse has increased 94% from 1992-2003. More alarming is the

212% increase in prescription drug abuse among 12-17 year olds over the same period (CASA, Manchikanti L. Pain Physician. 2006;9:287-321).

Drug abuse has been present for centuries. The more traditional drugs of abuse, including heroin, cocaine, met-amphetamine and marijuana, have taken a back seat to pharmaceuticals. Only recently have legal prescriptive pharmaceuticals gained such popularity. In fact, pharmaceutical grade drugs are in more demand on the streets today than the more traditional illicit drugs. Street values of \$1 per milligram of oxycodone are not uncommon.

Prescription drug abuse is not limited to dark alleys and drug dealer street sales. Due to their potency and highly addictive characteristics, these compounds are also drugs of choice among middle and upper socioeconomic classes of people of all ages.

There are many reasons why people abuse prescription drugs. There is a false sense of safety because a doctor prescribes these medications. Pharmaceutical grade drugs are felt to be less dangerous. Many mistakenly think that abuse of prescriptive drugs is not a crime or, at least, a lesser crime because these drugs have a

legitimate legal use. There is relative ease in obtaining prescriptive drugs. When surveyed, most teens admitted that they obtained abused prescriptive drugs rather easily

from the medicine cabinets of family and friends.

The most commonly diverted or abused prescription drugs include opioids, central nervous system depressants, and stimulants.

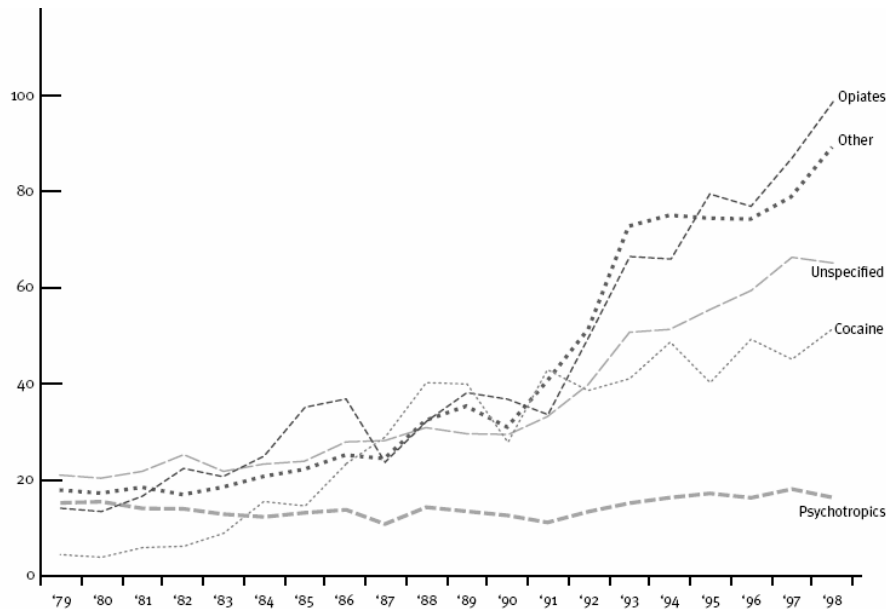
Oxycontin and Vicodin, which are used most often to treat pain, are among the opioid drugs most commonly prescribed and abused.

Medications used to treat anxiety and sleep disorders include the CNS depressants, Valium and Xanax. Stimulants such as Ritalin and Adderall are commonly prescribed for attention deficit disorder as well as certain sleep disorders. Very effective for treatment of their respective indicated diseases, these medications have gained popularity as recreational drugs.

In fact, the latest rage among teens, "PHARMA PARTIES", have replaced smoking in the bathroom and drinking beer at the drive-in. Pharma (pronounced "farma") parties involve teens meeting at a given location and dumping pharmaceuticals of all kinds into a common bucket or bowl and then blindly taking a mix of pills for recreational purposes. Imagine mixing opioids, amphetamines, depressants, Tylenol, sleep agents in one gulp.....a potentially deadly recipe.

Prescription drug abuse affects our culture in many ways. In fact, in 2001, the total cost of prescription drug abuse in the United States was estimated to be \$8.1 billion (Birnbaum HG et al. Clin J Pain. 2006;22:667-676). The growth of this problem continues to escalate.

(Continued on page 4)



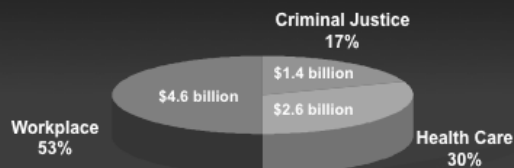
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Overprescribing of opioids is considered to be at the root of the problem. There are several factors that are believed to contribute to the problem of opioid over-prescribing: the lack of a prescription drug monitoring program in Florida; the infiltration of "pill-mills"; a lack of understanding of comprehensive pain management; a lack of physician education of opioid pharmacology and addiction medicine; and the lack of utilization of opioid risk management protocols. Some of these issues will be addressed in this article and others in upcoming articles.

Prescription drug abuse has increased recently as a result of several factors. Opioid prescribing for chronic nonmalignant pain has experienced a pendulum effect. Twenty-five years ago opioid prescribing was deterred in fear of addiction. Then a shift in favor of improved patient quality-of-life occurred as our knowledge of chronic pain mechanisms developed. Recently, in the mid-late 90s, physicians were encouraged to prescribe liberally for all pain maladies. The decade of pain was established by congress. JCAHO created "pain as a fifth vital sign", now an integral part of facility credentialing. On the coattail of this movement was big pharma with blockbuster new drugs and millions of dollars spent on marketing. Unfortunately, the money spent by the pharmaceutical did not include appropriate opioid prescribing and addiction medicine education that most physicians lacked.

Although opioid over-prescribing is present in all medical specialties, none is more integrally involved than the specialty of pain management. Pain management is a relatively young field of medicine that has obtained specialty recognition that includes ACGME accredited fellowship programs and an ABMS recognized board certification process. The field of

Prescription Opioid Abuse Is a Significant and Costly Public Health Problem

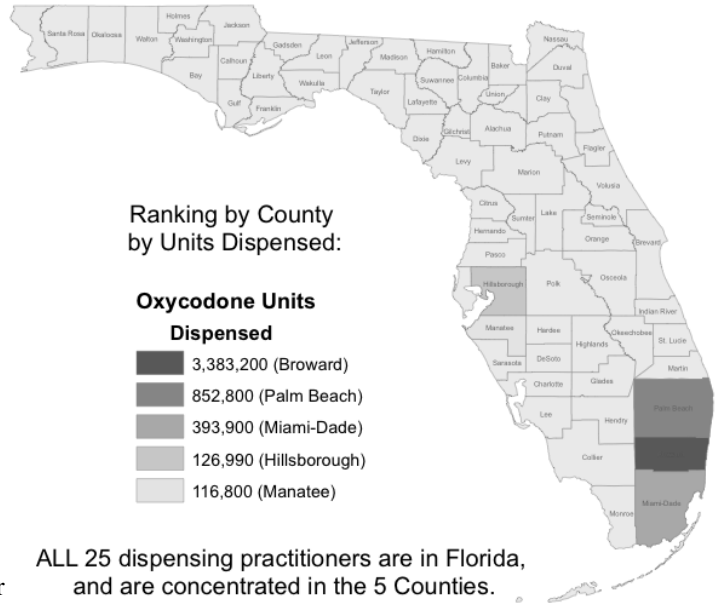


Total cost of prescription opioid abuse in the United States was \$8.6 billion in 2001 and continues to grow.

pain medicine includes vibrant research in to the mechanisms of pain and the development of chronic pain maladies. In fact, chronic pain is now considered a disease process. Its management is universally felt by pain specialists to be best served with a comprehensive, multimodality approach.

Over the past several years, there has been a proliferation of

Top 25 Dispensing Practitioners of Oxycodone in the U.S. (ALL are in Florida) January - June 2008



ALL 25 dispensing practitioners are in Florida, and are concentrated in the 5 Counties. Broward holds 68% of the top practitioners and 69.4% of the total units dispensed.

medication only pain clinics. These facilities are often non-physician owned and operate just inside the law. The physicians who practice in these facilities are rarely accredited through recognized fellowships and board certification processes. Many of these facilities take no insurance and advertise confidential, cash only services. Some advertise armed guards in the waiting rooms. With no oversight, these facilities serve as a source to a constant supply of controlled substances to often times addicted and sometimes naïve people. It is not uncommon to find patients of these facilities receiving tens of thousands of milligrams of opioid medication each month.

Opioid over-prescribing set the stage for the development of "doctor and pharmacy shopping" and illegal internet sales. Doctor shopping involves a person posing as a patient who presents to multiple medical providers, obtaining prescriptions from each. These scripts are then filled and the medications end up abused or sold for profit. This means of obtaining prescription drugs has evolved into a very specialized skill. Web sites and chat rooms exist for the sole purpose of teaching others how to realistically pose as legitimate patients including, what medical histories to give and what physical exam signs to fake. Florida has become a prescription drug trafficking preferred site. Because states surrounding Florida have Prescription Drug Monitoring Programs and Florida does not, drug dealers flock to our state to doctor-shop and then return to sell their product.

(Continued from page 4)

Today, in the United States, thirty-two states have adopted legislation to create prescription drug monitoring programs (PDMP) to fight prescription drug abuse. To date, Florida is the largest state in the union without such a program. These programs have been shown to deter doctor shopping and decrease prescription drug abuse by as much as 30%. Florida has unsuccessfully attempted to pass PDMP legislation the past five years. There have been special interest groups that have fought PDMP on the unfounded grounds of "invasion of privacy". Within the thirty-two states with PDMP programs, there have been zero cases of privacy invasion. A precedent has been established of successful programs including the landmark program in Kentucky.

Based on Kentucky's success, it was soon realized that interstate trafficking of prescription drugs was the next major issue. In 1995, President Bush signed into law the NASPER bill (National All Scheduled Prescription Electronic Registry). This bill was initiated and passed with the efforts of the American Society of Interventional Pain Physicians. It created federal funds for state initiated prescription drug monitoring programs that allowed interstate communication and tracking. Unfortunately, due to political alliances, this bill was never funded and still sits in Washington. Fortunately, however, through the Hal Rodgers Bill, \$400, 000 in federal money is available to Florida for implementation of a PDMP once legislation is passed.

Florida Pain organizations, including the Florida Society of Interventional Pain Physicians and the Florida Academy of Pain Medicine, and the Florida Society of Anesthesiologists have worked tirelessly on this issue for several years. Also working very hard on this issue is the Florida Office of Drug Control. In fact, Bill Janes, MD, the executive director of the Office of Drug Control, hosted the first Statewide Awareness day on PDMP. Over 130 people from all walks of life, repre-

senting many professions, attended this event with one common goal: to find a solution to prescription drug abuse. For the first time, the Florida Medical Association has given its full support to the issue of prescription drug abuse. The FMA has listed the passage of prescription drug monitoring program legislation as a top legislative priority for 2009.

These organizations endorse prescription drug monitoring program legislation in Florida that supports the creation of a mandatory reporting system to include reporting of all scheduled prescription drugs at the point of dispensing. The database would only be accessible to physicians, pharmacists, and law enforcement officers with appropriate subpoena. The argument against increased regulation and onerous physician requirements has been voiced. Studies conducted in other states have proven physician acceptance and utilization of physician drug monitoring programs. Implemented appropriately, such a program would decrease doctor shopping and deter prescription drug abuse in Florida. As Sanford Silverman, MD, a pain management and addiction medicine specialist in Boca Raton said "This is not about regulation; this is about saving lives". Nearly all physicians, including pain management physicians, believe that, in order to ensure the availability of opioids, as a valuable treatment to legitimate patients, we must be proactive in containing their illegitimate use.

Without a doubt, prescription drug abuse is a serious public health problem in the state of Florida. Prescription drug diversion costs lives, increases crime and misery from drug addiction, and accelerates costs connected to treatment, medical expenses, and Medicaid fraud. To best address the ills of this public health crisis, we need to have an appreciation of the drugs themselves, the illness that drives many people to abuse them, as well as how to protect ourselves, our practices and, most importantly, our patients from this growing epidemic. Over the next several issues, we will delve into each of these topics in more detail.

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NEWS YOU CAN USE

National Institute on Drug Abuse Website

The National Institute on Drug Abuse (NIDA) has launched a new Web site (<http://www.nida.nih.gov/medstaff.html>) to provide physicians and other health professionals with the latest science on drug abuse and addiction. Drug abuse affects the course and treatment of many medical conditions, including cardiovascular disease, stroke, HIV/AIDS, hepatitis B and C, and lung disease. NIDA's new Web site shares the latest on:

- Relevant research
- Clinical practice
- Materials for patients (including youth)
- Trends in drug abuse and addiction
- Clinical trials

NIDA, a component of the National Institutes of Health, is committed to timely dissemination of promising research findings for real-world application. The new Web site for physicians and other health professionals is part of NIDA's continuing efforts to raise awareness about drug abuse and addiction.

Red Flag Rules Flag

The AMA continues to urge the Federal Trade Commission (FTC) to provide physicians with the opportunity for notice and comment on the Red Flags rule that would establish new administrative requirements to protect patients from medical identity theft. The FTC's own staff has been cited in trade press acknowledging that many entities were not aware that they were covered by the Red Flags Rule. In a March 9th letter to the new FTC chairman, the AMA pointed out this statement illustrates that the FTC violated the spirit of the Administrative Procedures Act. The AMA urged the FTC to republish the rule to afford physicians with the opportunity to comment on the practical implications. The AMA strongly believes that physicians are not "creditors" and therefore, not should not be subject to the Red Flags Rule. The AMA hopes to have a simple medical identity theft plan physicians could incorporate in their practice completed by early April. As soon as it is complete we will circulate this information to the Federation.



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Science of Addiction

Nora Volkow, M.D.
Director of the National Institute on Drug Abuse (NIDA)
National Institutes of Health

Drug addiction is a chronic, relapsing brain disease characterized by compulsive drug seeking and use despite devastating consequences. Breakthroughs in drug abuse research have led to a better understanding of how drug addiction develops and illuminated the challenges to sustained recovery. Research estimates that genetics accounts for 40-60% of an individual's vulnerability to addiction, with environmental and developmental variables influencing whether and how particular genes are expressed. Further, brain imaging studies have revealed that repeated drug use can cause changes in the brain resulting in diminished decision-making ability and behavior control, thereby hindering quit attempts as well as prolonged abstinence. However, addiction is a treatable disease--advances in drug abuse treatment have enabled people to counteract addiction's powerful effects on the brain and behavior and regain control of their lives.

Drug Abuse Trends

It is estimated that 22.6 million persons aged 12 or older were dependent on or abused substances--including alcohol, illicit drugs, and prescription medications--in 2006 (The National Survey on Drug Use and Health, 2007). Although these numbers indicate the enormity of the U.S. drug abuse problem, there have been advances in prevention. NIDA's Monitoring the Future Survey (2007) reported substantial declines in past-year illicit drug use for 8th, 10th, and 12th graders since a decade ago, and use of nicotine is lower than at any time since the survey began in 1975. However, challenges remain, with nearly 1 in 10 high school seniors reporting non-medical use of Vicodin in the past year.

Medical Consequences of Addiction

Every year, abuse of illicit drugs and alcohol contributes to the deaths of more than 100,000 Americans. Additionally, drug abuse causes a broad array of medical consequences (<http://www.nida.nih.gov/consequences/>) including cardiovascular problems (e.g., abnormal heart rates and heart attacks) and neurological effects (e.g., seizures and stroke). Drug abuse also continues to play a major role in the spread of HIV, hepatitis C, and other infectious diseases, not only through injection drug use but also by altering judgment that leads to risky behaviors.

Treatment and Recovery

For most individuals, combining medications where available with behavioral therapy is the most successful treatment approach. Different types of treatments may be beneficial at different stages of recovery (e.g., medications to ease withdrawal symptoms; medications and behavioral therapies to help people stay in treatment and to prevent relapse). The process of recovery from drug addiction, however, is generally long and complex, requiring people to rebuild their lives and regain the trust of family, friends, and employers. Therefore, the most effective programs incorporate a variety of services to address a person's medical, psychological, social, vocational, and legal needs.

We at NIDA believe that better understanding of the science of addiction will reduce the stigma associated with addiction, increase the early diagnosis and treatment of addiction, encourage the adoption of research-based policies and programs for drug abuse prevention, and increase support of groundbreaking research. Please visit our Web site to access a wealth of resources: <http://www.nida.nih.gov/medstaff.html>.

Saving for Reform

President Obama's preliminary budget proposal includes a request for \$634 billion worth of health system reforms, and it recommends a number of cuts and savings to help offset the cost. They include:

Proposal	2010-2019
Use competitive bidding for private medicare plans	\$175.6 bil-
Obtain new and increased Medicaid drug rebates	\$19.6 billion
Link hospital Medicare pay to quality measures	\$12.1 billion
Set approval pathways for generic biopharmaceuticals	\$9.2 billion
Reduce Medicare readmissions through pay bundling	\$8.4 billion
Increase Part D premiums for higher-income seniors	\$8.1 billion
Reduce inappropriate Medicare payments	\$2 billion
Use radiology benefit Managers	\$260 million

Source: American Medical News/White Office of Management and Budget

News Update is the official publication of the Indian River County Medical Society. Contributions are always welcome. Send news, excerpts, or materials of interest to the IRCMS office. The opinions expressed by the authors are their own, and not necessarily those of IRCMS News Update. Acceptance of advertising for this publication in no way constitutes professional approval or endorsement of products or services advertised herein.

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