



PHYSIATRIST'S VOICE

NEWSLETTER

JUNE 2018

*Enhancing Health And
Function Through Education
And Research In The Field Of
Physical Medicine And
Rehabilitation*

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PRESIDENT'S MESSAGE

Matthew D. Imfeld, MD



School is out. It's getting humid. They're talking about hurricanes. It must be time for the June newsletter. I hope everyone is doing well and has some plans to relax for a bit this summer. I would encourage you to come to The Breakers in Palm Beach for a few days, July 18 - 22, for the FSPMR annual meeting. You can relax at the beach in between CME lectures. We are tag-teaming with FSIPP. Please click on this link to register: <http://fsipp-conference.com/attendee-registration.html>. If you are interested in the Saturday/Sunday sessions only (day and a half of CMEs) register at the lower Nurse Practitioner/PA rate and put in your degree. We would

love to see you.

There is an FSPMR breakout on Saturday morning, July 21, speakers and topics listed in this issue, along with our annual business meeting and dinner that evening which will include elections for the new board. Check out the slate of candidates in this issue. And please don't forget to RSVP to lorry4@earthlink.net if you will be attending that evening's dinner. I would like to thank AllegianceMD for sponsoring the dinner. Please check out their website: <https://allegiancemd.com>, and see their article, also in this issue, for more about their products and services. They do an excellent job with EHR/PM and are very open to making the system compatible to your needs.

Sometimes the days go by slowly but the years continue to fly by. I can't believe it has been two years since I took over as your president. It has been an honor and a privilege to lead such a great group of physicians. We are one of the premier PM&R state societies in the country. We have been able to help other state societies with their problems because we are on the forefront of what is happening in health care.

I would like to thank my board (Craig Lichtblau MD, VP, Jesse Lipnick MD, Secretary, Mark Rubenstein MD, Treasurer, Michael Creamer DO, Immediate Past President, and these Members-at-Large: Mitchell Freed MD, Andrew Sherman MD, Diana Hussain MD, and Bao Pham DO) for all of their guidance during my tenure. It was always a team effort. I appreciate their time and valuable input. The quarterly teleconferences and the occasional emergency teleconference were always lively and productive.

Of course, none of this would happen, were it not for the best Executive Director in the country, Lorry Davis. She keeps our ship running in a straight line and her easy manner makes her a pleasure to work with. I cannot thank her enough for all that she has done to help me through this journey.

I would also like to thank my wife Jane for her support. After 34 years, she is an expert on helping me focus on what is truly important. I look forward to continuing on the board as the immediate past president and will help in any way to keep our PM&R family in good stead.



RESIDENTS SECTION



Elizabeth Mortazavi DO

University of South Florida PM&R Residency Update

With the closing of this academic year, there are a lot of transitions going on at the University of South Florida. As we say goodbye to this year's PGY-4 class, we welcome the new Chiefs! Benjamin Dodsworth DO will now fill the position of Academic Chief, Morgan Pyne DO will become Research Chief and Eric Catlin MD will now be Administrative Chief. This year's interns Elizabeth

Mortazavi DO, Krystal Yankowski DO and Robert Rotman MD, are finishing up a successful first year of residency and are eager to transition over and begin their training in psychiatry.

Our program had a very successful match in March and we look forward to welcoming three new interns in the upcoming year. We are excited to have Daniel Leary DO, Matthew Vassaur MD and Jonas Santos DO join the program starting in July!

With graduation quickly approaching for the PGY-4's, we are lucky to be keeping all of our graduates close. Aaron Martin DO will be staying at The University of South Florida for Pain Fellowship. Anthony Urbisci MD will be staying in Tampa and running a musculoskeletal clinic. Nicholas Daley DO will also be staying in Tampa and doing a Sports and Spine Fellowship.

Research continues and Brian Higdon MD is starting a research project on vascular disease in spinal cord injury. Morgan Pyne DO will be presenting at the upcoming AOFP Conference on Osseointegration. Morgan also submitted a review article on Neurofibromatosis Type 2. Aaron Martin DO recently published an article on PubMed titled "Spinal Cord Stimulator Electrode Dislodging into the Ligamentum Flavum: A Case Report."

We look forward to the start of the new academic year!



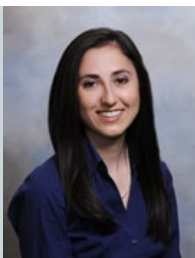
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RESIDENTS SECTION



Patricia Goodwin, DO, PGY-3
Larkin Community Hospital
Department of PM&R
AOCPMR Resident Council
Secretary/Treasurer

Larkin Community Hospital PM&R Residency Update

The Larkin Graduate Medical Education and PM&R Department received ACGME pre-accreditation status during the last academic year. The transition process continues to remain in full swing toward meeting the July 2020 implementation date. More updates coming soon!



AOCPMR Mid-Year Meeting Nashville, TN
April 12-15, 2018.
Photo: P. Goodwin

This year's Mid-Year Meeting was in Nashville, TN on April 12-15. This year's theme was "Emerging Treatments in Musculoskeletal Medicine." Larkin PM&R had a table at the residency fair to share information about our program with medical students, other residents and attending physicians alike. Lecture topics at the conference include: "Medical Cannabis," "Practical PMR Practice," "Maximizing Safety During Spine Interventions," "The Olympic Experience: An Integrative Sports Medicine Model," and more.

Larkin PM&R hosted a MSK ultrasound workshop for residents in Fort Lauderdale, FL on January 8, 2018. The workshop was led by Dr. Francisco Romero, MD, from South Florida Spine and Sports Specialists and focused on shoulder anatomy and injury. Larkin PM&R Alumni served as table trainers. In May 2018 residents participated in an exoskeletal demonstration at West Gables Rehabilitation Hospital. They could see first-hand how an exoskeletal can be used in therapy post stroke or spinal cord injury.

NSU/Larkin PM&R is seeking Florida physiatrists interested in clinical and didactic exposure. If you would like to learn more about opportunities to become an Assistant Clinical Faculty, Associate Professor, or present a lecture in your field of

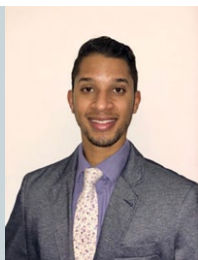
expertise, please contact the PM&R Program Director, Jose Diaz, DO (josediaz@larkinhospital.com) and Maikel Gonzalez (mgonzalez@larkinhospital.com) the Graduate Medical Education Program Coordinator.



Dr. Amir Mahajer, DO, teaches residents at the MSK Ultrasound Workshop in January 2018
Photo: P. Goodwin



RESIDENTS SECTION



Martin Weaver, M.D.
PGY-2 Resident
FSPMR Residency Chair
Department of PM&R
University of Miami Miller School
of Medicine



Andrew Sherman, MD, MS
Residency Program Director
FSPMR Member-at-Large
University of Miami Miller School
of Medicine

University of Miami Miller School of Medicine/Jackson Memorial Hospital PM&R Residency Update

The University of Miami Miller School of Medicine/Jackson Memorial Hospital PM&R Residency Program has a multitude of updates and achievements to report.

We are proud to announce a strong showing in Atlanta for the 2018 AAP Annual Assembly and in Orlando for the 2018 AMSSM Annual Assembly. In addition to giving poster presentations, attending lectures, and learning more about advancements on the horizon, we enjoyed networking and connecting with residents, students, and leaders in PM&R from around the country.

In an effort to remain engaged with the community, we have continued to take part in community service initiatives including staffing the San Juan Bosco Center, a free clinic geared towards serving indigent patient populations with limited access to medical care. Additionally, under the leadership of Sports Medicine Chairs, Jesse Charnoff, M.D. and Aaron Cross, D.O., we participated in several sporting events including the Dolphin Cancer Challenge, 2018 Sailing World Cup Series, and the Miami Dade County Paralympic Experience. Through the hard work from resident Christopher Moriarty, D.O. our residency program also was given the opportunity to staff the four-day Crossfit fitness festival, Wodapalooza.

Furthermore, our program is honored to report that our residency program coordinator, Coretha Davis, was deservedly awarded the Tom Pafford Award for residency coordinator of the year. We residents thank her for her tireless efforts and congratulate her on her most recent achievement. Also, resident Martin Weaver, M.D. was awarded the George W. Northup, D.O. Medical Writing Award for excellence in writing and scholarship by The Journal of the American Osteopathic Association.

Looking forward, our residency program will be well represented at the 2018 American Academy of Physical Medicine & Rehabilitation Annual Assembly in Orlando, FL in October. We will be displaying the following poster presentations:

Charnoff J, Naqvi U, Price C. *Resident Education of Ultrasound Guided Procedures: A Homemade Practice Model.*

Cross A, Casteneda P, Sherman A. *A Novel Approach for Fluoroscopic Guided Intra-articular Hip Injection: A Technique Description and Case Series.*



RESIDENTS SECTION

University of Miami Miller School of Medicine/Jackson Memorial Hospital PM&R Residency Update
(continued from previous page)

Dididze M. *Outcome of Sciatic Nerve Repair with Human Schwann Cells: First Experience with Two Human Cases.*

Dididze M. *Spinal Accessory and Suprascapular Nerve Injury following a Human Bite: A Case Report.*

Tokarz T, Charnoff J. *The Effect of Amniotic Fluid Allograft Injection in Knee Osteoarthritis: A Case Series.*

Weaver M, Alvarez-Gonzalez G. **Alien Hand Syndrome Complicated by Contralateral Limb Apraxia: A Case Report.**

Weaver M, Shapiro L. *Severe Ataxia Secondary to Bariatric Beriberi: A Case Report.*

Finally, we would like to congratulate our graduating residents on their tremendous achievements and wish them success in their future endeavors which include:

Joslyn Gober, D.O. - Pediatric Rehabilitation Fellowship; Baylor College of Medicine; Houston, TX

Katherine Lin, M.D. - Polytrauma and Traumatic Brain Injury Rehabilitation Fellowship; San Antonio VA; San Antonio, TX

Benjamin Mendelsohn, M.D. - Inpatient Private Practice & Medical Consulting; Healthsouth; Stuart, FL

Diana Molinares, M.D. - Cancer Rehabilitation Fellowship; MD Anderson Cancer Center; Houston, TX

Vladimir Romannikov, M.D. - General Inpatient Rehabilitation; Kessler Institute of Rehabilitation; Chester, NJ

William Ward, M.D. - Occupational Medicine Practice; Holy Cross Hospital; Fort Lauderdale, FL (Tentative)

We look forward to building on our previous accomplishments, and continuing to update the constituents of FSPMR about the upcoming exciting events occurring within the department of Physical Medicine and Rehabilitation at the University of Miami Miller School of Medicine.



FSPMR's 2018 Annual Meeting

In conjunction with FSIPP's Annual Conference and Trade Show

July 18-22, 2018

The Breakers | Palm Beach, FL

SATURDAY, July 21, 2018

FSPMR Breakout Saturday, July 21, 2018

Time	Location	Topic	Faculty
7:00-8:00 AM	Ponce de Leon 1-3	Breakfast and Product Theater Presentation <i>*No CME credit hours available for this session</i>	
			Moderator: Jesse Lipnick, MD
8:00-8:45 AM	Ponce de Leon 1-3	Depositions, Trials, and Other Sworn Testimony: What the Expert Needs to Know	Anthony Dorto, MD
8:45-9:30 AM	Ponce de Leon 1-3	In-Patient Rehabilitation Update	Wilda Murphy, MD
9:30-10:00 AM	Ponce de Leon 1-3	Pharmacology of Medical Cannabis	Orlando Florete, MD
10:00-10:30AM	Mediterranean	Break with Exhibits and Poster Viewing	
10:30-11:00 AM	Ponce de Leon 1-3	Cannabis and Autoimmune Disease	Jesse Lipnick, MD
		PM&R Resident Case Scenario Presentations with Panel of Experts	<i>Panel of Experts:</i> Michael Creamer DO, FSPMR Immediate Past President, Matthew Imfeld MD, FSPMR President, and Craig Lichtblau MD, FSPMR President-Elect
11:00-11:20 AM	Ponce de Leon 1-3	University of Miami: Ultrasound Guided Baclofen Pump Refills: A Novel Technique	Christopher Alexander, MD
11:20-11:40 AM	Ponce de Leon 1-3	Nova Southeastern University/Larkin Hospital: Weakness and Paresthesia After Gastric Bypass Surgery	Marjorie Mamsaang, DO
11:40-12:00 PM	Ponce de Leon 1-3	University of South Florida: Osseointegration with Targeted Muscle Reinnervation	Morgan Pyne, DO
12:00-1:00 PM	Ponce de Leon 1-3	Industry Sponsored Luncheon Symposium <i>*No CME credit hours available for this session</i>	



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JUNE 2018

RSVP NOW for FSPM&R Annual Business Meeting and Dinner

**Saturday, July 21, 2018
6:30 - 8:30PM**

***No CME Credit Hours for this event**

Thank You to
AllegianceMD
for their Sponsorship!

RSVP Now to FSPMR Executive Director, Lorry Davis, Lorry4@earthlink.net. There is no cost for members to attend this Annual Business Meeting Dinner, and you may attend this Meeting even if you are not attending any of the rest of the conference. Thank you.

FSPMR's 2018 Annual Meeting

In conjunction with FSIPP's Annual Conference and Trade Show



July 18-22, 2018
The Breakers | Palm Beach, FL
One South County Road





PHYSIATRIST'S VOICE

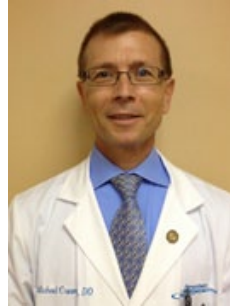
NEWSLETTER

JUNE 2018

Thank You to the Board of Directors and Appointed Positions, 2016 – 2018



President
Alternate Carrier
Advisory Council (CAC) Rep
Matthew Imfeld MD
Imfeld@imfeldmd.com



Immediate Past President
Michael Creamer DO
michael.creamer.do@flhosp.org



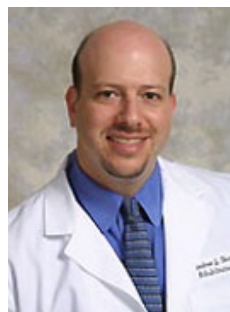
Vice President
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Member-at-Large
Carrier Advisory Council (CAC) Rep
Mitchell Freed MD
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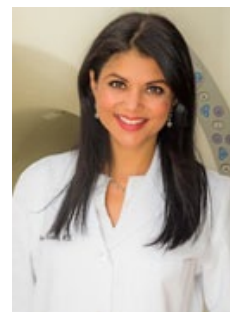
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Member-at-Large
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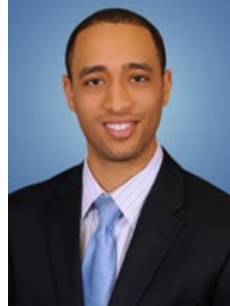
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Member-at-Large
Bao Pham DO
bpham904@gmail.com



Liaison, University of Miami
PM&R Residency Program
Christopher Alexander MD
christopher.alexande@jhsmiami.org



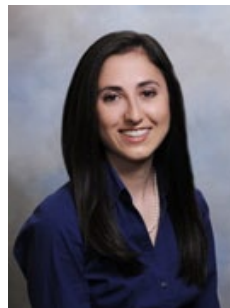
Florida Medical Association
(FMA) Representative
Lindsay Shroyer MD
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Liaison, Nova Southeastern University
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[CLICK HERE TO JOIN ONLINE](#)



FSPMR ELECTIONS ANNOUNCEMENT FOR 2018 – 2020 BOARD OF DIRECTORS, AND SLATE OF CANDIDATES

FSPMR has an election cycle every two years. This year, 2018, we will be holding elections at our Annual Business Meeting and Dinner, Saturday, July 21, 6:30 – 8:30 PM.

Our bylaws say "The Officers are elected by a majority vote of the members at the Annual Meeting. The Officers shall be elected from a list of nominees presented by the Nominating Committee to the members thirty days (30) before the Annual Meeting. Nominations may also be made from the floor."

Here is the Slate of Candidates:

2018 – 2020 Slate of Candidates
President – Craig Lichtblau MD
VP – Mark Rubenstein MD
Secretary – Diana Hussain MD
Treasurer – Andrew Sherman MD
Directors-at-Large:
Michael Creamer DO
Jesse Lipnick MD
Colleen Zittel MD
Robert Kent DO



Immediate Past President will be Matthew Imfeld MD.



AllegianceMD Software, Inc

The most inclusive EHR & PM software

AllegianceMD is proud to be sponsoring the 2018 FSPM&R Annual Business Meeting and Dinner, and we're grateful for this opportunity!

We have been serving multi-specialty practices all over the country for over 20 years; specialties which include Physical Therapy, Rehabilitation, Physiatry and Pain Management. Our system, which is called Veracity, was built from the ground up with physician input. We continually welcome suggestions from all providers, which has led in many cases to making our system even better.

We are a cloud-based system with AI (Artificial Intelligence) which will run on any operating system. One of the benefits of being cloud-based is that it allows you to have unlimited document and imaging uploading capability, not to mention avoiding the constraints that come with a server-based system.

AllegianceMD is the all-in-one solution you've been looking for – EHR, Practice Management/Billing Solution and Patient Engagement, as well as being merit-based for MACRA/MIPS, and certified for EPCS. We're very proud of our all-inclusive pricing; which you don't see very often. No hidden fees or surprises, which allows you to get more bang for your buck.



Evidence-Based Medicine

Electronic Rx/EPCS

Lab/Imaging Interfaces

Provider Dashboard

Create Notes Using:

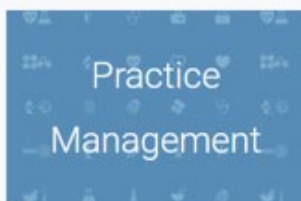
Customizable Templates

Free Typing, or Dictation

Custom Flowsheets

Unlimited Scanning

On-line Rx History



Billing/Scheduling

Auto Eligibility Ckng

3 Level Claim Scrubbing

Our Own Clearinghouse

Unlimited Claim Submission

Credit Card Processing

Electronic Remittance

Auto-Caller System

eFax Number – Unlimited In/Out

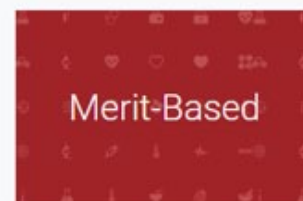
Robust Reports Module



Patient Portal

Patient Education

Check-in Kiosk



MACRA/MIPS/PQRS

Chronic Care Management

Patient Level Reporting

Practice Level Reporting

Submit to CMS via System

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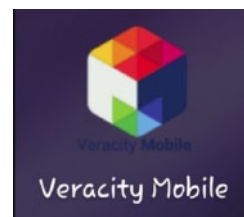
PHYSIATRIST'S VOICE

NEWSLETTER

JUNE 2018

AllegianceMD Software, Inc

The most inclusive EHR & PM software



Another great feature included with our system is the **Provider Mobile App**, which can be used with Android or IOS. View patient info, orders/results, notes, prescribe/refill medications, view your schedule and even appoint patients. One other helpful tool is the ability to take photos and have them upload directly to the patient's chart.

AllegianceMD also offers our **AllegianceMD Billing Service**, for those practices that prefer to not do in-house billing. Our billers are very dedicated to going after every dollar possible from the payers and have a well over 90% collection rate. Each practice utilizing our billing service is provided with a dedicated biller. They do all of the claim submission, claims follow-up, post your ERA's, and get your statements out for you. Once your practice generates a specific threshold in yearly revenue, we will drop your monthly EHR fees.

What can be better, than a system that's fully-integrated for all your needs?

A System That...

- Is fully integrated for a very smooth transition from appointing to clinical documentation thru the billing process
- Allows patients to fill out their medical histories/intake questions, update demographics, request medication refills, pay on their bill, sign documents and even schedule appointments, should you allow – all from the comfort of their own home
- Offers appointment reminders in English & Spanish
- A lobby system that lets patients pre-check-in, update demographics and medical histories/intake questions
- With artificial intelligence learns the behavior of how providers treat and manage diagnosis codes
- Provides 100% customization of templates of all kinds
- Provides a data transfer from current vendor, and lab/imaging interfaces at no extra cost
- Provides automatic eligibility checking 72 hours before an appointment, as well as manual checking
- Optional features/services:
 - Enhanced eligibility checking for BCBS, Medicare/Medicaid and a monthly statement service

AllegianceMD would love to discuss your EHR needs with you and schedule a demonstration webinar. Talk to one of our Sales Consultants by calling 800-868-1923, option 1.

Looking forward to meeting you at the conference in July at The Breakers!



CRAIG H LICHTBLAU, MD, A HERO IN MEDICINE

Please join the Florida Society of Physical Medicine and Rehabilitation in congratulating Dr Lichtblau (FSPMR Vice President), one of six physicians to receive the Heroes in Medicine Award for 2018, presented by the Palm Beach County Medical Society Services (PBCMSS). Out of 3,000 physicians in that county, 30 applicants were submitted.

The 15th Annual Awards was celebrated April 20, 2018, and was held at the Kravis Center Cohen Pavilion in West Palm Beach. This celebration honors those who provide extraordinary services that address or have responded to healthcare needs in Palm Beach County, the nation, or around the world. Awardees are making a difference in the delivery of healthcare.

Approximately 500 guests attend the Awards Luncheon and net proceeds support Project Access, a physician-led network of care linking physicians and other healthcare providers, offering comprehensive care at no cost to local, uninsured children and adults, and other services of the PBCMSS.



James Atchison, D.O., will join Mayo Clinic to chair the Department of Physical Medicine and Rehabilitation in June.

Dr. Atchison is currently medical director of the Pain Management Center in the Shirley Ryan AbilityLab in Chicago and a professor in physical medicine and rehabilitation at Northwestern University's Feinberg School of Medicine.

Previously, he was medical director of the Spine Care Center at the University of Florida in Gainesville and the chief of Physical Medicine and Rehabilitation there from 1998 to 2011. He also held academic and clinical positions at the University of Kentucky and Chandler Medical Center in Lexington, Kentucky.

Dr. Atchison earned a medical degree from Ohio University College of Osteopathic Medicine in Athens, Ohio, and completed a residency in physical medicine and rehabilitation at Ohio State University in Columbus, Ohio.

He is board certified in physical medicine and rehabilitation, pain medicine and electrodiagnostic medicine.

He is actively involved in academic and research activities and in professional associations. In 2010, he received a national Distinguished Clinician Award from the American Academy of Physical Medicine and Rehabilitation.



In Memorium

George Waylonis, MD



George was born to Walter and Anne Waylonis in Cleveland, Ohio. As a depression-era baby, he learned to spend his money and time wisely. George graduated from Collinwood High school in 1952 and Case Western Reserve as an undergraduate in 1956. He financed his way through college and medical school playing accordion and piano in his band "George Waylonis and his College Men."

He graduated from Case Western Reserve Medical School in 1960. George had his internship in Philadelphia, followed by his residency at The Ohio State University in 1964. He married Leona Thomas shortly afterward and headed to Travis Air Force Base in Northern California as a two-year repayment for his medical school. His son David was born there in 1965. George and family headed back to Ohio and settled in Columbus where son Daniel was born in 1966. Daniel eventually returned to his father's

roots in northern California, where he found fame and fortune (and his wife, Assana Fard).

George began working at Riverside Methodist Hospital in the early 1970s, specializing in Physical Medicine and Rehabilitation at the Ohio State University College of Medicine. George taught many medical students, interns, and residents over the years and loved his interactions with them. George partnered with John Earl, Jay Powers, John Burkhart, and several other physicians in their medical group, Physical Medicine Associates. George authored 66 publications and abstracts, received countless awards including the national Outstanding Community Service Award, OSU Teacher of the Year and Clinician of the Year for AAPM&R Nov. 3, 2000.

George loved practicing medicine, but since his department was in the basement of the hospital, he also loved escaping to the great outdoors. He was always outside, either doing yard work or riding on his bicycle all over Columbus. He also flew a private plane for many years to explore the United States with his family.

George was preceded in death by his parents, wife Leona, and son David. Although he experienced much hardship in life, he was not a quitter. He met Suzanne Ballinger in the spring of 1999, and they were married the next year on Valentine's Day. George and Suzanne combined households into one in Columbus. George eventually transitioned to being a part-time physician in Columbus and full-time husband and devoted and loving father of Lohren in Naples, Florida. Many dogs and cats were spoiled by people food at George's hand.

George is survived by wife Suzanne, daughter Lohren, and son Daniel.



Summary of Key Provisions



HB 21: Florida's New Controlled Substance Prescribing Law

Acute Pain:

- The normal, predicted, physiological, and time-limited response to an adverse chemical, thermal, or mechanical stimulus associated with surgery, trauma, or acute illness.
- Does not include pain related to (1) Cancer; (2) a Terminal Condition; (3) Palliative Care; or (4) a Traumatic Injury with an Injury Severity Score of 9 or greater.

Prescribing Limits:

When prescribing a Schedule II opioid for the treatment of acute pain, you may not exceed a 3-day supply.

- UNLESS, in your professional judgment, more than a 3-day supply is medically necessary to treat the patient's acute pain, AND you indicate "ACUTE PAIN EXCEPTION" on the prescription, AND you document in the patient's medical records the acute medical condition and lack of alternative treatment options that justify deviation from the 3-day supply. Then you can prescribe up to a 7-day supply.
- If you write a prescription for any Schedule II controlled substance (not just an opioid) for chronic pain, or for pain that is excluded from the definition of acute pain (see above), then you must indicate "NONACUTE PAIN" on the prescription.

Emergency Opioid Antagonist:

If you prescribe a Schedule II controlled substance for the treatment of pain related to a traumatic injury with an Injury Severity Score of 9 or greater, you must concurrently prescribe an emergency opioid antagonist.

Florida's Prescription Drug Monitoring Program

Prior to prescribing or dispensing any controlled substance (except for a non-opioid Schedule V) to a patient 16 years of age or older, you must first review the patient's controlled substance dispensing history in the E-FORCSE database. If the database is nonoperational or cannot be accessed because of a temporary technological or electrical failure, you do not have to check the database but you must document the reason why and you cannot prescribe more than a 3-day supply of the controlled substance.

Continuing Medical Education

If you have a Florida license to practice medicine and you are registered with the Drug Enforcement Administration to prescribe controlled substances, you must complete the mandatory 2-hour controlled substance prescribing course **prior to January 31, 2019**.





FSIPP

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WWW.FSIPP.ORG

FLORIDA SOCIETY OF INTERVENTIONAL PAIN PHYSICIANS

May 11, 2018

FSIPP ALERT

May 11, 2018

Opiate Prescribing Legislation Passed Florida Legislature

Key Items You Need to Know

Effective Date: July 1, 2018

In an effort to address the opioid crisis impacting communities across the state, the Florida Legislature approved legislation last week that will have an impact on physicians and patients. All physicians practicing in Florida need to be aware of particular measures contained in the legislation that will impact you.

1. Mandatory Physician Education
2. Mandatory Review of the Prescription Drug Monitoring Database (E-FORCSE)
3. Limitations on Prescribing Controlled Substances
4. Mandatory Emergency Opioid Antagonist
5. Mandatory Application for a Certificate of Exemption
6. Board of Medicine to Adopt Standards of Practice for Treatment of Acute Pain

1. Mandatory Physician Education – Prior to January 31, 2019, all physicians registered with the DEA to prescribe controlled substances will have to take a 2-hour Board of Medicine approved CME Course on prescribing controlled substances. Physicians will have to take the 2-hour course every two years in accordance to your license renewal cycle. The course must be an approved course offered by a statewide association of physicians.

2. Mandatory Review of the Prescription Drug Monitoring Database – Prior to prescribing a controlled substance, a physician must check the patient's prescription drug history in the Prescription Drug Monitoring Database. A physician is able to delegate this task to a designee registered on the database.

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FSIPP ALERT

Opiate Prescribing Legislation Passed Florida Legislature

Key Items You Need to Know

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Physicians and their designees need to be aware of the restrictions around use of the database to make sure they are in compliance. Click here to view the PDMP (E-FORCSE) -

<https://flpdm-ph.hidinc.com/fllogappl/bdflpdmqlog/pmqhome.html>

3. Limitations on Prescribing Controlled Substances - Prescriptions of Schedule II Controlled Substances for the treatment of "Acute Pain" are limited to a 3-day supply. If a physician feels that a 3-day supply is insufficient, they can prescribe up to a 7-day supply.

Physicians writing a 7-day supply must include on the prescription "**Acute Pain Exemption**" to authorize the pharmacist to dispense the higher limits. The prescriber must adequately document in the patient's medical records the acute medical condition and lack of alternative treatment options that justify deviation from the 3-day supply limit established in this subsection.

The definition of Acute Pain and thus the 3 and 7 day restriction does not apply for a series of exemptions (see below) to include cancer, terminal conditions, palliative care, or for patients with injuries that have a trauma severity index score of 9 or higher.

Acute Pain is defined as:

(a) "Acute pain" means the normal, predicted, physiological, and time-limited response to an adverse chemical, thermal, or mechanical stimulus associated with surgery, trauma, or acute illness. The term does not include pain related to:

1. Cancer.
2. A terminal condition. As used in this subparagraph, the term "terminal condition" means a progressive disease or medical or surgical condition that causes significant functional impairment; is not considered by a treating physician to be reversible without the administration of life-sustaining procedures; and will result in death within 1 year after diagnosis if the condition runs its normal course.
3. Palliative care to provide relief of symptoms related to an incurable, progressive illness or injury.
4. A traumatic injury with an Injury Severity Score of 9 or higher.

For a prescription for a Schedule II opioid, as defined in s. 893.03 or 21 U.S.C. s. 812, for the treatment of pain, other than acute pain, the practitioner must indicate "NONACUTE PAIN" on the prescription.

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FSIPP ALERT

Opiate Prescribing Legislation Passed Florida Legislature

Key Items You Need to Know

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The bill makes it clear in Florida Law that controlled substances can be e-prescribed. The DEA has a process for you to register to have e-prescribing capability as long as your EMR enables you to do so. Click here for information on the DEA requirements: https://www.deadiversion.usdoj.gov/ecom/e_rx/faq/practitioners.htm

4. Mandatory Emergency Opioid Antagonist Prescription – For a prescription for a Schedule II opioid, as defined in s. 893.03 or 21 U.S.C. s. 812, for the treatment of pain related to a traumatic injury with an Injury Severity Score of 9 or higher, the prescriber must concurrently prescribe an emergency opioid antagonist.

5. Mandatory Application for a Certificate of Exemption from the Pain Management Clinic Statutes – The bill requires physician offices that are exempt from the Pain Management Clinic regulations to apply for a Certificate of Exemption on an application form to be provided by the Agency for Health Care Administration. Physician practices will have to re-apply for this Certificate of Exemption every two years. The Agency will have to develop rules to implement this Certificate of Exemption application and process.

6. Board of Medicine to Adopt Standards of Practice for Treatment of Acute Pain - The Board of Medicine/Department of Health shall adopt rules establishing guidelines for prescribing controlled substances for acute pain, which may include evaluation of the patient, creation and maintenance of a treatment plan, obtaining informed consent and agreement for treatment, periodic review of the treatment plan, consultation, medical record review, and compliance with controlled substance laws and regulations. The rules shall take into account the applicability of the guidelines in different practice settings. Failure of a prescriber to follow such guidelines constitutes grounds for disciplinary action pursuant to s. 456.072(1)(gg), punishable as provided in s. 456.072(2).

<http://www.floridahealth.gov/statistics-and-data/e-forcse/laws-rules/index.html>



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AVOIDING GOVERNMENT SCRUTINY IN THE WAKE OF A CRACKDOWN ON OPIOIDS

A. Lee Bentley, III and Jason Mehta¹

***"Disclaimer:** The opinions of the authors are independent and do not necessarily represent the recommendations of the Florida Society of PM&R, the American Academy of PM&R, or the Florida Medical Association. Their recommendations are not entirely consistent with the State Rules for Controlled Substance Prescribing. The article is published to provide a viewpoint from former well respected federal prosecutors."*

By now, the scourge of opioid-related addiction is a well-known story, particularly to physiatrists and pain management physicians. It is estimated that more than 100 people a day are dying from opioid overdoses. And since 1999, opioid prescription deaths have increased by more than five times, and over 200,000 people have died from prescription opioids. Sadly, these numbers are well-known to pain management physicians.

Nonetheless, in response to this public health crisis, government prosecutors are just now starting to take notice and respond. Almost daily, a new press release comes out touting the Department of Justice's "crackdown" on opioid-related abuse. This crackdown includes not just typical prosecutions of illicit drug-dealers but, also increasingly, prosecutions of physicians—particularly pain management physicians. These prosecutions present a foreboding picture of the Department of Justice's priorities—and there's no reason to expect this focus to die down in the near-future.

The United States Attorney General, Jeff Sessions, has been touring the country touting the Justice Department's expanded efforts. And, in his now-standard stump speech, he promotes, in particular, a new Justice Department initiative – the "Opioid Fraud and Abuse Detection Unit." He describes this unit as being able to "tell us important information – like who is prescribing the most drugs, who is dispensing the most drugs, and whose patients are dying of overdoses."

This effort by federal law enforcement is, of course, laudable. And the use of data mining is particularly commendable. But, in the rush to tackle one of the most vexing public health crises our nation has faced, the government appears to be using relatively rudimentary data metrics. And, in this wake of trying to use data to ascertain "who is prescribing the most drugs [and] who is dispensing the most drugs," the government might potentially capture well-meaning and non-fraudulent physicians. Put another way, simply looking at "who is prescribing the most drugs" is an incomplete metric. It would be little surprise, for example, that pain management doctors would be more likely to prescribe opioids than, say, podiatrists.

Nonetheless, as the government increasingly focuses on data-driven prosecutions—particularly in the healthcare space—we make several recommendations for physiatrists and pain-management physicians to avoid DOJ scrutiny. In particular, just as the government starts to "data mine" to develop new cases and new potential targets, we suggest that practitioners use their own data to proactively address potential issues. While these suggestions are not exhaustive, the recommendations below are designed to help pain management practitioners understand potential "red flags" that might stand out for government regulators.

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¹ A. Lee Bentley III is the former U.S. Attorney for the Middle District of Florida. During his tenure as the US Attorney from 2014-2017, his office recovered more than \$1.2 billion in fines and penalties from healthcare providers and other regulated providers. Jason Mehta was an assistant U.S. attorney in the same office, responsible for more than a quarter of a billion dollars in financial recoveries. Both are now in private practice at Bradley Arant Boult Cummings LLP in Tampa, Florida.



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- The government appears to be focused on a prescriber's ***total aggregate opioid prescription history***. While this is a misleading statistic, practitioners would be well-suited to know that this is a threshold measure for government prosecutors. Therefore, for those prescribers that have a high volume of patients receiving opioids, a best practice would be to expect this extra level of possible scrutiny and spend time to mitigate against risk. In particular, we recommend engaging external medical coders or auditors to do file-reviews to ensure the proper necessity of prescriptions. While all providers would benefit from these prophylactic compliance reviews, prescribers with particularly high-volume opioid prescriptions should view these compliance reviews as a necessity in the highly-regulated world of opioids.
- Regardless of DOJ scrutiny, a best practice is to periodically review patient files and ensure that each patient is receiving a ***uniquely tailored medication portfolio***. Put another way, the government seems to be focused on practitioners that indiscriminately prescribe opioids to all patients—regardless of condition and history. Other metrics that the government is seemingly examining are whether practitioners are prescribing opioids even when patients are taking other medications. Thus, we recommend that physiatrists and pain-management physicians periodically self-audit patient files. Reviewing these files on a periodic basis to ensure that each patient is receiving an individualized prescription plan is not just a good way to dent possible civil or criminal liability—it's also a good medical practice.
- Another metric that the government seems to be focused on is the length of time between a practitioner's first encounter with a patient and the ***first prescription of opioids***. As a general matter, the closer in time between the initial encounter and the first opioid prescription, the greater the chance of potential practitioner abuse. There are, of course, exceptions to this rule. However, consistent prescribing of opioids on the initial encounter – particularly before the initial drug urinalysis is complete – is potentially problematic. Thus, we recommend that practitioners understand this metric and carefully evaluate new patients on initial visits. Be sure to document the diligence undertaken before prescribing opioids.
- The federal government is increasingly focusing on the ***connection between physicians and toxicology laboratories***. DOJ is focusing on whether physicians are actually using urinalysis results to modify treatment modalities. Therefore, a best practice for practitioners is to document in the patient file expressly how the urinalysis was analyzed and how it affected—if at all—the treatment provided to the patient. Also, we recommend that physiatrists and physicians tailor their drug testing panels to reflect patients' individual needs—for example, not all patients need to be tested for all classes of drugs every time they visit.
- Lastly, the government is increasingly looking at practitioners' pattern of prescribing opioids to ***relatives or members of the same household***. Again, while there are exceptions, it should be the rare occasion where multiple members of the same address should be receiving opioids. Thus, we recommend that physiatrists and other practitioners review basic demographic and contact information of patients to ensure that they are not unwittingly being targeted by drug-abusing patients.

Of course, these types of prophylactic measures do not ensure that the government won't ask questions. In this era of highly regulated medicine, scrutiny is the norm, not the exception. Nonetheless, following these recommendations will provide a level of comfort to well-meaning practitioners, as well as negating any allegations of wrong-doing. Ultimately, by viewing this enhanced enforcement as an opportunity, rather than a risk, practitioners might not just avoid legal troubles—they might also promote better healthcare treatments.



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