VITAL MD

NEWSLETTER SEPTEMBER 2012

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

IN THIS ISSUE

SPECIAL NOTE FROM THE PRESIDENT

Rigoberto Puente-Guzman, MD

Thank you to all who are relentlessly working to move our society to a higher level.

This is our second Newsletter since my inception in July 2012. You will notice a new look. We have hired a new Web Master, Stephen Denas, and we hope that by the end of September our new web site will be running. Also I want to thank Stephen for designing our new Logo.

We are actively representing the interest of our patients and society. Just finished a busy schedule at the FMA meeting and am looking forward and preparing for our next meeting in Atlanta, the AAPMR, meeting on November 15 through 18th.

The Joint FSPMR/FSN EMG Task Force is now established and is ready for the work ahead.

Dr. Jeffrey Zipper, as our FSPMR CAC representative, is very active in scope of practice issues, keeping our society informed and involved.

Our Web Site/Newsletter Committee is in the process of being formed and we are hoping for more volunteers to step up to the plate. In our current era the web site is instrumental for our success.

Thank you for your membership. If you forgot to pay your dues or are not a member or know of someone that is not yet a member, please encourage them join at http://fspmr.org/MembApp.htm or contact Lorry Davis, FSPMR Executive Director at Lorry4@comcast.net.

With best regards,

Rigoberto Puente-Guzman, MD

SAVE THE DATE

The 2013 FSPMR Annual Meeting will be held in conjunction with the FAPM Annual Scientific Meeting at the beautiful Hyatt Regency Grand Cypress Hotel in Orlando on June 28-30, 2013

FSPMR PROUDLY ACKNOWLEDGES OUR NEWSLETTER SPONSOR

Update on Political Work at FMA Meeting

Mark Rubenstein, MD
FSPMR, Member-at-Large

The Florida Medical Association held its annual meeting at the Boca Raton Resort & Club from July 27-29, 2012. Rigoberto Puente-Guzman, MD attended as the delegate for FSPMR. Mark Rubenstein, MD also represented the board serving as a member of the Health, Education, and Public Policy Reference Committee. Jeffrey Zipper, MD, was present and represented the FSPMR for various issues relating to pain management. Dr. Puente attended several committee meetings and networked with multiple organizations including the Specialty Society Caucus, Northern, Central and Gator Caucus, Florida Society of Neurology, Psychiatry and FAPM in an effort to increase the relationships between our respective organizations.

The meeting was productive, informative, and comprehensive. Vincent DeGennaro, MD, a colorectal surgeon from Broward County was installed as President of the FMA. Dr. DeGennaro is a humanitarian who will certainly carry forward the principles of the FMA: "Helping Physicians Practice Medicine." Some of the issues discussed and debated in the House of Delegates included resolutions about various public health issues such as use of human growth hormone, stem-cell transplants and their utility, hCG diet fads, and anaphylaxis training for the school systems.

Reference Committee III related to Legislation. Heated debate regarding the possibility of legalizing syringe exchange programs in the State of Florida was discussed. Resolution 12-310 related to State Law about Pain Management Clinics. Overwhelming testimony in support of the resolution was heard, and the reference committee felt that there was more than adequate justification to support a statewide preemption of piecemeal local ordinances that usurp uniform state laws regulating pain management clinics. Many issues regarding Scope of Practice were heard in various committees. We did discuss the doctor of nursing degree, doctor of physical therapy degree as well as CRNA's doing interventional pain medicine and the inherent consequences of such expansions. Many of the Scope of Practice Issues were reaffirmed as existing policy for the FMA, meaning that the FMA will continue to fight scope of practice expansion by a variety of professions.

Reference Committee IV related to Medical Economics. Issues such as Medicaid coverage, telemedicine, and economic reforms were discussed. There was even a resolution that was adopted indicating that the FMA should request that the American Medical Association petition the Centers for Medicare and Medicaid Services to provide a fee for the existing codes for reimbursement to physicians for telephone and electronic communication.

Involvement with organized medicine is important. Effecting change requires time commitment, effort, and contributions (personally and professionally). Protecting the practice of medicine and our profession will not occur by passivism. Please consider involvement in our state society, as well as other local and regional organizations to represent the interests of physiatrists in the State of Florida.

Respectfully,
Mark Rubenstein, MD

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Pain Legislation Update

Jeffrey Zipper, MD
FSPMR CAC Representative

2012 Legislative Agenda

I) This year legislation will be sought to allow State law governing pain management clinics (PMCs) to pre-empt local city and county ordinances; many of which are presently in direct conflict with State law. While we recognize that cities and counties have the right to enact ordinances for PMCs dealing with zoning issues as per home rule authority, it is the position of organized medicine that many of these existing ordinances exceed these municipalities home rule authority. Several ordinances have changed the definition of pain management, changed physician reporting requirements, assessed additional fees and do not follow the exclusions from registering as a PMC, as set forth by State law. This has resulted in many physicians having to register as PMCs on a local level, follow onerous rules enacted locally, as well as subjecting physicians to fees and penalties in excess of State law.

II) Scope of practice issues are another area that must be addressed this legislative session.

1) CMS by rule is proposing to allow CRNAs to perform PM services independent of a physician. Florida's allied PM community and specialty societies are against this ill-conceived proposal and will work to have legislative language crafted to define pain management services as the "practice of medicine" in the State of Florida.

2) Physical Therapists are once again trying to expand direct access to patients suffering with musculo-skeletal disorders. At the present time PTs can treat patients for up to 21 sessions without a physician prescription or authorization. They seek complete unfettered access to patients without any physician oversight. Florida's allied PM community believes that appropriate physician evaluation and examination MUST be undertaken to validate and substantiate continued physical therapy services in excess of the 21 days allowed by law.

2012 Leadership Academy Graduates Take the Lead

(from FMA News August 10, 2012)

The face of medicine is changing, and it looks a lot like the 2012 graduating class of the FMA Physician Leadership Academy. Ten young physicians and one member of the FMA Alliance recently completed one of the FMA's most innovative programs, designed to groom doctors from Generations X and Y to become leaders within the medical profession.

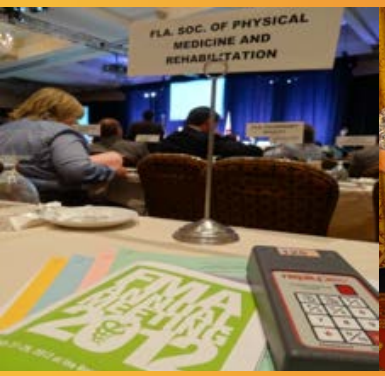
(L to R) Christopher Burton, M.D., Jaime Membreno, M.D., Carrie Morris, M.D., Leonardo Oliveira, M.D., Vanessa Peluso, M.D., Christienne Sain, M.D., Nancy Silva, M.D., Jeani Taliaferro

"The Leadership Academy provided tools that will help me run my office more efficiently, lower my overhead, improve patient satisfaction and increase the talent pool within my staff," said graduate Christopher Burton, M.D.

Congratulations to the class of 2012:

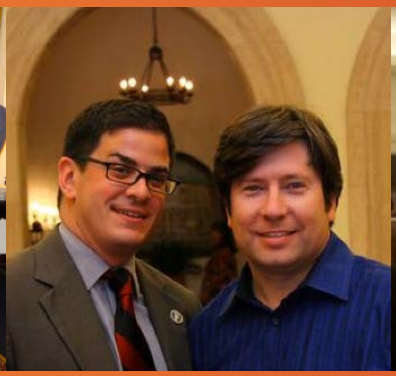
- Wilfredo J. Alvarez, M.D.
- Christopher Burton, M.D.
- Aileen Caceres, M.D.
- Jaime H. Membreno, M.D.
- Carrie Morris, M.D.
- Leonardo Oliveira, M.D.
- Vanessa C. Peluso, M.D.
- Christienne Sain, M.D.
- Nancy M. Silva, M.D.
- Jeani Taliaferro
- Jason Wayne Wilson, M.D.

some pictures from the FMA meeting



FSPMR Vote

Alachua County Society



Dr. Dainiel Kantor and Dr Rigoberto Puente

Specialty Society Committee

Physicians for Responsible Opioid Prescribing (PROP) Petition

Jesse Lipnick, MD

On July 25, 2012, a group of physicians from a group called "Physicians for Responsible Opioid Prescribing" or "PROP" sent a petition to the FDA requesting labeling changes to the indications for use of opioid analgesics in the treatment of chronic non-cancer pain. PROP has requested the following changes:

1. Remove "moderate pain" as an indication for the use of opioids and reserve their use for the treatment of "severe pain" only.
2. Establish a maximum daily dose equivalent of 100 mg of Morphine for the treatment of chronic non-cancer pain.
3. Limit the use of opioids to 90 days for the treatment of chronic non-cancer pain.

The America Academy of Pain Management and The Florida Society of PM&R and The Florida Academy of Pain Management have all rejected any proposed changes to these labeling changes. Unfortunately for PROP, there are a number of issues with these proposed changes.

To begin, the PROP recommendations separate painful conditions based upon etiology, a distinction which has little to do with the pain of a given condition. If a vertebral body fractures because of cancer, and a patient develops chronic pain, then PROP would approve of treatment with opioid medication. If the same vertebral body fractures because of osteoporosis or trauma, and a patient develops chronic pain, PROP would prohibit pain management because the etiology is not malignant. If a patient were to develop phantom limb pain after an amputation for cancer, then PROP would allow treatment of any chronic pain resulting from the amputation. If the limb with phantom pain had been amputated because of infection, then PROP would prohibit any chronic pain management. Also, PROP is not only interested in limiting the use of narcotics in chronic pain, it would prohibit the use of narcotics for acute non-cancer pain as well.

PROP requests that the FDA adopt dosing limits of 100 mg of Morphine per day or equivalent and it claims to base this recommendation upon the policy of the United States Center for Disease Control. Unfortunately, the CDC has no such policy or recommendation for clinical practice guidelines. Of the sources sited by PROP, three recommended dosing limits of 120 mg of Morphine per day and a fourth recommended 100 mg of Morphine per day. These doses are sited as guidelines and were never intended to act as firm limits for practitioners.

In addition, PROP would prohibit the use of narcotics for pain lasting more than 90 days. Unfortunately for patients and for the community of physicians providing care, chronic pain is often defined as beginning at the 90 day mark. PROP would in essence eliminate the use of narcotics for the treatment of any "chronic" non-cancer pain.

It is interesting to note that the FDA is charged with determining if a medication is safe and effective for use as labeled. In the case of opioid use for chronic pain, these medications have already been determined to be safe. So it seems that the petitioners are either challenging the law as it stands or perhaps, they are asking the FDA to change the way it makes decisions on medication safety. In either case, these PROP recommendations are dangerous to a physician's ability to treat pain. They must be stopped.

To write a letter to the FDA, please send correspondence to:
Division of Dockets Management
Food and Drug Administration
Attn: Margaret Hamburg
Room 1061
5630 Fishers Lane
Rockville, MD 20852

Re: Docket ID # FDA-2012-P-0818-0001

Also, please call me at 352-493-1741 for further information.

Jesse Lipnick, MD, FSPMR Secretary

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CHANGING SEASONS

Rigoberto Puente-Guzman, MD

With the West Nile Virus season coming to an end, the Flu season starts in North America. A year round ailment around the world, in the United States the flu season is considered to occur between October through May, usually peaking around February.

Because of the warmer winter and increased rain fall, there is an increase in mosquito population and increased risk of mosquito-borne viral illness, including the West Nile Virus. Health officials have reported about 1600 cases of confirmed cases with 66 deaths this year. This year Texas has been hit the worse. Florida is no stranger to this menace, in Duval County there are nine confirmed cases of West Nile Virus in 2012. Duval, Holmes, St. Johns, Walton and Washington counties are under mosquito-borne illness advisories. Although this problem usually peaks in mid August, due to the change in weather and survival of the mosquito population, some think we have not reached our peak this year.

West Nile Virus is an infection that has no cure but supportive care. Fortunately most individuals have mild cases and some don't even know they have it. Symptoms may present as fever, muscle aches, fatigue, dizziness, confusion and headaches. The old and young with low immune systems are at the highest risk to develop a more serious sequel including paralysis, coma and death.

You can help prevent West Nile infection by:

- Use insect repellent containing DEET or oil of lemon eucalyptus.
- Dress in long sleeves and long pants when you are outside especially at dusk and dawn.
- Stay indoors at dusk and dawn, when mosquitoes are most active.
- Drain standing water where mosquitoes breed. Common breeding sites include old tires, flowerpots and clogged rain gutters.

As for "The Flu" season, it can also present with mild symptoms to death. Influenza virus is responsible for a contagious respiratory illness. Most deaths are reported in people over 65 years old. The best way of reducing development or spread in the community is by vaccination. About two weeks after the vaccination, antibodies develop.

Symptoms may include fever, cough, sore throat, runny or stuffy nose, body aches, headaches, fatigue, vomiting and diarrhea. Most people will recover with conservative treatment but some will progress to life threatening complications like pneumonia.

You can help prevent the spread of the Flu by:

- Everyone 6 months and older should get vaccinated yearly, especially those at higher risk (people over 65 years and young children, pregnant women and those with chronic health conditions like diabetes, COPD/Asthma, Heart conditions, and health care professionals).

- You can stop the spread by washing your hands, covering your mouth and nose with tissue when coughing or sneezing; avoid contact with sick people; If you are sick with fever stay home and don't go to work or school until 24hrs after fever is resolved and limit contact to avoid infecting others; get medical care.

- Your doctor may prescribe antiviral drugs. These are not a substitute for vaccination.

Not everyone is a candidate for vaccination. CDC recommends that the following groups should not receive the flu shot: "People who have ever had a severe allergic reaction to eggs or prior influenza vaccine; People with a history of Guillain–Barré Syndrome that occurred after receiving influenza vaccine; and those who are not at risk for severe illness from influenza should generally not receive vaccine. If you are sick with a fever when you go to get your flu shot, you should talk to your doctor or nurse about getting your shot at a later date." For more information you may visit CDC at http://www.cdc.gov/flu/index.htm.

Make a difference encourage your family, friends, staff and patients to follow these life saving preventive measures.

Sincerely,
Rigoberto Puente-Guzman, MD

Inpatient Rehabilitation Accreditations

Wilda Murphy, MD

Inpatient Rehabilitation Facilities (IRF) are regulated by the same agencies as acute care hospitals such as Joint Commission on The Accreditation Of Healthcare Organizations (JCAHO). IRFs are also eligible for specialty accreditations in the rehabilitation field.

In the state of Florida, The Department of Health, Division of Emergency Medical Operations, Bureau of Brain and Spinal Cord Injury Program (BSCIP), conducts surveys and awards certifications for facilities who maintain the highest level of expertise and experience to address the medical and rehabilitation needs of patients who sustained traumatic brain (TBI) and spinal cord injuries (SCI). The regional facilities are located to ensure accessibility and volume of new admissions. The IRF must admit a minimum number of patients per diagnostic criteria: over 30 patients/year with diagnosis of TBI and over 40 patient/year with diagnosis of SCI.

BSCIP certification signifies that the programs meet the highest standards and criteria for treatment of persons who have sustained SCI and TBI.

The complex rehabilitation care for this population includes comprehensive treatment for medical, social and psychological complications and community re-entry. Services available typically include the physiatrist as a team leader, consulting physicians, psychologist, physical, occupational and recreational therapist, speech language pathologist, dietician, specialized nursing and social worker.

According to www.floridashealth.com the currently BSCIP state designated Inpatient Rehabilitation Centers for adults are:

1. Bayfront Medical Center at St Petersburg (Brain Injury) - www.bayfront.org
2. Brooks Rehabilitation Hospital at Jacksonville (Brain and Spinal Cord Injury) * - www.brooksrehab.org
3. Jackson Rehabilitation Hospital at Miami (Brain and Spinal Cord Injury) * - www.jhsmiami.org
4. Joy-Fuller Rehabilitation Center at Winter Heaven (Brain Injury) - www.winterhavenhospital.org
5. Orlando Health Rehabilitation Institute at Orlando (Brain and Spinal Cord Injury) - www.orhs.org
6. Pinecrest Rehabilitation Hospital at Delray Beach (Brain and Spinal Cord Injury) - www.pinecrestrehab.com
7. Shands Rehabilitation Hospital at Gainesville (Brain and Spinal Cord Injury) - www.shands.org
8. Tampa General Rehabilitation Center (Brain and Spinal Cord Injury)* - www.tgh.org
9. The Rehabilitation Hospital at Ft Myers (Brain and Spinal Cord Injury) - www.leememorial.org

*Adult and Pediatric Designation

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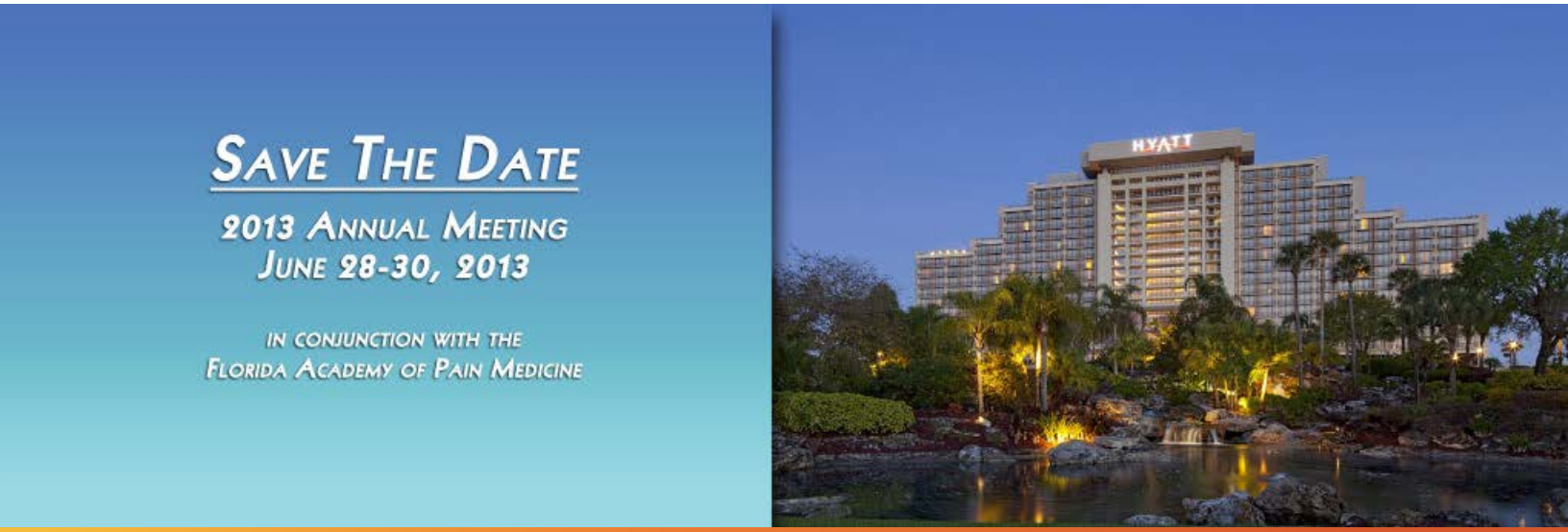

Inpatient Rehabilitation Accreditations

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Another medical rehabilitation certification is provided by The Commission on Accreditation of Rehabilitation Facilities (CARF) (www.carf.com).

This is a private, nonprofit international organization founded in 1966. The mission of CARF is "to promote the quality, value and optimal outcomes of services through a consultative accreditation process and continuous improvement services that center on enhancing the lives of the persons served."

IRFs seek voluntarily this accreditation. Once the organization satisfies each of the CARF Accreditation conditions and demonstrates substantial conformance to the standards, a 1 or 3 year accreditation is awarded.

CARF provides accreditation in the areas of Comprehensive Integrated Inpatient Rehabilitation and the Specialty Programs of Amputation (A), Brain Injury (BI), Pediatric (P), Spinal Cord System of Care (SC), Stroke (S), Interdisciplinary Pain Rehabilitation (IPR) and Occupational Rehabilitation (OR). The accreditation for outpatient services includes Home and Community Services, Residential Rehabilitation Program and Vocational Services.

According to CARF's website there are 39 accredited Comprehensive Integrated Inpatient Rehabilitation Hospital Programs in the state of Florida. 19 of them are accredited for Stroke Specialty Program, 12 for Brain Injury Program, 7 for Spinal Cord System of Care, and 1 for Amputation Specialty Program. 2 of the facilities are VA hospitals in Tampa and Miami.

CARF Accredited Inpatient Rehabilitation Facilities with Specialty Program Designations including Stroke (S), Brain Injury (BI), Spinal Cord System (SC), Amputee (A).

1. Brooks Rehabilitation Hospital, Jacksonville. (S), (BI), (SC)
2. Davis Center for Rehabilitation - Baptist Hospital, Miami. (S), (BI)
3. Florida Hospital Memorial Medical Care – Peninsula, Ormond Beach (S)
4. Florida Hospital Rehabilitation and Sports Medicine, Winter Park (S), (BI)
5. Florida Hospital Rehabilitation Center, Orlando (S), (BI)
6. Fort Walton Beach Medical Center Inpatient Acute Rehab Unit, Fort Walton (S)
7. Health South Rehabilitation Hospital of Sarasota, Sarasota (S)
8. Leesburg Regional Medical Center, Acute Rehab Hospital, Leesburg (S)
9. NCH Healthcare System-Brookdale Center for Rehab, Naples (S)
10. North Broward Medical Center Rehab Unit, Deerfield Beach (S)
11. Orlando Health Rehabilitation Institute, Orlando (S), (BI), (SCI)
12. Sarasota Memorial Health Care System-Comp. Rehab Unit, Sarasota (S)
13. Shands Rehab Hospital, Gainesville (S), (BI), (SC)
14. St. Mary's Medical Center Rehab Institute, West Palm Beach (S)
15. Tampa General Hospital Rehab Center, Tampa (S), (BI), (SC)
16. The Rehabilitation Hospital Lee Memorial Health System, Fort Myers (S), (BI)
17. The Rehabilitation Institute of South Florida at Memorial Regional Hosp South, Hollywood (S), (BI)
18. West Gables, Miami (S)
19. Winter Heaven Hospital Rehab Services (S), (BI)
20. James A. Haley Veterans' Hospital (BI), (SC), (A)
21. Jackson Memorial Hospital Rehabilitation Center at Jackson Health System, Miami (BI), (SC)
22. Miami VA Healthcare System, Miami (SC)

We congratulate all the IRFs in our state that are committed to provide excellent rehabilitation services and patient care and recognize that it is truly a team effort!

GET INVOLVED..... JOIN A COMMITTEE OR VOLUNTEER SOME TIME!

WEB SITE & NEWSLETTER COMMITTEE

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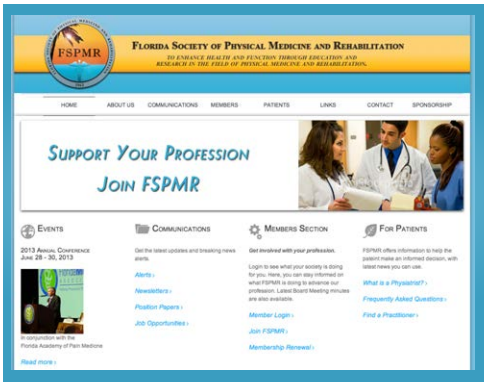
Jesse A. Lipnick, MD
Katrina Lesher, MD
Wilda Murphy, MD
Quang "Wayne" Nguyen, MD
Lorry S. Davis, MEd (Executive Director)
Stephen Denas (Web Master)



EMG TASK FORCE

Matthew Imfeld, MD
Robert Dehgan, MD
Lindsay Shroyer, MD

IF YOU ARE INTERESTED IN HELPING OR JOINING ONE OF THESE COMMTTEES PLEASE CONTACT LORRY DAVIS AT LORRY4@COMCAST.NET