

CONSIDERATIONS FOR PROPER PAIN MANAGEMENT

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American College of Physicians, Inc.



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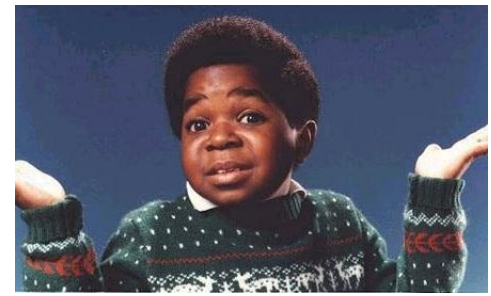




QUESTION?

Do you know anyone who
has been disciplined for
improper prescribing?

Who Cares?



- Virginia General Assembly:
Legislation every single year
- OneCare
- MSV seminars around the state
- State police diversion units (also filing complaints with Board)

The Feds

- U.S. Attorneys
- FDA/REMS—Risk Evaluation and Mitigation Strategy (REMS)
 - In response to the growing problem of the abuse, misuse and diversion of Extended Release/Long Acting (ER/LA) Opioid drugs, the FDA approved a risk evaluation and mitigation strategy (REMS) for ER/LA opioid medications on July 9, 2012.
 - Sch III ➡ Sch II Public hearings (Lortab, Vicodin)

The Feds

○ DEA



○ Congress/White House





Other

- FSMB – revised the model policy
- Pharmacists more engaged
- Criminal charges

Stafford County doctor faces 95 charges

May 11, 2013

FREDERICKSBURG, Va. (AP) -- A Stafford County doctor faces 95 charges, including involuntary manslaughter in the death of a patient.

Media outlets report that 54-year-old Dr. Nibedita Mohanty was arrested Friday for allegedly prescribing tens of thousands of doses of narcotics to drug-addicted patients and drug traffickers. Along with the manslaughter count, she faces 72 counts of felony distribution of narcotics and 22 counts of obtaining money by false pretenses through insurance fraud.

According to state Board of Medicine documents, Mohanty allegedly prescribed thousands of doses of narcotics to a 41-year-old patient who died two years ago despite indications the patient was abusing pills or had become addicted.

Authorities began investigating Mohanty's practice in 2011. She and her attorney, Charles Roberts, denied any wrongdoing in a letter to The Free Lance-Star in March.



But Who Cares the Most?

Virginia Board of Medicine

- Review punishments



Do you remember this statement?

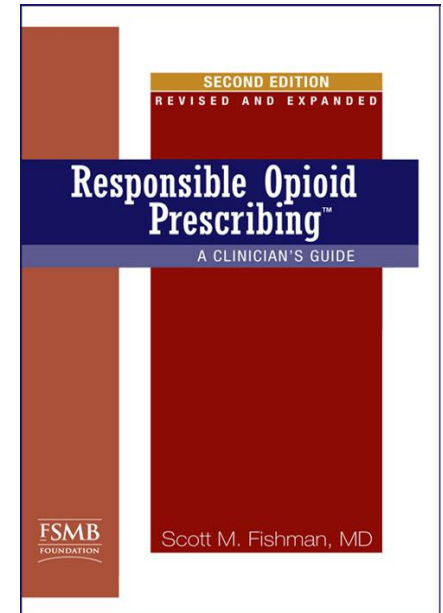
“I have carefully read the laws and regulations related to the practice of my profession which are available on www.dhp.virginia.gov.”

You Swore!!



List of Resources

- Virginia BOM Website
- <http://www.dhp.virginia.gov/medicine/>
- Review Model Policy
 - ❖ Guidance Document 85-24
- [Responsible Opioid Prescribing](http://www.fsmb.org/book/index.html)
(Second Edition) – Scott M. Fishman, M.D.
<http://www.fsmb.org/book/index.html>



Resources

- Virginia PMP website and its powerpoints
www.pmp.dhp.virginia.gov
- PMP expanded, number of users, number of requests
- Have you received a letter from PMP?



Painedu.org

New Resource!



- Prescriber Checkup
- <http://projects.propublica.org/checkup/>
 - Medicare's popular prescription-drug program now serves more than 35 million people, but the names of prescribers and the drugs they choose have never previously been public. Use this tool to find and compare doctors and other top prescribers.

Where are prescribers making mistakes?





Know This:

“Appropriate care requires a rational and strict risk vs. benefit approach which avoids naivety, moral judgment, and irrational fears.”

George VanOsten, M.D.
Jodi Walker, PharmD.

Lack of Knowledge:

“What background and education do you have in pain management?”



Educate Yourself!

- PBI, Vanderbilt, Case Western, Harvard, US-San Diego Pace Program
- American Academy of Pain Medicine
- American Academy of Pain Management
- American Pain Society
- American Society of Addiction Medicine
- Pain Week 2014



Top 5 reasons prescribers
get in trouble.



1. No Courage!



2. Pathetic and Incomplete Documentation

- What did you do?
- Why did you do it?
- How did you do it?
- Did it work? Did the patient get better or worse?
- Was the patient compliant?

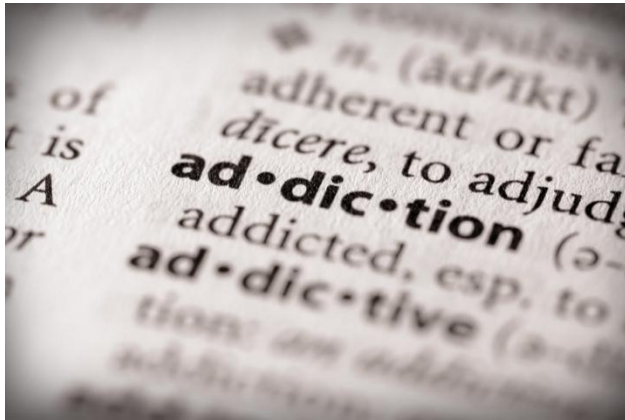


3. Not Using Basic Tools

- Pain contracts
- UDS
- Pill counts
- Opioid risk assessment
- Addiction assessment
- ADL



4. Ignorance



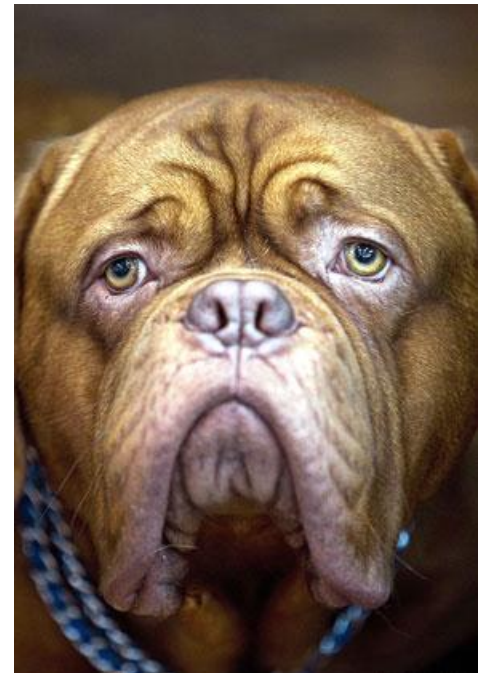
- Zero knowledge of the current regulatory requirements.
- Zero knowledge of addiction (and no addictionologist to refer them to)
 - <http://www.valleyhealthlink.com/painsymposium>

5. Believing the Patient

- Naiveté
- Too trusting



-
- Too forgiving – marijuana, can't afford, won't go, non-compliant
 - Empathy overwhelms logic or regulatory rules
 - Psych element ignored



Remember:



- The patient should not dictate the standard of care.
- You are not required to continue the mistakes of a previous prescriber!
- Abandonment vs. your right to refuse to treat patients or “land the plane softly”.
- Investigation and due diligence are necessary.

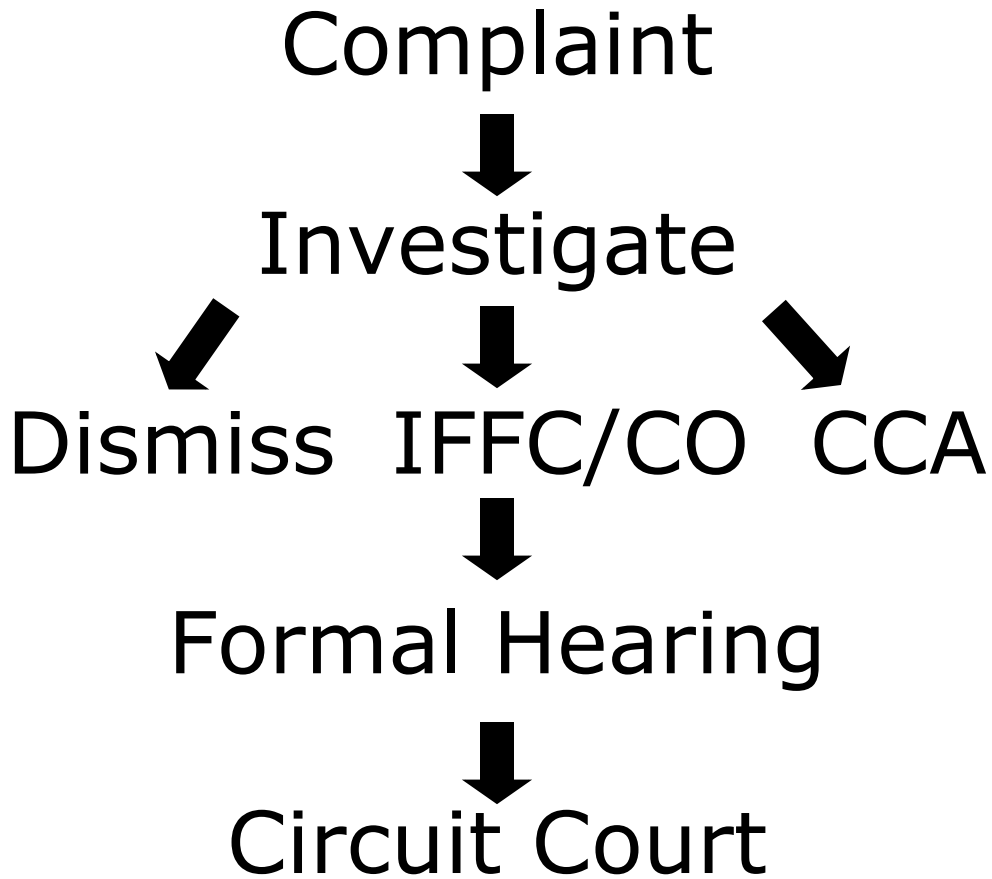
Remember:



“If you are treating pain, function gets better. If you are feeding addiction, functioning gets worse.”

Mary McMasters, M.D., FASAM

Virginia Board Disciplinary Process





Why You MUST Pay Attention to the Board of Medicine

1. The mission of the BOM is to protect the public.
2. More investigations and more punishment.



Why You MUST Pay Attention to the Board of Medicine

3. If you are going to be sued, the BOM process provides a “preview.”
4. Increased publicity - BOM provides information to consumers/patients (online profile).
5. If guilty, information provided to (NPDB, HIPDB, hospitals, health plans, etc.)
6. Collateral Damage – Kicked out of insurance plans, Medicare, Medicaid, lose DEA registration, etc.

Next Battle:

○ Adderall/Ritalin/ADD

Drowned in a Stream of Prescriptions



Before his addiction, Richard Fee was a popular college class president and aspiring medical student. "You keep giving Adderall to my son, you're going to kill him," said Rick Fee, Richard's father, to one of his son's doctors.

By ALAN SCHWARZ
Published: February 2, 2013 | 1190 Comments

VIRGINIA BEACH — Every morning on her way to work, Kathy Fee holds her breath as she drives past the squat brick building that houses Dominion Psychiatric Associates.

In Their Own Words: 'Study Drugs'

Young people submitted personal accounts of their experiences with prescription drugs in high schools.

Related

Attention Disorder or Not, Pills to Help in School (October 9, 2012)

Health Guide: ADHD

It was there that her son, Richard, visited a doctor and received prescriptions for Adderall, an amphetamine-based medication for attention deficit hyperactivity disorder.

It was in the parking lot that she insisted to Richard that he did not have A.D.H.D., not as a child and not now as a 24-year-old college graduate, and that he was getting dangerously addicted to the medication. It was inside the building that her husband, Rick, implored Richard's doctor to stop prescribing him

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RECOMMENDED FOR YOU

1. LETTER Treatment of A.D.H.D.

2. WELL Think Like a Doctor: A Confused and Terrified Patient Solved



3. A Guide in the Darkness

4. LETTER Bail and the Mentally Ill



5. Smoking, Once Used to Reward, Faces a Ban in Mental Hospitals

Questions?





Thank you!

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