For the medical community, this past year has been marked largely by change. Healthcare reform has commanded the highest profile, but several other important developments with potentially significant impact on medical practices are in various stages of completion. These developments range from the Food and Drug Administration’s efforts to set new rules for opioid prescription practices to the pilot program on open medical records to the planned reductions in Medicare fees.

As an organization, the American Academy of Pain Medicine (AAPM) is continuing to work for the best possible outcomes for us and for our patients. As we strive for this, we are convinced that collaboration with other medical organizations offers us an effective mechanism for having our voices heard. There is, as the saying goes, strength in numbers.

We’ve made great strides in the past year in reaching out to other medical organizations to collaborate on important initiatives. One recent example is AAPM’s participation in the Interventional Spine Leadership Summit meeting, hosted by the International Spine Intervention Society (ISIS). We joined other organizations, including the American Society of Anesthesiology (ASA), the American Academy of Physical Medicine and Rehabilitation (AAPM&R), and the North American Spine Society (NASS), to explore consensus in interventional spine care, discuss scope of practice parameters, and develop cooperative multi-society outcome based treatment data. Another example was our participation in Spine Summit 2010 where AAPM collaborated with other societies on advocacy, health policy, and scope of practice as well as other issues of relevance to Pain Medicine.

We’re just beginning to develop some of these relationships, but I believe that reaching out to other organizations and finding common ground will be beneficial to us all. We will continue to pursue these relationships whenever possible.

REMS on Opioids

Meanwhile, the Food and Drug Administration continues its efforts to develop a Risk Evaluation and Mitigation Strategy (REMS) on opioids. AAPM, of course, has been intimately involved in this process. AAPM representatives have testified multiple times, most recently on July 22–23 at FDA hearings in Washington, D.C., on extended-release opioids.

Prior to the July meetings, the FDA released a new draft of its REMS on extended-release opioids, which was noteworthy for the absence of plans to require prescribers to enroll in a registration program and patients to enroll in a patient registry. Time will tell what the final REMS will contain, but the Academy has been an active voice, trying to influence the process with the best interests of its members and their patients in mind.

The FDA is continuing to solicit input from the healthcare provider, pharmacy, and patient communities, and we will be monitoring their progress. The FDA re-opened the opioid REMS comment period through October 19, 2010, so nothing will be known definitively until after the comment period closes. AAPM will continue to play a leading role in this crucial regulatory development.

I would like to thank especially Perry Fine, MD, and Scott Fishman, MD, for their hard work in representing AAPM before the FDA and in spending so much of their free time to ensure that AAPM’s voice is heard in this public debate.

Medicare Payments

New rules proposed by the Centers for Medicare and Medicaid Services (CMS) would cut physician service payments by 6.1 percent beginning on January 1, 2011, which is on top of a more than 20 percent cut already scheduled to take effect on December 1, 2010. The cuts are far from final, however, with many of those involved, including some within the CMS, questioning the impact of such a severe fee reduction if large numbers of physicians opt out of Medicare. I expect there to be more developments on this issue soon. In the meantime, AAPM is collaborating with the American Medical Association, which is taking the lead on behalf of America’s physicians, to influence this process.

Patient Educational DVD

In yet another collaboration, together with the American College of Physicians (ACP), AAPM is producing a patient educational DVD called “Finding the Balance: A Guide to Managing Chronic Pain.” It will air in five markets this fall.
Fraifeld

and features, among others, Dr. Fine, AAPM’s president-elect. The details of when and where it will air are being confirmed.

Once the DVD is released, it will be featured in the patient center of our website (www.painmed.org) for viewing by patients and links from member websites. All AAPM members will receive a free copy, thanks to funding from King Pharmaceuticals. Additional copies, while supplies last, will be available for sale to our members for the cost of shipping and handling.

State Chapter Liaisons

I gave good news to report on the Local Initiatives program. We now have local AAPM representatives in 48 states, the District of Columbia, and the military.

The program is already paying dividends, including the following recent developments:

■ The Alabama representative, Thomas Kraus, MD, polled other state representatives to get feedback for upcoming meetings with Blue Cross Blue Shield of Alabama to discuss a draft policy on Epidural Lysis of Adhesions
■ The California representative, Philipp M. Lippe, MD, sought support from other California members to back a state bill that would prohibit health insurance plans from using step therapy when physicians prescribe pain medication
■ The Local Initiatives Committee, upon learning that Colorado’s prescription drug monitoring program (PDMP) was up for renewal, surveyed all Colorado members as a means of demonstrating to the state legislature the impact of the PDMP on Colorado physicians
■ AAPM staff put an AAPM member who was moving to Louisiana in touch with state representative Harry Gould, Ill, MD, PhD, who was able to serve as a resource in clearing up credentialing difficulties
■ Plans are in development for each state representative to invite three to five Pain Medicine colleagues to attend our next annual meeting, as well as to play an active role in Capitol Hill Day, which will be held in conjunction with the 2011 annual meeting

I would like to thank especially Michael J. Brennan, MD, who has served as both chairman of the Local Initiatives Committee and Connecticut’s representative, for all his hard work. The Local Initiatives program has achieved a great deal on our behalf, and I thank Dr. Brennan, Lynn Webster, MD, other committee members, and all our state representatives for their time and their service to AAPM.

2011 Annual Meeting

Speaking of the annual meeting, I would be remiss if I didn’t remind you to save the date for the 2011 Meeting, which will take place March 24–27 in Washington, D.C., with pre-meeting activities beginning on March 23. As always, the annual meeting will be a great place to network with your fellow Pain Medicine practitioners. Please join us!

So, as you can see, AAPM remains an active collaborator in critical issues affecting American healthcare, our medical specialty, our physicians and their patients. Thank you for your ongoing support of AAPM.

EDUARDO M. FRAIFELD, MD
President, AAPM