

## Letter From The Executive Director

Association of Pain Management Anesthesiologists is launching its first annual meeting in Washington, DC on November 5<sup>th</sup> and 6<sup>th</sup>, 1999. AOPMA believes that it is its responsibility to respond appropriately to new challenges. The curriculum of this annual meeting, which is jointly sponsored by Association of Pain Management Anesthesiologists and University of Louisville School of Medicine provides 14 hrs. CME., Category I.

- The first day of the meeting is dedicated to issues of practice management and politics. We have two congressmen invited to speak at this meeting: Honorable Ed Whitfield (R-KY), Member of the Commerce Committee and Health and Human Resources Committee, as well as Frank Pallone (D-NJ), also an influential Congressman. Apart from this, Patrick Morrissey, Esq., Counsel for the Majority Staff of the House Commerce Committee, has also agreed to speak at this meeting. Other hot topics include "Impact of APCs and APGs on Pain Management" by William Sarraille, counsel to AOPMA from Arent-Fox Law Firm, Washington, D.C., who is an expert on health care issues, along with fraud and abuse, compliance, and ASC as well as HOPD issues. Mr. Sarraille will also speak on fraud and abuse in pain management. One of the most important topics of today, Compliance in Pain Management, will be discussed by Ron Wisor, another member of the Health Care Group at Arent-Fox. In addition, we will also have two lectures by Daniel L. Johnson, Senior Consultant of Health Care Consultants of America, Inc., who is nationally known for his expertise on coding and billing issues. His lectures are entitled "Evaluation and Management Services in Pain Management," and "Billing Issues in Pain Management."

Saturday, November 6<sup>th</sup>, is also extremely interesting with speakers from private practices. The subjects include "Non-endoscopic and Endoscopic Adhesiolysis" by Drs. Mike Hammer and Peter D. Corda, both experts in these areas, who have extensive experience in interventional pain management in private practice. We are fortunate to report that Dr. Joseph Fortin has agreed to speak on sacroiliac joint pain, as well as application of spine imaging modalities. As you know, Dr. Fortin is considered as "SI Joint King" with extensive experience in imaging. He has published numerous papers on sacroiliac joint, as well as interventional modalities and spine imaging modalities. Another exciting speaker is Dr. Mary Jo Curran, who will speak on the role of radiofrequency in managing chronic low back pain and neck pain. Dr. Curran is an outspoken, outstanding speaker with extensive real-life experience. Dr. Andrea Trescot will enlighten the audience with her lecture on the role of cryoneurolysis in spinal pain. Finally, Dr. Vijay Singh will speak on intradiscal electrothermal annuloplasty (IDET). He has tremendous experience with this new and emerging technology.

We also invited HCFA to speak at this meeting. The response from them was good news, bad news. The bad news is that Health Care Financing Administration will not be able to supply a speaker for our upcoming conference. The good news is that the reason they cannot provide a speaker is that "Pain management services are under close review as a consequence of the tremendous number and urgency of expressions of concern from the Association of Pain Management Anesthesiologists and Capitol Hill."

- As reported in the Interim News, August 23, 1999, AOPMA secured 11 letters from members of congress supporting issues of pain management. The Members of Congress who took interest and sent letters to HCFA include Congressman Ed Whitfield (R-KY), Congressman Ken Lucas (R-KY), Senator Mitch McConnell (R-KY), Senator Ron Wyden (D-OR), Congressman Frank Pallone (D-NJ), Congressman Chip Pickering (R-MS), Republican Pete Stark (D-CA), Republican Sherrod Brown (D-OH), Congresswoman Caroline McCarthy (D-NY), and Congressman Peter Deutsch (D-FL).

We are also expecting support from powerful House Minority Leader Honorable Richard Gephardt (D-MO).

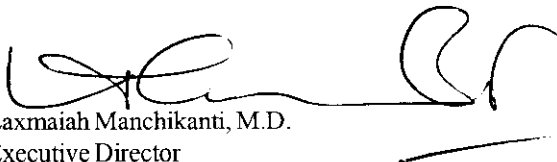
- Because of our efforts to have the Hill discuss pain management issues with HCFA, pain management reimbursement was a major topic in a recent Hill meeting with HCFA officials. Apparently, pain management services were singled out by HCFA in the meeting as one of the two areas that most "needed attention." HCFA

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stated that it had "heard a lot" from pain management groups (that is us), and that it understood that it needed to make "changes."

- William A. Sarraile, counsel for AOPMA met with Commerce Committee Staff regarding the proposed changes to the proposed ASC and hospital outpatient rules. As per Mr. Sarraile, "They were quite receptive to our proposal. Based on our comments, they are considering a Bill that would:
  1. Phase in the ASC rates over a four-year period.
  2. Require HCFA to completely redesign the ASC and hospital outpatient systems during the transition period, so that rates will be calculated individually for each service. In addition, the proposal would require ASC rates to be based on the 1999 cost survey, rather than the outdated 1994 survey."
- Allison W. Shuren, counsel for AOPMA, also attended the "informational meeting on practice expense data refinement issues" held by the Lewin Group on September 15, 1999, at the request of the Health Care Financing Administration. Allison was among the forty society representative members who attended the meeting. These included the representatives from AMA, as well as multiple specialty societies. The Lewin Group is slated to have its preliminary recommendations on the data and supplementary service to HCFA by September 24, 1999 and a final report to HCFA by May 2000.
- After multiple postponements, HCFA finally closed the comment period on July 30, 1999, for the ASC and hospital outpatient proposals. Even though these proposals do not affect professional fees, they would either reduce or eliminate payments to ASC's and hospital outpatient departments for many of the neural blockade procedures, to such an extent that interventional pain specialists might no longer have access to those facilities. As you know, AOPMA has strongly opposed these proposed regulations. Copies of the AOPMA letters to HCFA are printed in this issue.
- Once again, it is an extremely important issue that we understand our own practice patterns prior to presenting information about them to others. To achieve our goals, we need your response to the neural blockade questionnaires. We have mailed this questionnaire to you in the past (*Pain Physician*, May, 1999, p. 17). Please complete these as soon as possible and request your associates to do so. If you do not have a copy of the questionnaire, please contact AOPMA.
- Finally, as you have noticed, *Pain Physician*, the official publication of interventional pain management specialists, which I believe is the only voice for interventional pain management specialists, is emerging into a new format with multiple practice management articles, review articles, letters to the editor and additional useful information for your practice. Let your voice be heard; please write to *Pain Physician*. We guarantee, at least for now, publication within three months after receiving the manuscript, if accepted.

Thanks again for your time and help.

  
Laxmaiah Manchikanti, M.D.  
Executive Director