Georgia Society of Anesthesiologists, Inc.
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Carol Dorsey
Georgia Composite Medical Board
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Ms. Dorsey,

The Georgia Society of Anesthesiologists (GSA) appreciates the Board's effort to regulate and define "Unprofessional Conduct" and" Pain Management". Limiting unqualified providers from mismanaging pain patients will enhance our state's patient safety record. Mandating education and prohibiting certain obvious misbehaviors are welcome guidelines. Seeking to limit the misuse of medications prescribed in the treatment of pain is a laudable goal.

In studying the impact of the proposed rules, GSA members have expressed concerns and questions regarding the amending of 360-3-.02 "Unprofessional Conduct Defined" and new Rule 360-3-.06 "Pain Management". The following comments summarize those questions and concerns:

1. 360-3.02 Sub paragraph 16 (a)
   A. The ten-year requirement for record-keeping after any contact with a pain patient will be difficult for many "part-time" Pain specialists who do not have substantial office support. This rule would obligate all practitioners to maintain a substantial amount of paperwork for consults and one-time visits. Shouldn't the records be kept for patients of a longer term?
   B. Even part-time Pain specialists take care of many patients. Some GSA members have suggested that under the proposed rule a significant number of part-time Pain providers may decide to stop practicing Pain Management creating a shortage of experienced providers, especially in already underserved areas throughout the state.
2. Sub Paragraph 16 (b) - Retirement or Sale of a Pain Practice should involve the offer, to all patients, the opportunity to receive all their records or have their records forwarded to their chosen future physician. Newspaper notification and office signage for thirty days seems excessive.
3. Pain Management (2) (a) 4 involving mandatory drug screening. Several GSA members who treat Pain patients feel this requirement is burdensome and possibly a waste of money. Patients no longer will be treated individually with the discerning discretion

based on the physician evaluation. The elderly stable pain patient on low dose maintenance Schedule II or Schedule III meds would be tested routinely for no purpose. Should these guidelines allow the Pain physician some discretion if there is a need for testing? If third-party payers decide not to pay for the testing does the economic burden go back to the treating physician? Physician and patients must be held accountable for the use of these medications, but is regular screening for all patients really medically necessary.

4. Guideline (2) (f) involving referral of an "abuse" patient. The definition of abuse is difficult to delineate. Is honestly mistaking one's medicines four times a day instead of the prescribed three times abuse or demonstrating the need for better instruction by the Pain physician. Are any further prescriptions for this patient prohibited and now meet a new referral standard. Some might suggest a pharmacy database for prescription tracking to monitor abuse issues. Are lost or stolen prescriptions neglect or abuse?
5. Guideline (2) (g) requiring Pain physicians to obtain all old records and keeping all these records for ten years. Pain patients can have numerous providers with extensive records over a long period of time. Many older records would be difficult to access and may have little bearing on the patient's current status.
6. Some of the guidelines appear to limit the physician's discretionary skills while creating mandatory activities which result in wasted money, labor and time.

Considering the complexity and difficulty of further regulating the medical treatment of pain, the GSA congratulates the Board on an excellent beginning. We encourage Board members to consider additional refinement based on these and other physician comments.

Thank you for considering these concerns and questions. The officers and members of the GSA are committed to serving the Board as a resource in any manner Board members and staff deem appropriate.

Respectfully submitted,

Tim Beeson, MD
President

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