

Part B Insider (Multispecialty) Coding Alert

COMPLIANCE: Listen To Family Members With Pain Management Concerns

Ohio pain doctor winds up with pain of her own

The **State Medical Board of Ohio** did the right thing when it revoked the medical license of pain management physician **Glenda Dahlquist**, the **Court of Appeals for Ohio's Tenth District** ruled May 10.

Upholding a verdict by the **Franklin County Court of Common Pleas**, the court found that the board adequately considered evidence that Dahlquist failed to use reasonable standards in prescribing drugs. In particular, the board found Dahlquist failed to recognize signs of drug abuse in her patients and didn't identify reasonable pain diagnoses. She also didn't make appropriate referrals or document the opinions of outside specialists.

Testimony showed that conversations between one Board member and an expert witness caused the expert to revise his report to the Board, but the County Court had ruled those discussions could remain confidential. The Appeals Court ruled that by introducing the fact of these discussions, Dahlquist had already succeeded in raising the possibility that the expert was influenced to alter his report improperly.

Also, the Board used an undefined "standard of care" instead of the state law-prescribed standards for treatment of intractable pain. But the court ruled that the statutory definition was based on the pre-existing standards of care, and the Board had its own expertise as well as its own authority from the state.

Reckless Disregard

Finally, Dahlquist claimed the County Court was wrong to find that she wasn't "amenable to reeducation," noting the improvements she'd made to her practice over the years.

But the court found that Dahlquist "demonstrated a reckless and unjustifiable disregard of her patients' obvious drug-seeking behavior, alcohol and drug abuse, depression and suicidal tendencies, and had disregarded the advice and concerns of consultants and family members." They also noted that she "had prescribed depressant medications in amounts that could have had, and may have had, disastrous effects."

Dahlquist "did not seem to understand that instead of helping her patients, she was actually hurting them," one member of the Board noted according to the ruling.

Pain management physicians should be alert for signs of addiction as well as signs that a patient is increasing dosages of meds over time, says **Barbara Johnson**, president of consulting firm **Real Code** in Moreno Valley, CA. Some patients with intractable pain will be on pain meds for the rest of their lives, and some patients may need to increase dosages temporarily sometimes, such as arthritis patients during the cold or rainy months. It's up to an individual physician's judgment whether to seek outside consultations about patients, she adds.

But if a patient's family comes to a doctor with concerns about that patient's drug use, "the physician is obligated to pursue it," Johnson adds. "Nobody knows patients like their family."