



## **Accurate Clinic**

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### **Eric Ehlenberger MD**

#### **Introduction**

The purpose of this letter is first of all to thank those of you currently dispensing medications to my patients. Both my patients and I appreciate your trust and often extensive efforts in providing their much-needed medications.

For those of you who may not be familiar with my practice, I want to introduce myself and Accurate Clinic to you. I was first trained and board certified in emergency medicine at Charity Hospital in New Orleans and subsequently worked full-time emergency medicine for 30 years. Subsequently, I became board certified in Addiction and first certified then advanced certified in pain management by the American Academy Pain Management. I believe I am the only physician with these qualifications currently practicing pain management in the state of Louisiana.

I purchased Accurate Clinic in 2009 and have provided chronic pain and opioid addiction management since. Based in Kenner, Accurate Clinic is an integrative medical practice offering multiple medical services, including Complementary and Alternative Medicine (CAM), although we are best known for our chronic pain program. I have a very unique medical practice and I will provide an overview of my practice in a separate document.

#### **Our current crisis in pain management**

I believe Louisiana is currently experiencing a very worrisome crisis in pain management and I think it is critical for our medical community and for statewide patient safety that this crisis be addressed.

I believe this crisis is based largely on the current failure of the medical community at large (physicians, pharmacists and pharmaceutical organizations) to offer, provide and support the management of chronic pain. This failure drives patients with chronic pain to become desperate to control their pain so they can work and function to support themselves and their family. This desperation drives them to acquire opioids illicitly, often with misplaced trust in the source of the medications, leading them to their untimely deaths. Studies show that **61%** of these deaths are associated with patients who have chronic pain.

I fully support a pharmacist's professional discretion in dispensing controlled substances. This should go without saying. However, if a pharmacist identifies a safety concern serious enough to turn a patient away, this pharmacist has an obligation to contact the prescribing physician to discuss their safety concerns rather than simply encourage the patient to go to a different pharmacy and potentially fill a dangerous prescription elsewhere. This neglects the pharmacist's prime duty to protect patient safety.

I encourage any pharmacist who has any questions or concerns relating to my prescriptions to please contact me directly rather than disparage my medical management to the patient and undermine patient confidence in both myself and the pharmacist, which is detrimental to patient safety in general.

## ***There are two areas of concern:***

### **1. The 50 mile radius "Rule"**

- Pharmacists not infrequently now turn patients away who are attempting to fill opioids for their chronic pain management based on the fact that the patient's prescribing physician or their home is more than 50 miles from the location of the pharmacy. The basis for this discrimination is unclear and appears arbitrary, but has no valid safety argument. The state's prescription monitoring program allows all clinicians to monitor a patient's controlled substances prescription history, including prescriptions filled out of state.
- If a patient elects to get their care from a specialist more than 50 miles away for management of their cancer, no pharmacist or pharmacy policy would likely question dispensing their medications to them. Yet they do so with chronic pain patients. This is not only unethical, I believe it also represents illegal discrimination that I believe is now leading to at least one class action lawsuit.
- Patients should be allowed to select their physician themselves, without being bound by distance parameters. One of my patients from the Baton Rouge (BR) area was recently turned away by a BR pharmacy citing the 50 mile "rule" relative to the distance between my practice and the BR pharmacy, only to be turned away by a second pharmacy in Kenner, again citing the 50 mile "rule" relative to the patient living more than 50 miles away from the Kenner pharmacy. This is disgraceful and reflects incredibly poorly on the medical community.
- The implication behind this "rule" clearly is that a patient should be able to select a pain management physician closer to their location under the assumption that one pain management physician is as good as the next. This is simply not true. My practice is quite unique. In fact, there isn't another one like it in the entire state of Louisiana. I offer services and expertise that no other pain physician or pain management program offers in this state.

### **2. Clinicians**

- Many clinicians simply refuse to treat pain (with signs in their office stating so)
- Ignorance in the use of adjunctive medications, including CAM options
- Ignorance in the management of pain with opioids
- Reluctance to provide opioids for fear of regulatory oversight
- Concerns for contributing to the crisis in opioid-related deaths, despite the fact that a very small minority of these deaths arise from patients managed appropriately by clinicians.
- Misinterpretation of well-meaning guidelines directed at non-pain specialists

### ***Conclusion***

I strongly discourage any pharmacy or pharmacist from applying these discriminatory policies of turning patients away based on distance parameters. Aside from being unethical, it contributes to the epidemic of opioid deaths, it does not reduce it. I strongly *encourage* any pharmacist with questions regarding my prescriptions or my practice to contact me directly. Finally, I most heartily invite you to visit my website, particularly the education section. Thank you for taking the time and effort to read this.

