

INFANT MORTALITY - CONTINUED FROM PAGE 1

but also for substance use disorder treatment and sustained recovery.

How we will get there

Three state agencies, the Indiana State Department of Health, the Indiana Family and Social Services Administration and the Indiana Department of Child Services, have pledged to work collaboratively with stakeholders statewide to make meaningful and lasting change. Through a public health lens (ISDH), health care delivery and social services programs (FSSA) and a supportive child and family services landscape (DCS), we feel confident the momentum around infant mortality continues to grow, and we must ensure its effectiveness.

Those who paved the way

The Indiana State Department of Health made infant mortality a priority area in previous years. During that time, the Indiana Perinatal Quality Improvement Collaborative (IPQIC) was subsequently formed and has had success in improving policy, funding and outcomes. From neonatal abstinence syndrome, to contraception and, levels of care designation for delivery centers, this group of tireless and creative subject-matter experts continues to lead the way.

ISDH's charge for 2018 is to deliver recommendations that will standardize and streamline care across important topic areas, including educating on timing of pregnancies and job training. Young people who have children before they are prepared to be parents oftentimes are at risk for poverty and ongoing socioeconomic disadvantage. By ensuring childbearing becomes a choice and not an accident, we can address many factors that impact infant mortality.

Holcomb administration goals

The infant mortality initiative has been described as a "surprise addition" to Governor Holcomb's Next Level agenda but when analyzed more closely, it is a logical addition to the overarching theme of his administration. Indiana's families lie at the heart of the administration's bold goals to cultivate a strong and diverse economy, maintain and build the state's infrastructure, develop a 21st century skilled and ready workforce, attack the drug epidemic and deliver great government service. If we can provide a foundation for our most vulnerable new lives, just imagine what else is possible.

Laborers of Love

When it comes to saving babies, everyone has a part to play. A few key calls to action for our healthcare system and physicians include:

- Promote evidence-based smoking cessation programs.
- Support easy healthcare access.
- Ask about safe sleep.
- Look for opportunities to incorporate social determinants of health (transportation, housing supports, food and nutrition, etc.) into health and wellness planning.
- Acknowledge health disparities and work to narrow the gap – whether it be in individual practice or more global guideline adherence.

As the old saying goes, "You can't whistle a symphony." Together, our symphony can be beautiful. [#BestINtheMidwest2014](#)

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DOJ targets prescribers of opioids for prosecution

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U.S. Attorney General Jeff Sessions announced Jan. 30 that the Department of Justice (DOJ) has launched a new criminal investigation and prosecution effort targeting physicians who prescribe or dispense opioids in amounts disproportionate to their peers, along with pharmacies that distribute disproportionate amounts of opioids. Sessions also announced that he has assigned experienced federal prosecutors in "opioid hot spot districts" to focus solely on investigating and prosecuting opioid-related health care fraud.

In August, Sessions announced the creation of a new data analytics program – the Opioid Fraud and Abuse Detection Unit – created to focus specifically on opioid-related health care fraud. It uses data to identify and prosecute individuals who are considered to be contributing to the opioid epidemic. The data, Sessions said, "can tell us important information about prescription opioids – like who is prescribing the most drugs, who is dispensing the most drugs, and whose patients are dying of overdoses."

Physicians in Indiana have already been the target of DEA enforcement actions, local prosecutions and administrative proceedings before both the Medical Licensing Board and Indiana Board of Pharmacy for alleged over-prescribing or dispensing of controlled substances, including opioids. Some physicians have also been targeted because they have a personal addiction to opioids. The federal crackdown comes in addition to last year's passage of an Indiana law limiting new opioid prescriptions to seven days.

What to do if officers arrive

Federal and state agents don't call in advance to schedule an appointment. Surprise is their primary advantage. On an otherwise normal day at the office, federal, state, or local law enforcement agents suddenly and without notice show up at a physician's office, display their guns and badges, and ask/demand to speak with the physician privately. A common tactic is to tell the physician they suspect he or she has violated DEA regulations or other laws and "request" (i.e., demand) that the physician surrender his or her DEA controlled substance registration on the spot and answer their questions.

What do you do? First and foremost, you have the right to consult with an attorney

before surrendering your DEA registration or answering law enforcement questions. If officers believe you have committed federal or state crimes, you could be arrested and prosecuted. Also, surrendering your DEA privileges may have consequences regarding your licensure, employment, hospital credentialing and eligibility to bill insurance. If agents have a search warrant, they have the right to search, but you still have the right not to talk with them.

Respectfully and politely ask the agents for their business cards and tell them you will have your attorney contact them. Tell them you want to consult with your lawyer before you make any decisions. Never feel pressured to make immediate decisions about matters that are vital to your ability to practice or to your freedom. Anything you say and do, such as surrendering your DEA registration, can be used against you if you are prosecuted or if an action is filed against your professional license. Every case is different, but you would be wise to talk with a lawyer first, and then make the decision that is right for you.

Note: This article expresses the individual views of the authors and not ISMA.