



DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES

Pain Treatment Program

Dear Patient,

Greetings from the Johns Hopkins Pain Treatment Program (PTP). Thank you for your interest in our program. We hope that this letter and the accompanying materials will answer many common questions about the PTP and the admissions process.

The bottom line: chronic pain is terrible. Why? Chronic pain is suffering, and it is poorly understood, difficult to cure, and frustrating to healthcare practitioners. As a result, patients with chronic pain often find themselves living in a world apart, isolated from family and friends and trapped in the realm of doctors, insurance companies, and case managers. As patients struggle to find relief, they lose their quality of life.

The PTP is a lifeline – a rehabilitative program to direct patients back to a rational, comprehensive, and optimistic approach to living despite the burden of chronic pain. Our message is simple: patients with chronic pain do not have to suffer – not in silence and not through cries of agony. Modern medicine may not have all the answers but it does have an arsenal of effective weapons to deploy. The trick is gaining access to those weapons and putting together an approach to treatment that makes sense, learns from failure, and builds on success.

Several problems exist in the current approach to chronic pain. A reductionistic approach to chronic pain can result in “shotgun” medicine: lots of treatments may be attempted without having identified the target. A series of therapies may be added on for every pain, symptom, and side effect. The end result can be a confusing onion, with the patient lost beneath the layers.

If an elusive diagnosis is being sought, treatment may be sacrificed. The search for the ‘Holy Grail’ becomes endless and all-consuming. Patients lose function, become depressed, exhaust their resources, and move from doctor to doctor. Eventually, no one really knows the patient’s case; the process repeats itself, and no progress is made.

Another problem in the treatment of chronic pain arises from the recognition that a cure is unlikely and pain really will be chronic. Both doctors and patients may become hopeless and stop trying to achieve improvement. The aggressiveness of treatment dissolves and the hope of successful alternatives dissipates. Patients are far from satisfied, and the suffering is no less. Fundamentally, the patient is abandoned, and the commitment between doctor and patient is severed.

Our advice to the patient with chronic pain who is searching for effective healthcare is organized around several themes:

First, expect more. Patients with chronic pain should never settle for less. The goal of treatment is to alleviate all the manifestations of their illness and to return to them the benefits of health. Ideally, no pain and full function. While this may be difficult to attain, the striving for success will force reassessment, refinement, and creativity in an ongoing process of treatment that keeps the relationship between patient and practitioners strong.

Second, be active. Patients with chronic pain cannot be passive. Waiting for relief to be provided is no strategy for regaining control of your life. Do something, not nothing. Chronic pain is a burden to be shouldered, not an anchor keeping one mired in disability. Patients should always be thinking about their situation and how to improve it. Asking questions – what do we know, what did we do, what did we learn, and did that help us? – keeps the focus on problem solving and coping.

Finally, stay optimistic. Pessimism and hopelessness are not the inevitable outcomes of chronic pain. New information, investigations, techniques, medications, and equipment are constantly being developed. Each one offers hope and opportunity for improvement. The combinations of treatments for designing new plans are unlimited. There is always something else to do, a next step. No patient should ever reach the point at which they hear, “We’ve tried everything.”

The PTP is not the ‘Rosetta stone’ offering to unlock all of the mysteries of chronic pain. This rehabilitation program is a useful tool that has helped patients embark on their journey back to health. If, after reading the enclosed information about our program, you decide you are interested in pursuing treatment with us, please follow our instructions to begin the process.

We wish you good health and look forward to hearing from you soon.

Yours truly,

A handwritten signature in black ink, appearing to read "Michael R. Clark". The signature is fluid and cursive, with a long horizontal stroke at the end.

Michael R. Clark, M.D., M.P.H.
Associate Professor and Director
Chronic Pain Treatment Program
Department of Psychiatry & Behavioral Sciences
The Johns Hopkins Medical Institutions

Pain Treatment Program

ADMISSIONS INSTRUCTIONS

Please be advised that due to the high level of interest, there is a waiting list for admission to the Pain Treatment Program. The admissions coordinator will assist you in using this waiting period to complete the following steps required for admission to the program:

1. **Contact the admissions coordinator** to inform us of your interest in the program. You will be asked to review information about our program and to sign and return a copy of the enclosed **Admissions Agreement**.
2. **Fax or e-mail a copy of the front and back of your insurance card(s)**, along with your **date of birth, address, and social security number, for both the patient and the insurance subscriber**, to the admissions coordinator so our Business Office can obtain information about your benefits from your insurance company. Read more about this in the attached **Billing Information**.
3. **The Admissions Coordinator will then contact you** to give you your insurance company's quote of your benefits; to guide you through the process of collecting any additional records that may be necessary for your admission; and to arrange your admission when the time comes.
4. **Contact your treating physician and request that they send at least the past six months of your comprehensive clinical records to the admissions coordinator.** We will consult with you and review your records to help determine whether our program is the best option for your treatment. Please be advised that, depending on the requirements of your insurance company, you may need to complete a psychiatric evaluation through your local physician prior to admission.
5. **You will be placed on the waiting list only when all of these steps have been completed.**

THE WAITING LIST

We understand that waiting for treatment and navigating the health-care system while dealing with chronic pain can be difficult and frustrating. Unfortunately, due to the small size and unique nature of our program, it is very difficult for us to estimate how long each patient will spend on the waiting list. In addition, many patients on the waiting list change their minds or are unable to obtain the necessary insurance coverage for admission. Therefore we cannot give you a specific 'number in line'.

Once you have completed the pre-admission process (above), you have done everything required for us to process your application. We will call you if we need more information. When your name is nearing the top of the list we will notify you. However, there are things you can do to help minimize your wait time:

1. **Work with the admissions coordinator** to get all of the necessary insurance and clinical information to our office as efficiently as possible.
2. **Be ready to come to the hospital** and keep us updated on any changes in your schedule that might affect your readiness. We understand that some patients will be traveling long distances; we will try to give you as much notice as possible to make the necessary arrangements. However, your flexibility in scheduling the final admission date is much appreciated, and could make the difference in how soon we are able to admit you for treatment.

CONTACT INFORMATION

Admissions Coordinator

Pain Treatment Program

Johns Hopkins Department of Psychiatry and Behavioral Science

600 North Wolfe Street, Meyer 143

Baltimore, Maryland 21287

Phone: **410-955-8069** Fax: **410-955-6155**

E-mail: paintreatmentprogram@jhmi.edu

BILLING INFORMATION

The Pain Treatment Programs understands that health care can be expensive, and that understanding benefits can be difficult. We hope that the following section will help to answer many of the questions we frequently receive about insurance and billing, and will help you make educated decisions about your treatment options.

Admission to our program is a mental health admission through the Johns Hopkins Hospital Department of Psychiatry and Behavioral Sciences and will be authorized under the mental health portion of your insurance, not the medical portion.

PRIOR TO YOUR ADMISSION

The first step in the process is to provide the Admissions Coordinator with your insurance information. As a courtesy, our Business Office will be able to give you information about whether we participate with your specific plan. Regulations also require us to bill for deductibles and co-payments, even for those insurances with which we participate.

WORKER'S COMPENSATION CASES

If your medical bills are being handled by a worker's compensation insurer, you will need to provide the Admissions Coordinator with their contact information. We will then contact the insurer or their representative to arrange for our Guarantee of Payment Contract to be sent to the appropriate party. We require this contract to be completed and signed by all worker's compensation insurers prior to admission.

The Pain Treatment Programs understands that health care can be expensive, and that understanding benefits can be difficult. We hope that the following section will help to answer many of the questions we frequently receive about insurance and billing, and will help you make educated decisions about your treatment options.

PRIOR TO YOUR ADMISSION

The first step in the process is to provide the Admissions Coordinator with your insurance information. As a courtesy, our Business Office will then attempt to verify and explain your insurance benefits as they apply to our program. Please keep in mind, our explanation or quote of your benefits is NOT a guarantee of bill payment; we are only repeating the benefit information that was provided to us by your insurance company representative. If you would like to verify the information we received, or have any further questions about your benefits, please contact your insurance company directly.

Many insurance policies do not cover 100% of the costs of your treatment. Our Business Office will estimate the minimum cost to you, based on an average length of stay. You will be asked to provide these amounts in the form of deposits on the dates of admission to the inpatient and day hospital programs. Please bear in mind that if the final cost after insurance pays their part exceeds the minimum cost estimated for the purposes of calculating your deposit, you will be billed for the difference.

ON THE DAY OF ADMISSION

A few procedures with respect to your insurance will occur on the day of your admission. If your insurance policy requires pre-authorization for treatment, the Admissions Coordinator will attempt to obtain this upon your arrival. PTP admissions would be covered under inpatient mental health benefits. In most cases, we cannot obtain pre-authorization prior to your date of admission.

Also on the day of admission, you will have an opportunity to meet with a representative of our Business Office, who can answer any further questions you may have about billing, or about your benefits as they have been explained to us by your insurance company. Any required deposits will also be collected at this time. We accept cash, checks and all major credit cards as methods of payment.

A Note on Pre-Authorizations

We are usually successful in obtaining pre-authorization from your insurance company when required. However, sometimes insurance companies deny our initial requests for admission. If this happens, we usually recommend that you enter the inpatient program for a few days so that our team can further evaluate you and, using additional clinical information, appeal the insurance company's decision whenever possible. In these cases, we are usually successful in obtaining authorization through the appeals process.

In the rare instances when our appeal is denied, you may then choose either to stay in treatment as a self-pay patient, or to leave the program. In either case, you would be held financially responsible for the treatment you have received. If you paid a deposit on admission, it will be applied to this cost. If you are not comfortable taking that financial risk, you may choose to leave the hospital immediately upon learning that the initial authorization request has been denied. If this unfortunate situation arises, we will gladly continue to work with you and your physician to try to overcome the financial and/or insurance obstacles to treatment in the hopes that you could be admitted at a later date.

ADMISSION TO THE DAY HOSPITAL

On your first day of treatment in the day hospital, any deposits required for this portion of your treatment will be collected, along with your housing fee, if applicable.

DURING YOUR STAY

Typically, insurance companies authorize a few days of treatment at a time. Our Utilization Review Department will request continuing authorizations throughout your treatment. If at any time your insurance company refuses to authorize further treatment, you will be informed and the team will discuss your options with you.

A Note on Continuing Authorizations

Please be aware that even if we are successful in obtaining authorization, authorization of treatment is NOT a guarantee of bill payment. Your insurance company may authorize treatment, but subsequently make a determination that your benefits were not adequate to cover the bill. For example, if your plan covers 30 days per calendar year, and you are in the hospital for 35 days, the insurance company may authorize your entire stay, but refuse to pay for the five hospital days that exceeded your plan's benefit. You are financially responsible for whatever your insurance plan does not cover. Contact your insurance company with any questions about their policies regarding benefits, authorization, and payment.

AFTER YOUR DISCHARGE

You and/or your insurer will receive separate bills from the Physicians and from the Hospital. The Johns Hopkins University Clinical Practice Association (CPA) bills for the physicians fees. The Johns Hopkins Hospital bills for hospital charges.

Depending upon your insurance, you may not receive a bill at all, but instead receive an "explanation of benefits" which will outline what your insurance was charged and what was paid on your behalf.

MEDICARE/MEDICAID

The Johns Hopkins Hospital East Baltimore Campus and the Johns Hopkins University Physicians participate with Medicare, Medical Assistance of Maryland, and various other insurance companies and managed care organizations. They do not, however, participate with all insurance plans. Our Business Office will be able to give you information about whether we participate with your specific plan. Regulations also require us to bill for deductibles and co-payments, even for those insurances with which we participate.

WORKER'S COMPENSATION CASES

If your medical bills are being handled by a worker's compensation insurer, you will need to provide the Admissions Coordinator with their contact information. We will then contact the insurer or their representative to arrange for our Guarantee of Payment Contract to be sent to the appropriate party. We require this contract to be completed and signed by all worker's compensation insurers prior to admission.

CONTACT INFORMATION

Admissions Coordinator

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Pain Treatment Program

Admissions Agreement for _____ (print patient's name)

For those who participate in the Pain Treatment Program, our treatment team is committed to giving patients the highest standard of care, and to helping them achieve the best possible outcomes. As part of this commitment, we have developed this Admissions Agreement to ensure that both the patients and the team share the same goals, and have a common understanding of how to reach them.

Please review, and sign below:

In applying for admission to the Pain Treatment Program (PTP), I understand and agree to the following:

- **The PTP is an active program whose primary focus is rehabilitation.** As a participant, I will fully engage in all program activities.
- **The PTP is located on an inpatient psychiatric unit in the hospital.** I will follow all rules and regulations of the unit, including the smoke-free policy.
- **All of my current medications will be reviewed and may be subject to change or discontinuation;** new medications are likely to be added.
- **The PTP has two parts: inpatient and day hospital.** I will follow the team's recommendations regarding the timing of my transitions to the day hospital, and subsequent discharge home.

My signature below indicates my understanding of and commitment to the above statements:

Signature

Date

This completed form must be returned to the Admissions Coordinator prior to admission.



DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES

Pain Treatment Program

The Pain Treatment Program (PTP) in the Department of Psychiatry and Behavioral Sciences offers comprehensive evaluation, treatment planning, and care for patient with chronic, disabling pain that requires intensive rehabilitation. Our interdisciplinary team is led by psychiatrists and consists of nurses, social workers, nurse practitioners, physical therapists and other specialists. We develop an individual treatment plan for each patient. Consultations are requested as needed from anesthesiology, internal medicine, neurology, neurosurgery, orthopedics, and physical medicine in order to address the complex interactions of medical, neurological, and psychiatric issues of chronic pain. Surgical, interventional, pharmacological, physical, and psychological therapies are all potentially available to our patients with the goal of returning patients to a state of health with an improve quality of life.

Our Patients

The Pain Treatment Program treats all types of chronic pain, regardless of its source or co-occurring medical conditions. Patients in our program typically have exhausted all curative treatments and need to concentrate on rehabilitation including reconditioning, regaining lost function, and learning to manage a chronic condition.

In other words, patients who are disabled or distressed by their symptoms are appropriate candidates for our program, whether the pain is due to dysfunction or damage of nerves (neuropathic), of muscles or soft tissue (myofascial), of bones/joints (inflammatory), or from an unknown source (idiopathic),

Common diagnoses that our patients have received include chronic low back pain, fibromyalgia, peripheral neuropathy, complex regional pain syndrome/reflex, sympathetic dystrophy, migraine, sciatica, spinal stenosis, and visceral pain. Most patient experience a poor quality of life with feelings of depression, anxiety, and decreased hope along with difficulties in performing their daily activities such as sleeping, eating, working, and socializing with others.

Our Approach

Patients with chronic pain often become disabled in the pursuit of gaining relief from their pain. Our philosophy of pain treatment is based on our experience that patients suffer more when their functioning and quality of life are impaired. Our goal is to increase the functional ability of each patient to the highest possible level. Our approach recognizes the fundamental differences in the individual pathways that patients have taken to their unique profile of disabilities. The program's comprehensive approach organizes care with an individualized formulation that targets specific diseases, personal vulnerabilities, dysfunctional behaviors, and meaningful life events. Treatment plans are designed to fix the pathology of diseases, enhance personal abilities, teach healthy behaviors, and instill a sense of hope for a successful future.

The PTP has grown into a continuum of care that includes an inpatient unit, a partial hospitalization program (Day Hospital), and an outpatient consultation clinic. On these pages you can learn more about each of these services as well as meet the treatment team, have common questions answered (FAQs), and learn about the admissions process as well as important billing and insurance information.

INPATIENT SERVICES

The Pain Treatment Program draws on the multidisciplinary expertise of various specialties for coordinated, multi-departmental consultations, including physical medicine and rehabilitation, orthopedic surgery, internal medicine, neurology, neurosurgery, anesthesiology, gynecology, oral surgery and dental medicine. The unit is staffed by physicians, nurses, social workers, nurse practitioners, physical therapists and other specialists who are trained in the evaluation and treatment of chronic pain.

Admission Criteria

- Chronic pain or other physical complaint (e.g., fatigue, dizziness) for at least six months
- Medically stable and cleared for admission by referring doctor
- Agreeable to admission for the purpose of rehabilitation including a signed Admissions Agreement (attached)
- Pre-authorized for admission by health insurance (if applicable)

Summary of Treatment Principles and Methods

- **Full evaluation and clarification of diagnoses by our interdisciplinary team**
 - Comprehensive evaluation, including interdisciplinary consults (if needed)
 - Review of patient records
 - Formulation of individualized treatment and rehabilitation plan
- **Evaluation of medications for effectiveness, side effects, dependency, and interactions**
 - Reduction of pain and discomfort to the greatest degree possible
 - Use of novel pharmacological regimens
 - Tapering from ineffective medications (e.g., opioids, benzodiazepines, muscle relaxants)
- **Treatment of the psychological distress that often accompanies intractable pain**
 - Treatment of depression and anxiety
 - Treatment of symptoms such as insomnia, fatigue, and cognitive problems
 - Training in communication, interpersonal and coping skills
 - Creation of a daily routine for optimal management of symptoms and functioning
- **Improving physical function**
 - Normalization of body mechanics
 - Increase of activity level and endurance
 - Use of targeted myofascial treatment (if applicable)

What can you expect?

If you adhere to your individualized treatment program during and after hospitalization, then you can expect a reasonable degree of relief from your pain and improvement of your function. Some patients are completely relieved of their pain, and most receive enough benefit in terms of physical functioning and quality of life to have made their efforts worthwhile.

Patients must bring to the program a willingness to work hard and an openness to learn new ways of dealing with pain, and then apply the principles they learn in the program to life at home following hospitalization.

Treatment Approach

Patient-Centered

Our treatment goal is to increase function including the reduction of chronic pain, accompanying emotional and medical complications, and physical deterioration. This can only be accomplished when a patient forms collaborative relationships with a staff of experts. The program is highly structured and active with an emphasis on promoting independence. It is completely voluntary. You may refuse to comply with the treatment plan at any time and be discharged from the program.

Medications

Immediately upon admission, your need for medication will be assessed and all medications that you are taking will be reviewed. Most chronic pain conditions, especially neuropathic pain, can be treated with medications and many options are available. Unfortunately, medications produce side-effects or can have harmful interactions with other medications — all without relieving pain significantly. We will want to eliminate the use of ineffective medications and educate you about pharmacological treatments for pain and related conditions. If you have developed a drug dependence disorder (addiction), detoxification and specialized drug treatment services are available.

Treatment of Depression and Anxiety

The attending physicians are psychiatrists. This does not mean that we suspect your pain is not real. Psychiatric symptoms such as depression and anxiety often accompany chronic pain. It is very important that they are assessed and specific causes treated for full recovery. In many cases, medication may be recommended to specifically address these problems.

Physical Activity and Behavior Modification

Chronic pain often leads to a loss of physical activity and general deconditioning which contributes to a patient's disability. In the first few days after admission, your physical capacity will be assessed and a program of individual and group exercises will begin, as well as individualized physical therapy. We expect progress during your hospitalization, but this activity program is designed for you to continue on a long-term basis to improve your physical ability and level of function. As part of this process, suggestions will be made as to how to change some behaviors to move the pain experience "out of the spotlight" and become more productive.

Transcutaneous Electrical Stimulation (TENS)

Depending on your specific type of pain, you may be treated with an externally applied TENS unit to determine if transcutaneous electrical stimulation will benefit you. TENS is thought to work by “overriding” or blocking the transmission of pain signals from the body to the brain.

Relaxation Training

You will learn techniques to decrease muscle tension or increase blood flow that can reduce certain types of pain. The same training will help direct attention away from the pain experience through active, focused exercises involving breathing, progressive muscle relaxation, and imagery. These techniques decrease anxiety and promote a sense of actively taking control of one's problems.

Biofeedback

Biofeedback equipment will be used to enhance your sense of having mastery over your physical and mental function. The experience of patients as well as pain research has taught us that catastrophizing over one's symptoms can be a particularly distressing aspect of chronic pain.

Group Therapy

Daily group therapy sessions with patients on the unit provide a forum to explore the challenges of coping with chronic pain and its toll on relationships, work, and emotional life. These meetings provide the opportunity to learn from other patients and decrease the loneliness and isolation that emerge with chronic pain syndromes. Cognitive-behavioral principles provide the foundation for discussing how patients can objectively analyze their circumstances and sustain their function despite the challenges of illness.

Family Involvement

Social workers and other staff will examine with you the impact of your illness on your family. Family members will be asked to participate in your care to help increase forms of support and emphasize the benefits of close personal relationships. Special education sessions are conducted on the weekend and additional meetings may be recommended as part of your treatment.

Length of Time in Hospital

The length of time in the hospital for each patient depends on many individual factors. The expected length of stay on the Inpatient Unit is two weeks, at which time patients are transferred to the Day Hospital, where the expected length of stay is an additional two weeks. Stays may be extended if the team feels that patients need more time in treatment before transitioning to the Day Hospital or returning home. We work together with you to formulate your treatment goals and to determine a discharge date. Of course, you may choose not to continue in the program and be discharged at any time. The principles and practices that we begin with you in the hospital are meant to be continued once you return home. Every attempt will be made to communicate with your outpatient care to ensure a coordinated approach for continuing your rehabilitation after discharge. If additional outpatient services are needed, the PTP will make these referrals with specific recommendations for your overall treatment plan.

Searching for the Sources of Pain

While finding a cure for the cause of your pain would be ideal, the search can lead to even more problems. Repeated consults, diagnostic tests, and therapeutic interventions carry the risk of making pain worse and even causing new types of pain. They cost time, money and other resources that delay rehabilitation. Every patient's case will be reviewed and if no coherent explanation for chronic pain exists, the necessary evaluation will be performed. However, patients must be open to hearing the PTP's formulation and avoiding the trap of having just one more consult, test, or surgery.

PAIN DAY HOSPITAL

During your inpatient stay, the team will discuss your transition to the **Pain Day Hospital**, with the continued goal of returning you to greater functioning and better quality of life prior to your return to home and outpatient care. Participation in the Day Hospital serves to shorten the length of the inpatient hospital stay, and to allow patients to spend more time at home and with family while still enjoying the support of our structured treatment program.

Individuals attend the Day Hospital from 8:00 a.m. to 4:00 p.m., Monday through Friday. As patients progress and meet intermediate goals a discharge plan and outpatient care will be provided. The Pain Day Hospital uses the same treatment principles, approach and team members as the Pain Inpatient Service.

The Pain Day Hospital strives to:

- increase the patient's functional ability to the highest possible level
- decrease the length of inpatient hospitalization for chronic pain
- provide a smooth transition from inpatient to outpatient treatment
- promote an understanding of the requirements of outpatient treatment
- facilitate supportive relationships of the patient with family, work, and community
- provide additional education and support for patients and families

Living Accommodations for Day Hospital Patients

Patients who live locally may stay at home while they are Day Hospital patients. For patients who do not live locally, a Marriott ExecuStay apartment is provided for a nominal fee. The apartment includes a kitchen for meal preparation, and free shuttle transportation to and from the hospital is provided. If patients prefer, information on local hotels for patients and/or family members will also be provided upon request.

OUTPATIENT CONSULTATION PAIN CLINIC

As an outpatient service, the **Consultation Clinic** for the Pain Treatment Program (PTP) sees patients who are referred by their physicians for review of their case in detail for the purpose of clarifying diagnoses, providing recommendations for modifying ongoing outpatient treatment, and determining if the patient would benefit from admission to the PTP Inpatient Unit and Day Hospital. For more information, contact Kimberly Williams at 410-955-2126, or fax 410-614-8760. The clinic is located in the Osler Building, Room 320, of The Johns Hopkins Hospital.

The Pain Treatment Program

FREQUENTLY ASKED QUESTIONS

Why is the treatment of chronic, disabling pain in the Department of Psychiatry?

Chronic pain affects all aspects of a person's life. Psychiatry is the discipline that cares for the whole person, not just a single organ system. Our goal is to help patients change so that they can restore their function, engage in productive activities, and improve their quality of life. If we can define all the conditions responsible for chronic pain, regardless of whether they are psychiatric, medical, neurological, or surgical, then we can begin to design individual treatment plans with the patient. This integrated, interdisciplinary process recognizes how all aspects of the patient fit together and how an individual is greater than the sum of their parts. Problem areas combine to create a disabling illness that is complicated and requires more than simple fixes, but chronic pain can ultimately be unraveled for successful treatment outcomes.

Why is the inpatient Pain Treatment Program on a locked unit in the hospital?

The PTP is a voluntary rehabilitation program. Patient safety is paramount at Hopkins and you will find that many inpatient units throughout the hospital have limited access for staff and visitors. In addition, the PTP shares the floor with often-vulnerable geriatric patients in need of extra precautions. There are visiting hours for family and friends and patients often leave the unit for group meetings or to walk on hospital grounds. Please note that the unit is smoke-free. Nicotine replacement therapy and other supports for smokers are available.

What insurance does the hospital take?

Admission to our program is a mental health admission through the Johns Hopkins Hospital Department of Psychiatry and will be authorized under the mental health portion of your insurance, not the medical portion. Before your admission, our business office will verify your insurance benefits, and the admissions coordinator will contact you with information about your coverage as it applies to our program. (*Please note:* this quote of benefits is not a guarantee of payment or a precertification for admission.) Please see the **Admissions** section for instructions on how to obtain information about your individual benefits.

What should I bring to the hospital if admitted to the program?

Due to limited storage space, it is necessary to pack only essentials. However, the unit does have free laundry facilities. Three-to-four days' worth of comfortable clothing, including a pair of athletic shoes, is appropriate. You may also wish to bring selected toiletries. Please leave valuables at home. If cash is needed, the Hospital has several ATM machines for your convenience. When making preparations for admission, take into account that you will be on both the Inpatient Unit and the Day Hospital.

The Pain Treatment Program OUR EXPERT TEAM

Our medical faculty and staff working in both inpatient and day hospital services have a special interest and expertise in treating chronic pain syndromes. The attending physician works with each patient and the clinical staff to develop individualized treatment plans, which include daily interaction with expert physicians on our faculty.

For almost 40 years, the director, faculty, and staff of the program have worked to improve pain management through scholarly activities including research, scientific publications, professional conferences, and the implementation of teaching programs. For example, the PTP was the model for the Department of Defense when they implemented an interdisciplinary rehabilitation program for the care of veterans with Gulf War Syndrome and related conditions resulting in disability. The PTP has international collaborations to facilitate development of quality improvement processes for patients with chronic pain.



The team is led by **Michael R. Clark, M.D., M.P.H.**, who is a member of the Blaustein Pain Treatment Center and the Vestibular & Balance Disorders Center at the Johns Hopkins Medical Institutions. Dr. Clark is also a member of the International Association of the Study of Pain, the American Pain Society, the American Psychosomatic Society, and the American Psychiatric Association.

Mary Cooper, M.S., R.N. is the Nurse Manager for both the Inpatient Unit and the Day Hospital. She has held the position since 1976 and has been instrumental in the Pain Treatment Program's development. She is part of the multidisciplinary team who strive to provide state-of-the-art care for patients with chronic pain.



Other Team Members

The nurse practitioner is responsible for initial inpatient and day hospital evaluations and pharmacological treatment planning. Clinical practice nurses evaluate the patient's progress, assist with ongoing individual psychotherapy, training in relaxation techniques, educational lectures, and group therapy to address issues of grief and loss from chronic pain. Other members of the team include social workers who specialize in group therapy for improving coping skills and interpersonal relationships, as well as family/marital therapy, a physical therapist, and occupational therapists. This team helps patients to expand rehabilitation into their social networks and physical environments, with the goal to improve function in daily activities and return to vocational activities.

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