

Pain Treatment Program

The Pain Treatment Program (PTP) in the Department of Psychiatry and Behavioral Sciences offers comprehensive evaluation, treatment planning, and care for patients with chronic, disabling pain that requires intensive rehabilitation. Our interdisciplinary team, led by a psychiatrist, and consisting of nurses, social workers, nurse practitioners, physical therapists and other specialists, develops 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 what is often a complex interaction of medical, neurological, and psychiatric issues. Surgical, interventional, pharmacological, physical, and psychological therapies are all potentially available to our patients with the goal of restoring health, function, and quality of life.

Our Patients

In the context of teaching and research, the PTP has treated many types of chronic pain, regardless of its source or co-occurring medical conditions. Some patients in this program have exhausted all surgical treatment and need to concentrate on reconditioning, regaining lost function, and learning to cope with a chronic condition. Others are experiencing pain or other physical symptoms such as fatigue or dizziness with unknown origins and for which standard treatments have failed to provide relief. Still other patients are suffering from substance use disorders that have grown out of their search for pain relief, or are experiencing the physical pain that can accompany depression or other psychiatric illnesses.

Our Approach

Patients with chronic pain often become disabled in the pursuit of comfort. Our philosophy of pain treatment is based on the belief that patients suffer 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 patients take to their unique disabilities. The program's comprehensive approach organizes care with an individualized formulation that targets diseases, personal vulnerabilities, disabled 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**. In this publication, you can learn more about each of these services as well as meet the Treatment Team and have common questions answered.

INPATIENT SERVICES

The inpatient unit is located in the Meyer Building of the Johns Hopkins Hospital, which also houses the departments of Neurology and Neurosurgery. The PTP 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 treatment of chronic pain.

Admissions 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
- Pre-authorized for admission by health insurance (if applicable)

Summary of Treatment Principles and Methods

- **Full evaluation and clarification of diagnoses by our multidisciplinary 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**
 - Detoxification from medications (e.g., opioids, benzodiazepines, muscle relaxants)
 - Reduction of pain and discomfort to the greatest degree possible
 - Use of novel pharmacological regimens
- **Treatment of the psychological distress that often accompanies intractable pain**
 - Treatment of symptoms such as insomnia, depression and anxiety
 - Training in communication, interpersonal and coping skills
 - Creation of a daily routine for optimal management of symptoms
- **Improving physical function**
 - Normalization of body mechanics
 - Increase of activity level and endurance
 - Use of targeted myofascial treatment

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 cured 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-Focused

Our treatment goal is to reduce chronic pain and accompanying emotional and medical complications. 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. Many medications produce side effects or have harmful interactions with other medications — all without relieving pain significantly. We will want to eliminate the use of harmful or ineffective medications and to 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 Insomnia, Depression and Anxiety

The attending faculty members are psychiatrists. This does not mean that we suspect your pain is not real. Psychiatric symptoms such as insomnia, depression, and anxiety are often generated by chronic pain. It is very important that they are assessed and treated for full recovery. This may require that you take some psychiatric medications that are commonly used to relieve pain and accompanying psychiatric symptoms. You will also undergo standard psychological testing designed to help you understand your particular strengths and vulnerabilities when faced with the stress of living with a chronic pain condition.

Physical Activity and Behavior Modification

Chronic pain often leads to 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 function. As part of this process, your reaction to pain will be observed by staff and suggestions will be made as to how to change some behaviors to move the pain experience "out of the spotlight."

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 that can increase pain. The same training will help direct attention away from the pain experience through active, focused exercises involving breathing, progressive muscle relaxation, and imagery.

Biofeedback

Biofeedback equipment will be used to enhance your sense of having control over your physical and mental function. The experience of many patients as well as pain research has taught us that losing a sense of mastery over one's body can be a particularly distressing aspect of chronic pain. In addition to helping to restore your sense of control, biofeedback will also enhance your relaxation training and other coping skills.

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 often come with chronic pain syndromes.

Family Involvement

A social worker and other staff will examine with you the impact of your illness on your family. Family members will be asked to attend at least one special education program conducted on the weekend. Additional meetings may be recommended as part of your treatment.

Treatment for Sources of Pain

As these other activities commence, we will attempt to clarify the medical aspects of your pain. Pain is a complex phenomenon of the central nervous system. Your case will be reviewed in conference with other relevant disciplines such as neurology, neurosurgery, anesthesiology and orthopedics. If we can find a specific medical treatment that will significantly improve the pain problem, of course it will be offered to you.

SAMPLE Pain Treatment Program Daily Schedule

8:00 a.m.:	Breakfast and Rounds (meeting with the team)
10:00 a.m.:	Physical Therapy
11:00 a.m.:	Occupational Therapy or RN Group
12:00 noon:	Lunch
1:00 p.m.:	Cognitive Behavioral Therapy Group
3:00 p.m.:	Social Work Psychotherapy Group
5:00 p.m.:	Dinner
6:00 p.m.:	Classes (Topics may include Pain Management, Medication, Stress Management, Relaxation and Communication)

Length of Time in the Hospital

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. This stay may be extended if the team feels that patients need more time in treatment before 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.

PAIN DAY HOSPITAL

Towards the end of your inpatient stay, the team will arrange 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 8:30 a.m. to 4:30 p.m., Monday through Friday. As patients progress and meet intermediate goals, they may participate on a part-time basis. 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
- to decrease the length of inpatient hospitalization for chronic pain
- to provide a smooth transition from inpatient to outpatient treatment
- to promote an understanding of the requirements of outpatient treatment
- to facilitate reestablishing relationships of the patient with family, work, and community
- to 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. If you are unable to pay the fee for accommodations, our team will assist you in applying for a financial waiver through the hospital.

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 delineate all the conditions responsible for chronic pain, regardless of whether they are psychiatric, medical, neurological, or surgical, then we can begin to design individual treatments 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 that requires more than simple fixes, but that 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. Patients may leave the unit at any time, unless this conflicts with their treatment plan. 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. Sometimes passes are given for weekend days with family or friends. Please note that the unit is smoke-free; nicotine replacement therapy and other supports for smokers are available.

What insurance does the hospital take?

Early in the admissions process, the Admissions Coordinator and our Business Office will assist you in determining your insurance benefits as they apply to our program. Please keep in mind that while we will provide you with information about your coverage as quoted to us by your insurance company, under no circumstances can we provide you with a guarantee of payment. Because the PTP is in the Department of Psychiatry and Behavioral Sciences, please remember that it will be authorized under the mental health portion of your insurance, not the medical portion. Please see the **Billing Information** section below for more detailed answers to frequently asked questions about insurance, billing and payment.

How do I get referred to this program?

A completed referral form and current clinical information from your physicians (e.g. internists, psychiatrists, pain specialists, neurologists, etc.) are needed for our treatment team to determine whether you are likely to benefit from treatment in our program. This initial information also allows our treatment team to begin planning your course of treatment once you are admitted to our program. Please see the **Admissions** section below for more information on how your doctor(s) can refer you to the program.

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, calculate your expected length of stay including time that will be spent both on the Inpatient Unit and in the Day Hospital.

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, receiving recommendations for modifying ongoing outpatient treatment, and determining if the patient would benefit from admission to the PTP Inpatient Unit or Day Hospital. For more information, contact Kimberly Williams at 410-955-2126, or fax 410-614-8760. Patients are seen in the Osler Building, Room 320, of The Johns Hopkins Hospital.

PAIN TREATMENT PROGRAM TEAM

Our medical faculty and staff working in both inpatient and day hospital have a special interest and expertise in 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 over 30 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. One of the results was that 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 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. 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 a social worker who specializes in group therapy for improving coping skills and interpersonal relationships, as well as family therapy; a physical therapist; and an occupational therapist. This team helps patients to expand rehabilitation into their social networks and physical environments, with the goal of returning to vocational activities.

ADMISSIONS

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 pre-admission requirements:

- 1) **Contact the admissions coordinator** to inform us of your interest in the program. Your name will be put on our waiting list, and 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, to the admissions coordinator so our business office may obtain information about your benefits from your insurance company. See **Billing Information** below for more details.
- 3) **Your referring doctor will be asked to complete our referral form** and to send the form, along with current 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 mental health evaluation through your local provider prior to admission.
- 4) **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.

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. A typical wait is 4-6 months, but it could be shorter – or longer. Once you have completed the pre-admission process (above), you have done everything required for us to process your application. We will then call you if we need more information, and when your name is nearing the top of the list. 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 with 1-2 weeks' notice, 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 bring you in for treatment.

BILLING INFORMATION

The Pain Treatment Program 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 programs. **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.

Many insurance policies do not cover 100% of costs. In anticipation of this, our Business Office will estimate what the **minimum** cost to you is likely to be, 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 regarding 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. Because of the nature of the PTP admission (which 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 when required. However, sometimes insurance companies deny our initial requests. If this happens, we usually recommend that you enter the inpatient or day hospital 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 few days of treatment you have received. If a deposit was given on the day of admission, it would be applied to that cost.

However, 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, on the day of admission. If this unfortunate situation arises, we will gladly continue to work with you and your physicians 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 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 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.

For updated information and links to additional resources, please visit our website:

www.hopkinsmedicine.org/paintreatmentprogram