



Admission and Program
Information

Meyer 6
**Pain Treatment
Program**

Thank you for your interest in The Johns Hopkins Hospital's Pain Treatment Program. We hope that the accompanying materials answer many of your questions about the program and the admissions process.

Glenn J. Treisman, M.D., Ph.D., Program Director




The Johns Hopkins Hospital Meyer 6 Pain Treatment Program's message is simple:

Patients with chronic pain do not have to suffer long term. Modern medicine may not have all the answers, but it does have effective weapons to deploy. Our commitment is accessing those weapons and putting together a broad rehabilitative-type approach to treatment that makes sense, learns from failure, and builds on success.

Glenn Jordan Treisman, M.D., Ph.D.

Director, Chronic Pain Treatment Program, Department of Psychiatry & Behavioral Sciences and Internal Medicine



“The program saved my life, saved the lives of my children, my husband, and my family. [Staff] reassured me that healing is possible and explained everything to me in terms that I understood.”

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Introduction

Chronic pain 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 isolated from family and friends and trapped in a revolving door of doctors, insurance companies, and case managers. As patients struggle to find relief, they lose quality of life.

Several problems exist in the medical community's current approach to addressing chronic pain. First, there tends to be a reductionistic approach to chronic pain that often results in indiscriminate treatments: Patients may have seen many providers and tried many care modalities without success or end up on medications that are symptom-focused versus truly therapeutic.

Additionally, as elusive diagnoses for pain are sought, treatment becomes sacrificed. The search for final answers 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. The end result can be a confusing onion, with the patient lost beneath the layers.

Another problem in the treatment of chronic pain arises from the situation that the "cure" may often interfere with achieving whole-body improvement. Patients are left far from satisfied, and the pain is no less. Fundamentally, the patient is abandoned, and the commitment between doctor and patient is severed.

Our treatment program is a lifeline—a rehabilitative-type program to help direct patients back to a rational, comprehensive, and optimistic approach to living despite the burden of chronic pain.

The Pain Treatment Program is a multidisciplinary and interdisciplinary rehabilitative program located on Meyer 6, an inpatient psychiatry unit at The Johns Hopkins Hospital in downtown Baltimore, Maryland. Our program treats patients experiencing chronic pain as well as other unexplained sensory amplification syndromes and complicated medical co-morbidities. We utilize numerous treatment modalities, including the use of neuromodulators, the treatment of co-morbid psychiatric conditions, and a focus on rehabilitation. We also taper patients off medications such as opiates, benzodiazepines, stimulants, and cannabinoids, which we find interfere with the actions of more effective therapeutic approaches. We share our space on Meyer 6 with the psychiatric geriatric inpatient service.

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

First, strive for progress. The goal of treatment is to alleviate the manifestations of illness and to return the benefits of health and 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, stay active. Patients with chronic pain cannot be passive. Waiting for relief to be provided is no strategy for regaining control of one's life. *Do something*, not nothing. Chronic pain is not to be an anchor that keeps 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.

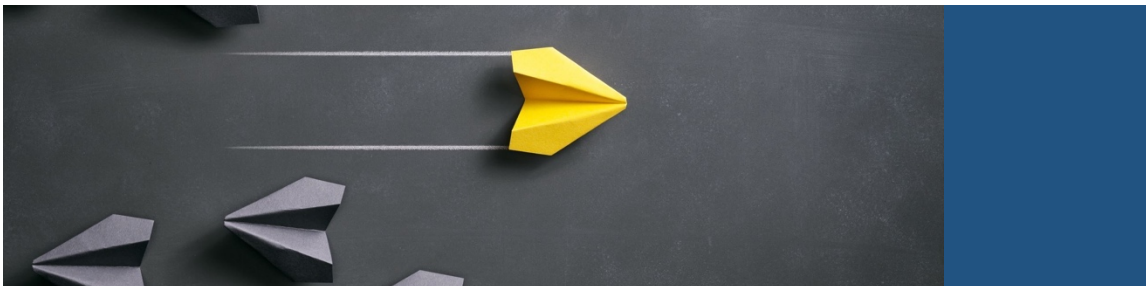
Finally, remain optimistic. Pessimism and hopelessness are often symptoms but not inevitable outcomes of chronic pain. New information, investigations, techniques, medications, and equipment are constantly being developed. Each one offers hope and opportunity for improvement. The combinations of treatments for designing new plans are unlimited.

Our program is not the “Rosetta Stone,” offering to unlock all of the mysteries of chronic pain. It is a rehabilitation program to help patients embark on a journey back to health and improved functionality. If, after reading the following information about our program, you decide you are interested in pursuing treatment with us, please follow our instructions to begin the admission process.

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

Glenn J. Treisman, MD, PhD

*Department of Psychiatry & Behavioral Sciences
The Johns Hopkins Medical Institutions*



Program Leadership



Glenn Jordan Treisman, M.D., Ph.D.

Director, Chronic Pain Treatment Program, Department of Psychiatry & Behavioral Sciences and Internal Medicine; Eugene Meyer III Professor of Psychiatry and Medicine, The Johns Hopkins Medical Institutions.

Expertise

Chronic pain and pain management, neurogastroenterology, adult and geriatric psychiatry and behavioral sciences, AIDS psychiatry, pharmacology, substance abuse and substance abuse research.

Research Interests

Affective disorders, substance abuse, chronic pain, HIV mental health, mind-gut connection.



Meyer 6 Team (left to right)

Talia Griffin, PMHNP-BC, Nurse Practitioner, Chronic Pain Treatment Program

William Ciaccia, RN, BSN-BC, Meyer 6 Lead Clinical Nurse, Chronic Pain Treatment Program

Erin Johnson, RN-MSN, Meyer 6 Nurse Manager

***“This program has saved my life!
Thank you.”***

***“Before coming here, I was
implementing zero coping skills,
but the tough love I received from
the team really drilled into my
head now important they are.”***

***“Nursing staff far exceeded my
expectations. I always felt in
good hands and felt that the best
medical practices were being
utilized.”***

Program Overview

The Meyer 6 Pain Treatment Program (PTP), located within the Department of Psychiatry and Behavioral Sciences at The Johns Hopkins Hospital, offers comprehensive evaluation, treatment planning, and care for patients with chronic, disabling pain that requires intensive rehabilitation.

Our Expert Team

Our faculty and staff are led by Glenn J. Treisman, MD, PhD, director of The Johns Hopkins Chronic Pain Treatment Program, director of The Johns Hopkins AIDS Psychiatry Service, co-director of the Amos Food, Mind and Body Center, and Johns Hopkins University School of Medicine's Eugene Meyer III Professor of Psychiatry and Medicine.

A team of attending and resident psychiatrists, rotating on service each month, will treat you and coordinate your treatment plan. All have interest and expertise in treating chronic pain syndromes and have worked to improve patient pain management through scholarly activities such as research, scientific publication, attending professional conferences, and implementing teaching programs.

Other team members include a nurse practitioner, also responsible for inpatient evaluations as well as pharmacological treatment planning, and a staff of clinical nurses who evaluate patients' progress, reinforce cognitive behavioral therapy skills, assist in relaxation training, and lead group educational sessions that address issues such as handling chronic pain, managing anxiety, reducing stress, and more.

Additional team members include social workers, who specialize in group therapies such as improving coping skills and interpersonal relationships, as well as physical and occupational therapists to boost your overall recovery. Combined, our team helps patients to expand rehabilitation into their social and physical environments, with the goal of improving patients' function in everyday activities and a return to vocational endeavors.

Pessimism and hopelessness are not the inevitable outcomes of chronic pain.

The PTP has national and international collaborations to facilitate development of quality improvement processes for patients with chronic pain. 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.

"Before I came here, I was not able to accomplish any of my ADLs because of my back pain, yet now I feel like I am able to accomplish ANYTHING."

Admission Criteria

The Pain Treatment Program addresses all types of chronic pain, regardless of its source or co-occurring medical conditions; it promotes improved overall function. 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 to nerves (neuropathic), muscle or soft tissue (myofascial), 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 patients 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.

Necessary Criteria for Those We Treat

- 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 to a secure mental health unit for the purpose of rehabilitation
- Financially and clinically cleared for treatment

Our Approach

The primary goal of our program is to **increase the functional ability of each patient** to the highest possible level. A comprehensive approach to treatment organizes care with a formula that targets specific diseases, personal vulnerabilities, dysfunctional behaviors, and meaningful life events.



Our philosophy of pain treatment is based on our experience that patients suffer more when their functioning and quality of life are impaired.

While finding a cure for the cause of your pain would be ideal, the search may lead to even more problems. Repeated consults, diagnostic tests, and therapeutic interventions carry the risk of yielding few new results, may make pain worse, or even cause new types of pain. They also cost time, money, and other resources that delay the end goal of rehabilitation. Every patient's case is reviewed individually. Patients must

be open to hearing the PTP's formulation and avoid the natural tendency to look for additional/unnecessary consults, tests, or surgeries.

Patients in our program typically concentrate on rehabilitation that includes physical reconditioning, regaining lost function, learning to manage a chronic condition, and pain management through both pharmacologic as well as non-pharmacologic interventions.



What to Expect

Patients must bring to the program a willingness to work hard, an openness to learn new ways of dealing with pain, and a commitment to apply these principles to optimize function at home. 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 an improvement both mood and overall function. Some patients are completely relieved of their pain by discharge, others experience greatly reduced pain. The goal is for patients to leave with ways to manage their pain and separate the pain from suffering. What is common amongst most every patient—and what makes all efforts worthwhile—is the benefit of an increasingly healthy quality of life.

Treatment Principles and Methodology

Treatment plans are designed to address the pathology of disease, enhance personal abilities, teach healthy behaviors, and instill a sense of hope for a successful future. The process includes:

- **Full evaluation and clarification of diagnoses by our treatment team**
 - Comprehensive evaluation of previous treatment, including interdisciplinary consults (if needed)
 - Review of patient records
 - Formulation of treatment and rehabilitation plan
- **Evaluation of medications for effectiveness, side effects, dependency, and interactions**
 - Gradual discontinuation from ineffective medications (e.g., opioids, benzodiazepines, cannabinoids, muscle relaxants, and psychotropics)
 - Reduction of pain and discomfort to the greatest degree possible
 - Use of various pharmacological regimens
- **Treatment of psychological distress that often accompanies intractable pain**
 - Depression and anxiety
 - Symptoms such as insomnia, fatigue, and reduced cognition
 - 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 in activity level and endurance
 - Consultation with our Physical Medicine and Rehabilitation and/or Interventional Pain services as indicated
 - Group physical therapy
 - Occupational therapy

Inpatient Pain Treatment Program

Our inpatient Pain Treatment Program (PTP) draws on the multidisciplinary expertise of various specialties for coordinated, multi-departmental consultations as deemed appropriate by the treatment team. This interdisciplinary team is led by psychiatrists and consists of nurses, social workers, nurse practitioners, dieticians, and physical and occupational therapists who are trained in the evaluation and treatment of chronic pain as well as any co-occurring mental health conditions. The unit where you will be staying is a secured, inpatient mental health unit.

Patient-Centered Focus

Our treatment goal is to increase function by treating evidenced based strategies for chronic pain management, any accompanying emotional and medical complications, and improving physical function. This can only be accomplished when a collaborative relationship is formed between the patient and a staff of experts. The program is structured with groups, physical therapy, and emphasizes independence. It is completely voluntary. You may choose not to comply with the treatment plan at any time and asked to be discharged. *(Please note, Maryland state law requires 72 hours advance notice of desire to discharge. Visit bha.health.maryland.gov for details.)*

Treatments

Medications

Unfortunately, medications can produce debilitating side-effects or can have harmful interactions with other medications—all without relieving pain significantly. Your medication regime will be assessed and reviewed upon admission. We will eliminate the use of ineffective medications, like opiates and benzodiazepines, educate you about pharmacological treatments for pain and related conditions, and work to find a combination of medications best suited to treat your specific condition(s). Most chronic pain conditions, such as neuropathic pain, can be treated with medications and many options are available.



Our interdisciplinary team is led by psychiatrists and consists of nurses, social workers, nurse practitioners, dieticians, and physical and occupational therapists.

Depression and Anxiety

Your attending physician will be one of our psychiatrists who specialize in pain management as well as mood. This does not mean that we suspect your pain is not “real.” Psychiatric symptoms such as depression and anxiety often co-occur with chronic pain. It is very important that they are assessed and treated for full recovery. Our psychiatrists are well versed in eliminating ineffective medications and may recommend other medications to address problems like anxiety and depression. Some of these medications also help to treat pain. We offer electroconvulsive therapy (ECT) for those with significant treatment-resistant depression.

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. Within the first few days of admission, your physical capacity will be assessed and a physical and/or occupational therapy program will begin.


We expect you to progress during your hospitalization, but your therapy program is designed for you to continue on a long-term basis to improve your physical ability and level of function.

Relaxation Training

Self-management techniques to decrease stress, muscle tension, and/or increase blood flow can reduce certain types of pain. These relaxation techniques will help direct attention away from the pain experience through active, focused exercises involving breathing, progressive muscle relaxation, and imagery. These techniques also can decrease anxiety and promote a sense of actively taking control of one's problems.

Biofeedback

Combined with relaxation training, biofeedback can increase physical and mental function. The experience of patients, as well as pain research, has shown that catastrophizing over symptoms can be a particularly distressing aspect of chronic pain.



The program is a rehabilitative, to help direct patients back to a rational, comprehensive, and optimistic approach to living.

Group Therapy

Daily group 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 therapy principles provide the foundation for discussing how patients can objectively analyze their circumstances and sustain function despite the challenges of illness. *(Please note, in this acute setting, we do **not** offer one-to-one counseling or therapy.)*

Family Involvement

Social work and other staff will help you examine the impact of your illness with your family. Family members may be asked, with your permission, to participate in your care to help increase forms of support and emphasize the benefits of close personal relationships.

Nutrition

All patients have an opportunity to work with our registered dietitian during their admission. The depth of involvement of the dietitian with your care will vary on a case-by-case basis. The primary role of our dietitian is to provide you with useful tools and knowledge that will continue to prove useful to you even after discharge. *(Please inquire about the feasibility of complex or unique nutritional needs, including gluten-free or vegan diets, as the hospital kitchen is not able to accommodate complex dietary requests.)*

Inpatient Program Weekday Schedule

Each day is structured to promote a sense of routine. There is down-time to allow for relaxation and rest, however.


- 8:00-9:00am:** Breakfast
- 10:00-11:00am:** Physical Therapy
- 12:00-1:00pm:** Lunch
- 1:15-2:00pm:** PTP Group Education Session
- 2:15-3:00pm:** Social Work Group Session
- 5:00-6:00pm:** Dinner
- 6:00-6:30pm:** PTP Group Activity Session

Length of Stay


The length of stay in the hospital varies by patient and is based on many individual factors. While the average patient length of stay is about three to four weeks, please note that length of stay may be extended if the treatment team feels that a patient requires additional time for optimum recovery.

We work together with you to formulate 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. *(Please note, Maryland state law requires 72 hours advance notice of desire to discharge. Visit bha.health.maryland.gov for details.)*

Every attempt will be made to communicate with your outpatient providers to ensure a coordinated approach for continuing your rehabilitation after discharge. If additional outpatient services are needed, we will make these referrals with specific recommendations for your overall treatment plan.



“The doctors helped me tremendously. Not only with medications to help pain, but getting me to open up and ask questions about things I really did not want to deal with.”



“This program has given me friends and family back and I am grateful to everyone.”



Inpatient Unit Guidelines

Meyer 6 is a locked, inpatient unit that specializes in the care of treating patients with chronic pain and co-existing mood disorders. Listed below are a few unit guidelines that apply to all patients during their hospitalization. Please review the **Pain Treatment Program Frequently Asked Questions** section for more details. Be sure to also review the list of items to bring (or *not* to bring) to the unit.

Medications

Remember to bring all your medications for the treatment team to review with you. If you are on an immunomodulator (Humira or Stelara, or IVIG, for example), *please alert us well in advance* so that we may prepare for your care. Keep in mind home over-the-counter supplements are not approved for use by the Johns Hopkins Hospital inpatient pharmacy. Once admitted, we will only use JHH prescribed medications. Upon discharge, any personal medications brought will be returned. Patient safety requires all medications to be ordered by our physicians, supplied by the Johns Hopkins inpatient pharmacy, and administered by nursing staff. No medications are allowed in rooms (unless an order is written, usually for a cream or lotion).

Belongings and Valuables

Plan on arriving with a *limited number* of items and clothing (three (3) days' worth) due to limited storage space in each room. Complimentary washer, dryer and detergent are available for use on the unit. **Please avoid bringing valuables to the hospital or send all valuables home upon arrival.** If this is not possible, hospital security will place small valuables (e.g., wallet, watch, ring) in the hospital's Security Department safe and give you a receipt for retrieval at discharge. Meyer 6 is not responsible for lost or stolen belongings.

Packages and mail

Mail may be sent to the unit; however, treatment-specific packages (e.g.: specialty medications or equipment) can be received with the understanding that the cubby spaces in all the rooms have limited storage space.

Rooms

Our inpatient unit consists of an even distribution of single and double rooms. Unfortunately, we **cannot** offer or guarantee every patient a single room as assignments are determined based on ever-changing patient needs and physical requirements. As such, there are times when we must also change patient rooms because of patient treatment requirements or new admissions. We realize that this is an inconvenience; we appreciate patience and understanding as we do try to keep room switches to a minimum. We also encourage socialization amongst patients outside of the rooms and in common areas.

Smoke-Free Environment

The Johns Hopkins Hospital is a smoke-, vape- and tobacco-free environment. Please inform your doctor or nurse if you use tobacco so that we may offer nicotine gum or patches. If you are interested in smoking cessation, please inform your nurse.

Phone and Computer Use

You are welcome to use your own computer and cell phone. Be aware that power/charging cords longer than six (6) inches will be held in a designated location.

Visiting Hours and Parking

We adhere to patient/family-centered care, however, currently, there continues to be some COVID-19 infection control visitor restrictions in place. Hospital administration determines visitation policy on a weekly basis. Decisions are based on community spread of COVID-19 and other variables.

Children and infants visiting the unit must be under the constant supervision of parents or guardians. Patients under the age of 18 years must have a written list of approved visitors filled out by parents or guardians. If you do not wish to have any visitors, please inform our staff. Additional visitor restrictions regarding children under 12 are instituted during flu season and other restrictions related to COVID may periodically be in place as Johns Hopkins' Infection Control dictates. Reduced-price parking is available for family members who frequently visit and park in a hospital garage. *Note that all visitors—as well as patients who must leave a car in the garage during hospitalization—are responsible for all hourly parking fees accrued. Street parking is either scarce or unavailable.* (Please see **Admission Day Details** and visit our Security and Parking information page online at www.hopkinsmedicine.org/security_parking_transportation.)

Meals

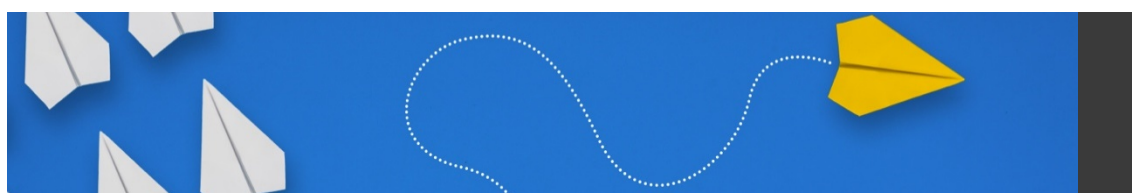
Three meals a day (and a snack, if appropriate) are provided. Special diets are accommodated on a case-by-case basis. *(Please inquire about the feasibility of complex or unique nutritional needs, including gluten-free or vegan diets, as the hospital kitchen is not able to accommodate complex dietary requests.)* Patients are encouraged to eat at the tables in the Day Area unless enhanced COVID infection control restrictions are in place. Families may bring in food for storage in the unit's patient refrigerator, but please note that due to state health department regulations, food will be discarded if not eaten within 48 hours. Currently, families may not join in mealtimes due to hospital infection control restrictions.

Unit Safety

For safety reasons, all belongings brought to the unit will go to the nurses' station first and reviewed for safety. This includes all luggage, purses, and bags. Harmful items, such as razors, scissors, knives, potentially flammable liquids, vapes, etc., will be removed and secured or sent home. Alcoholic beverages, illicit drugs, and smoking are strictly prohibited on the unit. *Discovery or use of these items or other contraband may result in immediate discharge.* Please review recommended and prohibited items in **Pain Treatment Program Frequently Asked Questions**.

Confidentiality

Please do not disclose any information about any patient on the unit to your friends and family members. This is for the purpose of confidentiality. Your confidentiality will be similarly respected. *Any form of photography or recording of staff or patients via devices such as cameras, cell phones, tablets, and/or computers is strictly prohibited and enforced.*



Outpatient Consultation Clinic

The **Outpatient Consultation Clinic for the PTP** sees patients who are referred by their physicians for review of their case in detail for the purpose of clarifying diagnoses, providing recommendations, and determining if the patient would benefit from admission to the PTP. Consultation Clinic evaluations are mandatory for Workers Comp and liability insurances. For more information, contact the Consult Clinic coordinator at 410-955-2343 or fax 410-367-2063.

Some patients may be referred to the consultation clinic after we have reviewed your records. You may also choose to be evaluated in the Consultation Clinic for the purpose of completing your mental health evaluation as required by your insurance (see **Admissions Instructions** and **Frequently Asked Questions**).

Admissions Instructions

Please be advised that due to the high level of interest in our program and its small patient census, there is a waiting period for admission. We understand that waiting for treatment and navigating the healthcare system while dealing with chronic pain can be frustrating. It is very difficult for us to estimate how long each patient may wait before an opening is available; you will be eligible for admission once all the following admission steps are complete:

1. **Read this entire admissions packet** and sign and return any required documents, including a copy of the Admissions Agreement form on the next page.
2. **Fax or e-mail a copy of the front and back of your insurance card(s) along with the following information for both the patient and the insurance subscriber (if different): date of birth, address, contact number(s), and social security number.** This information is essential so that our Business Office can obtain your insurance benefits and determine your estimated financial responsibility. This process usually takes two to three business days. The Admissions Coordinator will contact you with the insurer's quoted benefits and estimated financial responsibility. Please reference Billing Information for more details.
3. **Contact your referring physicians to request that each sends the past three months of your comprehensive clinical records to the Admissions Coordinator.** Alternatively, you can forward the information directly to the Admissions Coordinator. Comprehensive clinical records include: Summaries from your current providers, ER visits, and hospital stays. We will 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 insurer, you may need to complete a psychiatric evaluation through your local mental health provider prior to admission. This may be a psychiatrist, psychologist, social worker, therapist, or our Outpatient Consultation Clinic. You will be responsible for requesting your records. Unfortunately, we cannot request them. Please note that it usually takes approximately three to five business days to review records once received.

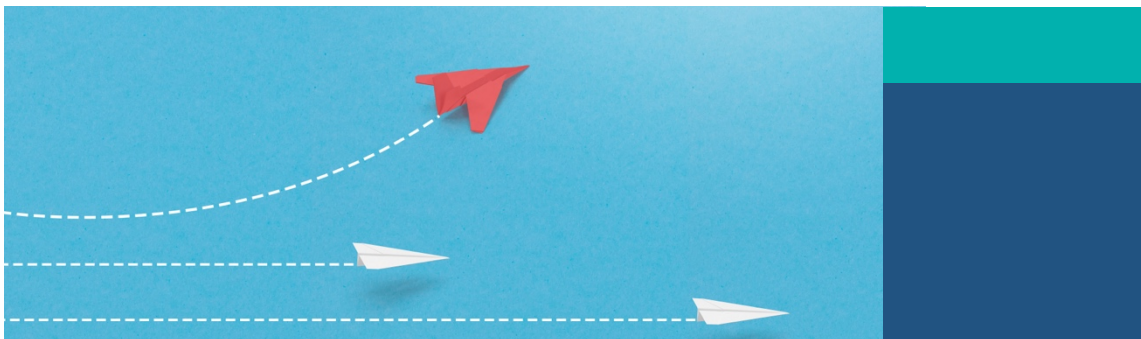
Next Steps Following Initial Admissions Submission

1. Please call the Admissions Coordinator weekly for admissions status update.
2. Prepare for your admission and keep us updated on any changes in your insurance and your schedule that might affect your readiness. We understand that some patients will be traveling long distances and we try to provide as much notice as possible so you are able to make the necessary arrangements. Our ability to offer admission slots is dependent on other patients discharging—we usually only have one business day notice of an opening. Your flexibility in scheduling an admission date is much appreciated and could make the difference in how soon we are able to admit you for treatment.
3. The treatment team requests that all patients arrive at 9:30am on the day of admission. If you should need hotel accommodations for the night prior to your admission, please contact Johns Hopkins Guest Services at 410-614-5100.

“You helped turn a 10-year struggle that became hopeless into a brand new, bright future...your investment into your patients is a labor of love.”

“I had a very complex condition, and the medical staff did an excellent job in communicating with me to understand what was going on.”

“I was extremely impressed with the program overall. No other institution has the capability to accomplish and create such dramatic and positive results. I am extremely grateful for being admitted.”



Admissions Agreement

Admissions agreement for:

(Please print patient's full 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 a secured inpatient psychiatric unit within 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 and I understand that I will be taking Johns Hopkins Hospital pharmacy-provided medications (as available) throughout my inpatient stay.
- I will follow** the team's recommendations regarding a transition to aftercare (if advised) and/or discharge home.
- I have read all program materials and fully agree to the treatment program as outlined.**

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.

Billing and Payment 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 answer questions frequently received about insurance and billing and will assist you with making informed decisions about your treatment options.

Admission to our program is considered an inpatient mental health admission through The Johns Hopkins Hospital, JHU SOM Department of Psychiatry and Behavioral Sciences. It will be billed and authorized under the Mental/Behavioral Health benefits of your insurance, *not* the Medical benefits.

Prior to Admission

The first step in the process is to provide the Admissions Coordinator with all of your insurance information. As a courtesy, our Business Office will then attempt to verify benefits and the Admissions Coordinator will 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 insurer's representative. If you would like to verify the benefits information that our office has provided or have any further questions about your benefits, please contact your insurer directly.

Commercial Insurance

The patient is responsible for providing all insurance information to the Psychiatry Admissions Office. Because benefits vary according to insurance, employer group, and individual plans, the Business Office must verify all insurance coverage to determine estimated liability.

Medicare/Medicaid

The Johns Hopkins Hospital and The Johns Hopkins University Physicians participate with Medicare and Medical Assistance of Maryland. An Admissions Coordinator will be able to give you information regarding participation with your specific plan. Please note that we are considered out-of-network for all out-of-state Medical Assistance and Medicare Advantage plans, except for the Johns Hopkins Advantage MD plan. As a reminder, insurance regulations require us to bill for Medicare's deductibles and co-payments, even though we participate.

Workers' Compensation Cases

If your medical bills are being handled by a Workers' Compensation insurer, you will need to schedule a Consultation Clinic appointment. (Please see **Outpatient Consultation Clinic** in this booklet.) The Consultation Clinic's coordinator can be reached at 410-955-2343. If you were referred to the inpatient program, please provide our Admissions Coordinator with contact information for your Workers' Compensation company or case manager. The Admissions Coordinator will contact a Workers' Compensation representative to arrange for reimbursement and contracting. This contract must be completed and signed by all Workers' Compensation representatives as a prerequisite for eligibility.

Copayments and Deductibles

Many insurance policies do not cover 100% of the costs of your treatment. Our Business Office will estimate your liability, based on an average length of stay for our program. You will be asked to provide these payments on the date of admission (if applicable). After all insurance reimbursements have been paid, if the outstanding balance exceeds the original estimated liability, you will be billed for the remaining unpaid amount. Regulations also require us to bill for deductibles and co-payments, even for those insurances with which we participate.

Please note that the Department of Psychiatry at The Johns Hopkins Hospital has a two-part billing system: Our facility fees and professional (doctor) fees have different billing practices and participation with insurers. For this reason, one of these two entities may participate with your insurance while the other may not. Coverage for both of these will be verified by our Business Office.

Billing Post-Discharge

As discussed under *Copayments and Deductibles*, 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 and 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 (EOB)* that will outline what your insurance was charged and what was paid on your behalf. An EOB is not a bill.

Admission Day Details

Arrival

On the day of admission, please expect to arrive to our Admissions Office at 9:30am. We are located at 600 N. Wolfe Street, Suite 143, on the first floor of the Meyer Building. The entrance of our building is located at the northwest corner of North Wolfe and McElderry streets. We do have a dedicated area for patient loading and unloading at this entrance in our horseshoe-shaped drive.

The Meyer building entrance is located next to a red metal sculpture, seen on the right immediately upon driving into the horseshoe. It is recommended that you have someone accompany you on the day of admission, if possible. Your escort may stop briefly in the patient drop-off area to help you into our offices and bring in any belongings at that time. If you need to travel to the area before your admission date, feel free to contact Guest Services at 410-614-5100 for help with travel and hotel arrangements.

Parking

Parking is available at any of The Johns Hopkins Hospital's garages at an hourly rate. Unfortunately, we do not have a parking valet or parking lot at the entrance closest to the Meyer building. If you or those accompanying you would like to park in the main Orleans Street garage, it is located across from the hospital's main 1800 Orleans Street entrance. From the Meyer building circle entrance, turn right onto Wolfe Street, then turn right onto Orleans Street. The parking structure will be located on your left. If you prefer to use our valet at your expense, it is available in the circle of the main 1800 Orleans Street entrance.

We recommend, if at all possible, to avoid driving to or leaving your car at the hospital due to parking fees. **You are responsible for hourly parking fees accrued, including those accrued while parked during an inpatient stay.**

Reduced-price parking is available for family members who visit and park frequently and, if needed, for patients who must leave a car in the garage during the hospitalization. Street parking is scarce or unavailable. Visit our Security and Parking information page online at www.hopkinsmedicine.org/security_parking_transportation.

Insurance

If your insurance policy requires authorization for treatment, the Admissions Coordinator will attempt to obtain this upon your arrival. In most cases, we cannot obtain authorization prior to your date of admission. PTP admissions are billed under inpatient mental health benefits and are subject to the insurer's criteria for mental health treatment. Commercial insurances will require authorization, also called precertification.

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 insurer. Any required deposits will also be collected at this time. We accept cash, checks, bank transfers and all major credit cards as methods of payment. Please note that if you are paying cash, we will need to direct you to our cashier's office to make payment. Credit and debit cards are the preferred method of payment. Please contact your credit card company or banking facility regarding large payments or balances.

A Note on Initial Authorizations

We are usually successful in obtaining authorization from your insurer 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 insurer's decision whenever possible. In these cases, we are usually successful in obtaining authorization through the appeals process. A payment to cover three to four days of inpatient fees would be required if you choose to be admitted.

In the rare instances when our appeal is denied, you may then choose either to stay in treatment as a self-pay patient or leave the program. In either case, you would be held financially responsible for the treatment you have received. If you made a payment at admission, it will be applied to this cost, but you may need to make additional payments. If you are not comfortable taking this 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.

A Note on Continuing Authorizations

Please be aware: Even if we are successful in obtaining authorization, authorization of treatment is NOT a guarantee of bill payment. Your insurer may authorize treatment, but subsequently decide 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 insurer 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 insurer with any questions about their policies regarding benefits, authorization, and payment.

Unit Arrival

Once your registration, payment, and precertification are completed, you will be escorted to the inpatient unit. Our nursing staff will begin their intake assessments with you and assist you in getting settled and acclimated to the unit. Please note that most of our rooms are shared, two to a room. A small number of private rooms are available for patients with special needs or requirements as deemed necessary by the treatment team.

Once our nursing staff has completed their intake, you will meet with your attending and resident psychiatrists. Your family and friends are welcome to stay with you for the intake process, but it is by no means required. We believe that involvement of family and other support individuals is integral to your recovery. We also understand scheduling, travel, and obligational conflicts arise that may preclude support involvement during your admission process; for these circumstances, we can arrange to speak by phone.

Pain Treatment Program Frequently Asked Questions

Why is the treatment of chronic pain located 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 individuals are greater than the sum of their parts. Problem areas combine to create a disabling illness that is complicated and requires more than simple fixes; chronic pain, however, can ultimately be unraveled for successful treatment outcomes.

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

The Pain Treatment Program is a voluntary rehabilitation program. Patient safety is paramount at Johns 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 sometimes-vulnerable geriatric patients in need of extra precautions. There are visiting hours for family and friends, and patients may leave the unit with staff for groups or other treatments like physical therapy. Please note that the unit and the hospital is smoke-, vape-, and tobacco-free. Nicotine replacement therapy and other supports for tobacco users 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 **Admissions Instructions** on how to obtain information about your individual benefits.

What information do you need from my mental health provider?

Your mental health provider should summarize your treatment history. This should include previous hospitalizations, medication trials and family history. Regarding your current treatment, diagnoses, a current mental status exam (MSE) and details to show why an admission to a mental health inpatient setting is necessary will be needed. This is required by your insurer. We are happy to speak to your providers to answer specific questions about the required information.

You may also want to consult your insurer's criteria for acute inpatient mental health treatment. It is important that your clinician provide us with a clinical summary—a clinician who knows you well is best. We want your care to be cohesive as possible and strive for you to receive optimal benefit from our program. This is most likely to happen when our treatment team can coordinate with a provider for a smooth transition to outpatient care.

Can I have packages delivered while inpatient?

Receiving a limited number of treatment-specific packages while admitted is acceptable, however, items received must continue to fit in your carry-on-sized suitcase upon discharge. Exceptions are flower arrangements (*no glass vases permitted on the unit*). No other ordering of items can be safely accepted.

What should I bring to the hospital?

Due to limited storage space in each room, it is important to pack only the essentials. The unit does have free laundry facilities. Three days of comfortable clothing, including a pair of athletic shoes (for physical therapy), are appropriate. Please select clothes without strings/ties and shoes without string laces (e.g., slip-on sneakers). Alternatively, you may use rubber shoelace alternatives. You may also bring select toiletries. Please leave valuables at home.

Suggested items to bring:

- Approximately three changes of clean clothing (due to limited storage space). A complimentary washer and dryer and detergent are available on the unit.
- Pajamas (no drawstrings)
- Bras (no underwire, sports bras recommended)
- Athletic shoes without string laces (e.g., slip-on) or with lace alternatives (e.g., elastic, “no-tie” laces—check [Amazon.com](https://www.amazon.com))
- A short (less than six (6) inches) charging cord for your phone or tablet
- Wireless headphones
- Books and/or coloring books
- Light jacket or sweatshirt
- Clothes for physical therapy (elastic banded or snaps, no drawstrings or ties)

Items that cannot be brought to the unit by the patient or guest due to safety concerns:

- Plastic bags
- Heating pads
- Electric blankets, heaters, fans
- Curling irons

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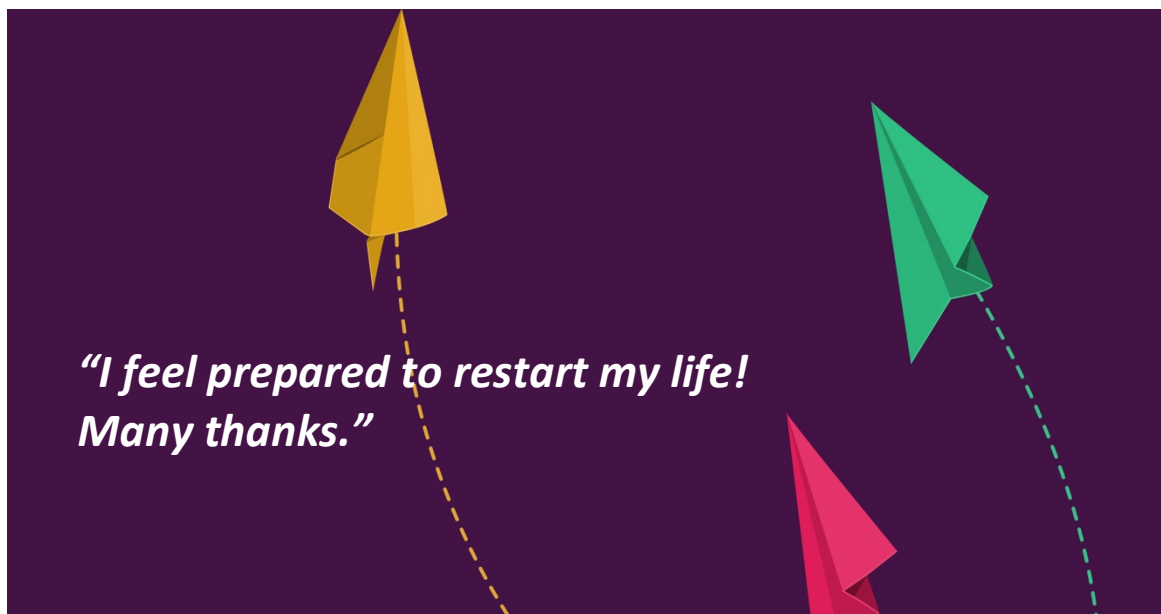
- Glass items (to include flower vases, perfume, picture frames, mirrors—including cosmetic)
- Gym equipment (weights, ropes, etc.)
- Scents or aerosols
- Knives
- Lighters
- Tobacco, vaping devices (all types), and cigarettes
- Laced shoes, high heels, wedges
- Expensive jewelry or irreplaceable items

Permitted on unit, but kept in a secured area for use when needed:

- Wires, yarns/knitting materials, cords, etc., longer than six (6) inches
- Razors
- Sharp objects (nail clippers, tweezers, etc.)
- Clippers/electric razors (in good working order)
- Beverages or items in glass or aluminum containers
- Medically necessary electrical items and electrical cords (must be in good working order and have working GFI adapters, when applicable, for use in the hospital)

Do you allow the use of phones and computers?

You may bring and use cell phones, e-readers, tablets, and laptops on the unit. Please remember that you are responsible for all belongings you bring to the unit. Charging cords longer than six (6) inches will be securely stored by staff for safety. The hospital does offer free Wi-Fi.



Contact Information

Pain Treatment Program Admissions Coordinator

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