



JOHNS HOPKINS
M E D I C I N E

DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES

Pain Treatment Program

Meyer 6

The Johns Hopkins Hospital
Baltimore, Maryland

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

INFORMATION PACKET

Pain Treatment Program INFORMATION PACKET

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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 to 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 interest 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,



Glenn J. Treisman, MD, PhD
Eugene Meyer III Professor of Psychiatry and Medicine
Director Chronic Pain Treatment Program
Department of Psychiatry & Behavioral Sciences
The Johns Hopkins Medical Institutions

OUR EXPERT TEAM

Our faculty and staff working in both inpatient and day hospital services have a special interest and expertise in treating chronic pain syndromes. The attending psychiatrist works with each patient and the clinical staff to develop individualized treatment plans, which may include consults 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 **Glenn J. Treisman, MD, PhD**, the Eugene Meyer III Professor of Psychiatry and Medicine, Director of the Chronic Pain Treatment Program and Director of the AIDS Psychiatry Service at the Johns Hopkins University School of Medicine.

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.

Pain Treatment Program

OVERVIEW

The Pain Treatment Program (PTP) within 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 is led by psychiatrists and consists of nurses, social workers, nurse practitioners and physical therapists. We develop an individual treatment plan for each patient. Consultations are requested as needed in order to address the complex interactions of medical, neurological, and psychiatric issues of chronic pain.

Our Patients

The Pain Treatment Program addresses 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), muscles 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.

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. In this informational packet, 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 along with important billing and insurance information.

INPATIENT SERVICES

The Pain Treatment Program draws on the multidisciplinary expertise of various specialties for coordinated, multi-departmental consultations as deemed appropriate by the treatment team. The unit where you will be staying is staffed by psychiatrists, resident psychiatrists, nurses, social workers, nurse practitioners and physical therapists 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 to a secure mental health unit for the purpose of rehabilitation including a signed Admissions Agreement (See page 19)
- Financial and clinical clearance

Summary of Treatment Principles and Methods

- **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 individualized treatment and rehabilitation plan
- **Evaluation of medications for effectiveness, side effects, dependency, and interactions**
 - Gradual discontinuation from ineffective medications (e.g., opioids, benzodiazepines, muscle relaxants, and psychotropics)
 - 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 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 in activity level and endurance
 - Use of targeted myofascial treatment (if applicable)
 - Individualized physical therapy and/or occupational therapy (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. Most patients benefit from overall improved physical functioning and quality of life, which have made their efforts worthwhile.

Patients must bring to the program a willingness to work hard and openness to learn new ways of dealing with pain, and apply these principles to function optimally at home.

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 eliminate the use of ineffective medications, like opiates and benzodiazepines, and educate you about pharmacological treatments for pain and related conditions.

Treatment of Depression and Anxiety

Your attending physician will be one of our psychiatrists who specialize in pain management. 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. Our psychiatrists are well versed in eliminating ineffective medications like opiates and benzodiazepines. They may also recommend medication to address problems like anxiety and depression. These medications are called psychotropics and include medications that target your brain and nervous system. Some examples are anti-depressants like paroxetine and fluoxetine, anti-anxiety medications, or medications that help with sleep. Some of these medications also help to treat a person's pain.

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 approximately three weeks. Afterwards, most patients are transitioned to the Day Hospital for an additional three weeks. Inpatient stays may be extended if the team feels that a patient requires additional 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 taught throughout the program are expected 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 individually. However, patients must be open to hearing the PTP's formulation and avoid additional/unnecessary consults, tests, or surgeries.

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, and determining if the patient would benefit from admission to the PTP. Consultation Clinic evaluations are mandatory for Workers Comp/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.

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. Patients who do not live locally will be responsible for their own housing. Information on local hotels for patients and/or family members is available at Johns Hopkins Guest Services at (410) 614-5100.

Pain Treatment Program

ADMISSIONS INSTRUCTIONS

Please be advised that due to the high level of interest, there is a waiting period for admission into the Pain Treatment Program. The admissions coordinator will provide guidance in your completion of the following steps required for admission into the program:

1. **Read the entire admissions handout** and sign and return a copy of the enclosed **Admissions Agreement** form on page 18.
2. **Fax or e-mail a copy of the front and back of your insurance card(s)**, along with **date of birth, address, contact number(s), social security numbers** for both the patient and the insurance subscriber. 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. Detailed Billing Information is located on page 11.
3. The Admissions Coordinator will contact you with the insurance company's quoted benefits and estimated financial responsibility.
4. **Contact your referring physicians** to request that each sends the past three months of your comprehensive clinical records to the admission coordinator (see contact information on page 10) or you can forward the information directly to the admission 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 insurance company, 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, or therapist. 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.
5. You will be eligible for admission when all of these steps have been completed and you have been accepted into the program. We suggest contacting the admissions coordinator weekly for updates.

Admissions

We understand that waiting for treatment and navigating the healthcare 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 may have to wait before an opening is available.

Once you have been accepted into the program:

1. Please call the admissions coordinator weekly for status admission updates.
2. **Prepare for your admission** and keep us updated on any changes in your schedule that might affect your readiness and insurance changes. 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. 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. As our ability to offer openings is dependent on other patients discharging, we usually only have **one business day's notice** of an opening. The treatment team requests that all patients arrive at 9:30 AM on the day of admission. If you should need hotel accommodations prior to your admission, please contact Johns Hopkins Guest Services at 410-614-5100.

CONTACT INFORMATION

Brandie Craighead

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: psychiatryadmissions@jhmi.edu

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 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, 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.

MEDICARE/MEDICAID

The Johns Hopkins Hospital East Baltimore Campus 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. As a reminder, regulations also require us to bill for Medicare's deductibles and co-payments, although we participate.

Please note that we are out of network with Medicare Advantage plans, other than the Johns Hopkins Advantage MD plans, and out-of-state Medical Assistance plans.

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 would have to verify **all** insurance coverage to determine estimated liability.

WORKERS' COMPENSATION CASES

If your medical bills are being handled by a Workers' Compensation insurer, you will need to schedule a consultation with our Consult Clinic. The Consult Clinic's Coordinator can be reached at 410-955-2343.

If you are referred to the inpatient program, please provide the 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.

PRIOR TO YOUR 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 insurance company representative. If you would like to verify the benefits our office has provided, 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 your liability, based on an average length of stay for our program. You will be asked to provide these payments on the dates of admission to the inpatient and day hospital programs. Once the insurance company(s) pays the facility and professional fees, if the balance exceeds the original estimated liability, you will be billed for the remaining amount. Regulations also require us to bill for deductibles and co-payments, even for those insurances with which we participate.

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

ON THE DAY OF ADMISSION

If your insurance policy requires authorization for treatment, the Admissions Coordinator will attempt to obtain this **upon your arrival**. PTP admissions are billed under inpatient mental health benefits and are subject to the insurance companies criteria for mental health treatment. In most cases, we cannot obtain authorization prior to your date of admission. Commercial insurances and medical assistance 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 insurance company. 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 Authorizations | We are usually successful in obtaining 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. A payment to cover three to four 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 to 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 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 payments 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.

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What to Expect on the Day of Admission

Arrival

On the day of admission, you should expect to arrive at our office at 9:30 AM. We are located at 600 N. Wolfe Street, Suite 143 on the first floor of the Meyer Building. The Johns Hopkins Hospital is a growing facility and construction may affect traffic and parking near our location. The entrance of our building is located at the northwest corner of North Wolfe and McElderry streets. We do have dedicated areas for patient loading and unloading at this entrance in our horseshoe-shaped drive that you can enter by turning right at the intersection. Our entrance is next to a red metal statue on the right side of the horseshoe. It is recommended that you have someone accompany you on the day of admission if possible. They can stop briefly in our patient drop-off area to help you into our offices and bring any luggage in at that time.

If you may need to travel to the area before your admission date, feel free to contact Guest Services for help with travel and hotel arrangements at 410-614-5100.

Parking

Parking is available at any of The Johns Hopkins Hospital's garages. Unfortunately, we do not have a parking valet or lot at the entrance closest to our building. Should you want to use a valet, they are available at the main entrance to the hospital at 1800 Orleans Street, which is approximately 2 blocks from our building.

If you or those accompanying you would like to park in our main garage, it is located across from the main entrance. From our entrance, drive approximately two blocks, turn right onto Orleans Street and the parking lot will be located on your left. You are responsible for any valet and parking fees accrued.

Registration

When you arrive to our offices, we will make a copy of your insurance cards and photo identification. You will meet with one of our coordinators to complete admitting paperwork. During this time, the admissions coordinator will contact your insurance company for precertification if applicable.

Payment

If you have any Time of Service (TOS) fees due upon admission, you will meet with our financial counselor after completing your registration paperwork. Because of our two-part billing system, you may be paying two separate bills, which would result in two separate charges on your credit card or necessitate two checks.

Arrival to the Unit

Once your registration, payment and precertification are completed, you will be escorted to the inpatient unit. For safety reasons, all belongings that will be staying with you will go to the nurses' station. Our nursing staff will then begin their intake assessments with you and assist you in getting settled into your room. Please note that our rooms are shared, two to a room.

Once our nursing staff has completed their intake with you, you will meet with your resident physician and the attending physician. Your family and friends are welcome to stay with you for the intake process, but it is by no means a prerequisite. We do believe that involvement of family and other supports is integral to your recovery, but we do understand scheduling and obligations.

For our patients whose family and primary supports may be out of the area, we will arrange to speak to them by phone.

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: psychiatryadmissions@jhmi.edu

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GENERAL INFORMATION ABOUT THE INPATIENT UNIT

Welcome to Meyer 6 | Inpatient Henry Phipps Psychiatric Service

The unit staff functions as an interdisciplinary team working together with you and your family (with your permission) in implementing your individual treatment plan. We look forward to working with you. Listed below are unit standards that apply to all patients during their stay in the hospital.

SMOKE-FREE ENVIRONMENT

The Johns Hopkins Hospital is a smoke-free environment. Please inform your doctor or nurse if you smoke so that we can offer treatment such as gum or patches. If you are interested in learning more about smoking cessation, please inform your nurse.

SAFETY FOR ALL

All packages brought to the unit must be checked at the nurses' station, this includes all **luggage, purses, and carryon bags**. Sharps such as razors, scissors, knives, etc. will be removed and secured at the nurses' station or sent home. Potentially harmful chemicals such as nail polish remover will be removed and secured. Other objects which can be harmful to you or others will be secured at the nurses' station or sent home. Alcoholic beverages, illicit drugs, and smoking are strictly prohibited on the unit.

PATIENT PHONES

The patient phone is limited in use to the hours of 8AM-8 PM. Please limit calls to 15 minutes at a time for the consideration of others. You are welcome to use your own cell phone on the unit. Charging cords will be held at the nursing station. Photography of any sort (phone, camera, laptop, etc.) is **strictly prohibited** because of confidentiality laws.

VISITING HOURS

You will be informed of the visiting hours on admission to your unit, as these are subject to change. Most often visiting hours are 8 AM to 10 PM as we subscribe to patient/family-centered care. 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 your nurse. Also, please inform visitors to arrive on the unit through the front doors located at our elevators only to ensure confidentiality. Additional visitor restrictions regarding children under 12 are instituted during flu season.

MEDICATIONS

Please bring your medications with you to the unit. Upon admission, your physicians will order your medications. All medications will be administered as ordered by the physician. No medications are allowed in your room (unless a doctor's order is written, usually for a cream or lotion). Please take note of the medication times. To better prepare you for discharge you are encouraged to ask your nurse for your medications. We encourage you to know all you can about your illness, including the medicines you take. Learning about your medicines is crucial to your recovery. We encourage you to obtain information about your medicines from your physicians and nurses.

VALUABLES

Please send all valuables home. If this is not possible, hospital security will place small valuables (i.e.: wallet, watch, ring) in the JHH Hospital Main Admissions Office safe, separate from Psychiatry Admitting, and give you a receipt for retrieval at discharge.

ROOMS

On admission, you will be assigned a single or a double room. We cannot guarantee single rooms as room assignments are determined based on changing patient needs. Therefore, there are times when we must change patient rooms because of patient treatment requirements. We realize that this might be an inconvenience for you, but we appreciate your patience and understanding. We will try to keep room switches to a minimum. Bear in mind that a neat room will support your mood because you have surrounded yourself with structure and a positive environment.

TEAM ROUNDS

Your physicians and other members of your treatment team will make walking rounds on the unit every morning. Therefore, you should be available on the unit until after your physicians have seen you. This is an essential time to discuss your problems and treatment plan on a daily basis.

MEALS

Three meals a day (and a snack if appropriate) will be brought to the unit in the form of a "buffet style meal." Patients are expected to eat at the tables in the day area. If your family brings food in for you, please label it with your name and date given. Please note that due to health department regulations food will be thrown out if not eaten within 24 hours. Families are welcome to join in meal times on the unit.

CONFIDENTIALTY

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 picture-taking via camera, cell phone, and computer is prohibited.



Pain Treatment Program

Admissions Agreement for _____

(please 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.
- **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.

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 may leave the unit with staff for groups or other treatments like physical therapy. 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. 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. When making preparations for admission, take into account that you may be on the Inpatient Unit and in the Day Hospital. Items must be able to fit in one medium sized suitcase.

You may bring cell phones and laptops to the unit. Please remember that you are responsible for all belongings you bring to the unit. Charging cords for these items will be held at the nursing station. We DO have Wi-Fi on the inpatient unit.

Suggested Items:

- Between 3-7 changes of clean clothing (washer and dryer on unit)
- Pajamas (no drawstrings)
- Bras (no underwire, sports bras recommended)
- Gym shoes with no laces (Velcro shoes recommended)
- Books and/or coloring books
- Clothes for PT (no drawstrings or metal clips)

Items that **cannot** be brought by the patient or guest:

- Plastic bags
- Heating pads
- Glass (to include flower vases and picture frames)
- Gym equipment (weights, ropes, etc.)
- Knives
- Lighters
- Electrical vapors or cigarettes
- High heels or wedges
- Expensive jewelry or irreplaceable items

Permitted on unit, but kept in a locked closet:

- Cords
- Razors
- Sharp objects (nail clippers, tweezers, etc.)
- Blow dryers
- Curling or flat irons
- Clippers (electrical razors)
- Canned drinks
- Glass (perfume, drinks, etc.)

Receiving packages while admitted are welcomed; however, items received must still fit in suitcase. Exceptions are flower arrangements.

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 insurance company. We are happy to speak to your providers to answer specific questions about the required information. You may also want to consult your insurance provider's criteria for acute inpatient mental health treatment.

It is important that your clinician provide a clinical summary to us. A clinician who knows you well is best. We want your care to be cohesive as possible. We want 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 back to outpatient care.

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: psychiatryadmissions@jhmi.edu

Inpatient Pain Treatment Program

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
8:00 am	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	
8:15 am	Breakfast	Individual Time	Individual Time	Individual Time	Individual Time	Individual Time	Breakfast	
9:00 am	Rounds	Rounds	Rounds	Rounds	Rounds	Rounds	Rounds	
10:00 am	Individual Time	Physical Therapy (Meyer 2) PT	Physical Therapy (Meyer 2) PT	Physical Therapy (Meyer 2) PT	Physical Therapy (Meyer 2) PT	Physical Therapy (Meyer 2) PT	Individual Time	
10:15 am	Family Day Group (Meyer 6) RN↓	Outpatients use Meyer 2 Gym if no Physical Therapy						Individual Time
11:00 am	Individual Time	Individual Time	Individual Time	Individual Time	Individual Time	Individual Time	Individual Time	
12:00 pm	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	
1:00 pm	Individual Time	Mindfulness & Chronic Pain RN↓	Non-Pharmacological Pain Management RN↓	Stress Management for Chronic Pain RN↓	Medication Class RN↓	Communication Skills RN↓	Individual Time	
2:00 pm.	Individual Time	Individual Time	Individual Time	Individual Time	Individual Time	Individual Time	Individual Time	
3:15 pm	Individual Time	Psychotherapy Group (Meyer 6) SW	Psychotherapy Group (Meyer 6) SW	Psychotherapy Group (Meyer 6) SW	Psychotherapy Group (Meyer 6) MD	Psychotherapy Group (Meyer 6) SW	Individual Time	
4:00 pm	Individual Time	Outpatient Departure					Individual Time	
4:15 pm		Activity Group in the Meyer 2 Gym						
5:00 pm	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	
6:15 pm	Individual Time	Mindfulness Exercise (Meyer 6) RN↓	Emotion Exercise (Meyer 6) RN↓	Relaxation Exercise (Meyer 6) RN↓	Distress Tolerance Self Soothing (Meyer 6) RN↓	Communication Exercise/Game (Meyer 6) RN↓	Individual Time	

Occupational Therapy will schedule individual sessions with each patient

Religious Services:

Catholic Mass: Monday – Friday, 7:30 am (Children's Center Chapel)
 Saturday, 4:00 pm (Marburg Conference Room)
 Sunday, 12:00 pm (Marburg Conference Room)

Protestant Worship: Sunday, 10:00 a.m. (Marburg Conference Room)

Jewish Minyan: Monday – Thursday, 2:00 pm DST, 1:00 pm EST (Blalock 175)

Muslim Prayer: Friday, 1:15 pm (Meyer 2 Gym)

<p>Key: AS – Activity Specialist CM – Carolyn McDaniel MD – Medical Doctor RN↓ – Registered Nurse, Low RN↑, Registered Nurse, High OT – Occupational Therapy PT – Physical Therapy SW – Social Work</p>

Individual Time: Relaxation, Biofeedback, Distraction (Games, Walking, Comfort Care Activities)

Pain Treatment Program Day Hospital Schedule

Time	Monday		Tuesday		Wednesday		Thursday		Friday	
8:00 am	Must arrive on Meyer 6 no later than 8:00 a.m.									
8:15 am	Problem Solving/ Mindfulness Group	RN↓	Problem Solving/ Mindfulness Group	RN↓	Problem Solving/ Mindfulness Group	RN↓	Problem Solving/ Mindfulness Group	RN↓	Problem Solving/ Mindfulness Group	RN↓
9:00 am	Assessments, Breakfast and Rounds		Assessments, Breakfast and Rounds		Assessments, Breakfast and Rounds		Assessments, Breakfast and Rounds		Assessments, Breakfast and Rounds	
10:00 am	Physical Therapy Meyer 2	PT	Physical Therapy Meyer 2	PT	Physical Therapy Meyer 2	PT	Physical Therapy Meyer 2	PT	Physical Therapy Meyer 2	PT
11:00 am	Illness Education Group	RN↓	Illness Education Group	SW	Illness Education Group	RN↓	Illness Education Group	SW	Illness Education Group	RN↓
12:00 pm	Lunch		Lunch		Lunch		Lunch		Lunch	
1:00 pm	Cognitive Behavioral Therapy Group Meyer 2	CM	Cognitive Behavioral Therapy Group Meyer 2	CM	Cognitive Behavioral Therapy Group Meyer 2	CM	Cognitive Behavioral Therapy Group Meyer 2	CM	Cognitive Behavioral Therapy Group Meyer 2	CM
2:00 pm	Individual Time/BFB		Individual Time/BFB		Individual Time/BFB		Individual Time/BFB		Individual Time/BFB	
3:15 pm	Psychotherapy Group (Meyer 6)	SW	Psychotherapy Group (Meyer 6)	SW	Psychotherapy Group (Meyer 6)	SW	Psychotherapy Group (Meyer 6)	MD	Psychotherapy Group (Meyer 6)	SW
4:00 pm	PDH Closes		PDH Closes		PDH Closes		PDH Closes		PDH Closes	

Religious Services:

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Saturday, 4:00 pm (Marburg Conference Room)
Sunday, 12:00 pm (Marburg Conference Room)

Protestant Worship: Sunday, 10:00 a.m. (Marburg Conference Room)

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Muslim Prayer: Friday, 1:15 pm (Meyer 2 Gym)

Key:	AS – Activity Specialist
	CM – Carolyn McDaniel
	MD – Medical Doctor
	RN↓ – Registered Nurse, Low
	RN↑, Registered Nurse, High
	OT – Occupational Therapy
	PT – Physical Therapy
	SW – Social Work

Individual Time: Relaxation, Biofeedback, Distraction (Games, Walking, Comfort Care Activities) Possible TLOA’s