Name/Professional Title(s): Christine J Rice RN BSN IMF

Business address: Acton, Mass Telephone number: 207-337-8288

Email address: christine_rice@corvel.com

1. Please indicate the number of years of experience in care coordination/case management. 21 years

- 2. Please provide the approximate number cases with morphine milligram equivalent above 100 (MME > 100) that you have assisted with in past three years. In 3 years, none.
- 3. Please indicate the best geographic area where you have greatest experience. New England, New Hampshire, Maine, Massachusetts
- 4. Please explain your background/experience with addiction or pain management. I was a Pharmacy Review Nurse for 2 years.
- 5. Please provide a very brief outline of three cases you have assisted with within last three years (i.e., starting MME, what treatment plan seemed to help and how case ended). Please explain the results of the three cases. I am assuming this question is in regards to pain management/opioid management. I have found that making a referral for a MD Medication Review/Recommendations and Peer to Peer contact, complemented by diligent case management follow-up, seem to be the best options for expediting weaning from opioids.
- 6. Do you work with, or are you familiar with, any health care practitioners who specialize or have had success with assisting patients to reduce daily opioid intake? I have found that most providers are willing to do this, but my experience is that pain management doctors seem to be the most resistant.
- 7. Do you have a vehicle and are willing to travel to meetings and medical appointments? Yes, with reasonable travel allowance.

8.	Please indicate, if applicable, any Portuguese.	y language	skills other t	han English. 1	Limited