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1. Please indicate the number of years of experience in care coordination/case management. 7 plus years including my previous jobs and most current with Genex.
2. Please provide the approximate number cases with morphine milligram equivalent above 100 (MME > 100) that you have assisted with in past three years.

2 cases in the past year and 3-4 at my previous job at Norwell VNA and Hospice. I coached and advised many postoperative patients about pain medication and alternatives at my previous job at a VNA who were just home from the hospital s/p major surgeries.

I have a current claimant on my case load that is on chronic pain medication of this equivalent but unrelated to his current injury. I find that his chronic pain and the narcotic pain medication he is on is often discussed and does contribute to his outcome for this case despite being unrelated to his injury.

3. Please indicate the best geographic area where you have greatest experience.

From Boston, Massachusetts, south to Cape Cod and the Rhode Island area

4. Please explain your background/experience with addiction or pain management.
 - As a previous cardiothoracic surgical nurse, pain medication was key in assisting my postoperative patients in their recovery. Many have a bad perception and do not want to take medication and it was my job to explain to them that they needed it postoperatively to be able to move to prevent complications. In many cases, prior to discharge, I would assist patients with creating a plan for weaning off of their pain medications and providing them with a timeline for doing so. This was done with patients who had any history of drug or alcohol abuse.
 - I worked as an Intake RN at a VNA. I often spoke with patients over the phone and coached them when in pain and advised them on how to get their pain under control. When faced with some patients who were on too much

pain medication, I would discuss alternative options to narcotics and educate them more about this.

Most recently, I am tasked to work with claimant's who struggle with pain and there are many looking for alternative treatments of which I assist in facilitating. I am a huge believer in alternative treatment for pain management.

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.
 - In one case, a claimant was looking for an alternative to surgery and pain medication due to a tear in his Achilles tendon. I researched MD's in his area and scheduled an appointment with an MD who provided cold laser therapy as alternative treatment. The claimant went from 9/10 pain to 2/10 pain and was happy with the results.
 - I met with a patient of mine who currently has pain 8/10 with multiple rib fractures and cannot take narcotics because they make him very ill. I assisted in educating him on alternative treatments to relieve his pain such as ice/heat application, positional changes, acupuncture, aquatic therapy and an abdominal binder to assist in allowing him to cough and deep breathe to prevent pneumonia. FCM recommended and will accompany him to a pain clinic for intercostal nerve blocks to decrease his pain.
 - At my previous job, I coached an individual who was afraid to take pain medication and was home from the hospital after a hysterectomy. She had a prior history of drug abuse and was afraid to become addicted to the pain medication that I believe she needed to assist in her recovery and most importantly prevent complications such as pneumonia. I contacted her doctor and together we created a plan for her and a timeline that made her more comfortable with taking her pain medication and then weaning off after 2-3 weeks into her recovery. I remained in contact with her and her doctor to ensure that she remained on track and felt confident with her decision and plan. When she was done with her pain medication, she provided the remaining narcotics to her pharmacy for disposal. With the provided support and education, she recovered and most importantly did not end up abusing her medication.
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 am familiar with a health care practitioner in my area who is an anesthesiologist and has his own pain management clinic which includes

weaning off of narcotics and suboxone therapy. He has been very successful in treating his patients. I am familiar with him due to my previous work at a VNA in my area and per mention above, worked with him directly to support a postoperative patient who had a history of abuse but needed to take pain medication for recovery. We worked as a team to provide support, education and a specific timeline with goals for her to transition off her narcotic pain medication.

7. Do you have a vehicle and are willing to travel to meetings and medical appointments? Yes
8. Please indicate, if applicable, any language skills other than English. I do not speak any other languages.