Name/Professional Title(s): Eleanor McCarthy-Mooney Manager

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Telephone number: 781 431 9754

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- 1. Please indicate the number of years of experience in care coordination/case management. 43
- 2. Please provide the approximate number cases with morphine milligram equivalent above 100 (MME > 100) that you have assisted with in past three years. Managed, none-Supervised hundreds
- 3. Please indicate the best geographic area where you have greatest experience. Manage New England, Mid-Atlantic Region
- 4. Please explain your background/experience with addiction or pain management. I oversee Zurich Class 11 Narcotic Program
- 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.
- 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? no
- 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. no