

Name/Professional Title(s): Kelley A Donovan, RN, CC
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1. Please indicate the number of years of experience in care coordination/case management. 20 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. 15
3. Please indicate the best geographic area where you have greatest experience. My experience geographically has been Fall River, New Bedford, Boston and South Shore.
4. Please explain your background/experience with addiction or pain management. In my career as a Case Manager I have had opiate management, pharmacological management, associated mental health issues, addictive disorders and recommendations for DUA's resultant from home visits, assessment of potential opiate difficulties and subsequent coordination of appropriate medical care. Yes I am familiar with a variety of network providers with specialize in weaning and supporting claimants during the process.
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.
 - A. Starting MME was 90mg/day. Postoperative claim in which the claimant was 6 mo. postop and continued taking opiate medication. I was able to meet with the treating physician and provide suggestions on a pain management specialist. Both provider and claimant agreed. I was able to use my network resources to facilitate a timely initial evaluation. The weaning treatment plan was developed and managed with the claimant's

involvement. The claimant was able to start the weaning successfully. I obtained a referral for aqua and land therapy that specialized in chronic pain. He successfully weaned off medications in 6 months

- B. Starting MME was 45mg/day client had been using opioids for 4 years for failed back surgery. Client was no longer employed. Client's PCP was prescribing medications. I met with MD and client to discuss implementation of a drug contract. Both client and MD agreed. MD began monthly urine drug screen. We were also able to successfully get him involved in activities and support groups outside the home in order to get him out of the house and get him more physically active. The end result was he weaned off all medication.
- C. Starting MME was 90mg/day client required a second surgery. Orthopedic surgery would not do the surgery until he had weaned off opioid medication, which was being prescribed by a pain management physician. I suggested a new pain management clinic that I had used previously. The client and MD agreed. I was able to secure a timely appointment. Additional therapy and injections were used. Client was able to successful wean off medication in 4 months. The second surgery was performed. MD prescribed 1 week of Percocet and transitioned to over the counter pain/anti-inflammatory 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?

Yes I am familiar with a variety of network providers with specialize in weaning and supporting claimants during the process.

7. Do you have a vehicle and are willing to travel to meetings and medical appointments?

Yes I have a dependable vehicle and am willing to travel to meetings and medical appointments.

8. Please indicate, if applicable, any language skills other than English.

N/A

