



Medical and Life Care Consulting, Inc.
Case Management - Life Care Planning

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

I have been a certified nurse case manager for 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. Pain management occurs with each patient that I work with. Most are managed in the acute rehabilitation period and achieve MMI with no need for long-term narcotics. In the past year there have been three and that is the average per year.

3. Please indicate the best geographic area where you have greatest experience.
I provide case management in Massachusetts and Connecticut areas.

4. Please explain your background/experience with addiction or pain management. Pain management occurs with each patient that I work with. Most are managed in the acute rehabilitation period and achieve MMI with no need for long-term narcotics. The goal is to provide care that would eliminate pain and minimize the need the extended use of opioids.

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.

All three patients belonged to one physician, and I worked with him to wean the patients off their opioids. It is important to note that all three patients expressed an interest in getting off of opioids and with all three, it was a gradual weaning with a written schedule given at the visits on, specifically, what to take and how much so as not to cause withdrawal. All three patients were counseled on the dangers of remaining on opioids, blood work was done to check on organ function, and written materials were given out to back up how eliminating opioids was best long term.

With the first one, we were successful. A spinal cord stimulator was implanted and then weaning of opioids began and it took about 6 months to complete weaning. With the second, the patient, at 55 years old, who had started at 120 MME, turned to the streets as weaning progressed. When level was down to 40 MME, this patient, who complained of increasing pain, but declined to discontinue weaning, started supplementing with Heroin. The doctor caught this quickly, and we insisted he go into a rehab program. He did, then went on Suboxone for his pain management (after multi-level spinal fusions & non-union left him with severe pain). With the third patient, he was also on 120 MME, turned to street drugs as well, shortly after weaning was begun. The physician caught it, the patient would not go into rehab, was doctor shopping, and also trying to get more opioid prescriptions from other MDs and ERs, so the doctor ended up having to discharge him for non-compliance.

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, this one practitioner in Danbury, CT has had some success, and he monitors labs very carefully, often dropping the threshold on testing, having the lab test for lower amounts of opioids/narcotics/street drugs...to catch even mild abuse/noncompliance.

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

Yes, it is what I do for my job every day.

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

English speaking only.

All referrals should be sent through Medical and Life Care Consulting Services, Inc.:
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