

Name/Professional Title(s): Joni K Holmes RN BSN CCM CDMS
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1. Please indicate the number of years of experience in care coordination/case management. 30 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. 12 cases
3. Please indicate the best geographic area where you have greatest experience.
My experience geographically has been New Hampshire, North Shore, Boston
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.
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 45mg/day. Client was post-operative rotator cuff repair with complications of frozen shoulder. Client continued with opiate medication 1 year post op. I assisted with referral to a Pain Management Specialist who had been successful in weaning and supporting patients through the weaning process. The medical treatment plan was developed and managed with the client's involvement. The client was able to start the weaning successfully. I was able to work with both the claimant and the Pain Specialist to obtain assistance for alternatively approved community support. The claimant successfully weaned from opiate to the use of over the counter anti-inflammatories.

- B. Starting MME was 90 mg/day. Claimant was no longer employed and had been using opioids for 3 plus years. Case was assigned and I facilitated a referral to a pain specialist. Being familiar with a network of providers that specialize in weaning and supporting patients through the weaning process I was able to assist and coordinated a timely office visit. I met with client and MD and a treatment plan was agreed on. Client began to have monthly visits which included a medication contract and urine drug screens. I sought out the assistance of claimant's PCP and the clinic he was seen at and attempted to 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. Pain medication was reduced to 45 mg/day at the time of file closure.
- C. Starting MME was 45mg/day. Claimant needed a 2nd surgery and MD would not do it unless he stopped using Opioids that were being prescribed by his PCP. I obtained a referral to a pain management specialist that I had worked with in the past. Client was successfully weaning over a five week period of time with the use of acupuncture, aqua therapy and stretching program. Client had second surgery and was prescribed Vicodin for ten days with no refills. Client was able to transition to over the counter 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

