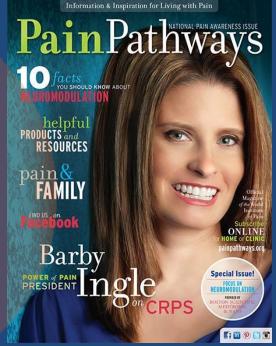


Patient Power

Barby Ingle, B.S. Social Psychology

Best Selling Author of RSD in Me! Motivational Speaker Celebrity Pain Advocate



Issues surrounding pain management Patient rights & responsibilities Empower patients to become a self-advocate Pain in perspective to life Patient Communication w/ caretakers and healthcare professionals

Empower Patients To Be A Self-advocate

- 1. Take a deep breath.
- 2. Think about what just happened.
- 3. Think about what you want to be different.
- 4. Speak clearly and slowly. Start by saying something like, "I would like to talk with you about..."
- 5.Let the other person speak.
- 6.Don't expect immediate results.
- 7.Ask someone to help. Asking for help is also advocating for yourself!

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POWER OF PAIN

ZATIONAL PAIN FOUNDA

Patient Rights

- Accurate and easily-understood information
- Choice of providers and plans
- Access to emergency services
- Taking part in treatment decisions
- Respect and non-discrimination



- Confidentiality (privacy) of health information
- Fair, fast, and objective review of any complaint you have against your health plan, doctor's, hospitals or other health care personnel.



Patient Responsibilities

- Patients should expect to take on some responsibilities to get well and/or stay well.
- Patients are expected treat health care workers and other patients with respect.
- Try to pay medical bills.
- Follow the rules and benefits of your health plan coverage.
- Having patients involved in their care increases the chance of the best possible outcomes and helps support a high quality, cost-conscious health care system.

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Understand The Symptoms

The more you understand the symptoms the better you can care for the person in pain.

The onset of symptoms may be rapid or gradual.

- Aching
- Burning
- Crushing
- Dull
- Electric
- Feeling as if your on fire
- Sharp
- Stabbing
- Throbbing
- Tingling
- Spasms
- Tremors



Hypersensitivity- Something as simple as a slight touch, clothing, sheets, even a breeze across the skin on the affected area can cause an extreme amount of pain to the patient.

Pain can also be increased by sounds and vibrations, especially sharp sudden sounds and deep vibrations. POPF Midwest PAIN Expo These Materials are Copywrite and Protected by Author

Understand The Symptoms

- Immune system functioning
- Body fatigue
- Coldness in the affected extremity
- Low-grade fever
- Skin rashes/Sores
- Swelling & Sweating
- Depression
- Short-term memory problems
- Sleep Disorder/Insomnia
- Visual disturbances such as blurriness, dry eyes

- Permanent damage to muscles and joints
- Bone Changes
- Color/Skin Changes
- Increased Tone
- Movement Disorders
- Nails/Hair
- Dizziness
- Tinnitus
- Irritability



HOW PAIN AFFECTS DIFFERENT ASPECTS OF LIFE AS A PAIN PATIENT.













Pain in perspective to life PAIN EFFECTS YOUR MIND BODY & SPIRIT!









Make Conscious Decisions To Work Through The Life Changes Chronic Pain Brings On A Daily Basis













Complete relief may not always be possible, So, what can you do to save pennies?

- ¢ Know and understand the medications, so you can make educated suggestions when the patient is not able.
 - ¢ Prescription Medications
 - ¢ Pill box to keep organized and on schedule
 - ¢ When prescriptions need refilled
 - ¢ Stick with one pharmacy to be better organized
 - ¢ Understand generic prescriptions (coatings and fillers can effect time released pills)
 - ¢ Over The Counter (OTC)
 - ¢ Bonine/Dramamine for dizziness
 - ¢ Pepto for Nausea
 - ¢ Pepto Tablets for Traveling, Keep in the car
 - ¢ Peppermint Gum or Candy for Nausea
 - ¢ Electrolytes (Gatorade or PowerAde)



Complete relief may not always be possible, So, what can you do to save pennies?

¢ Penny Saving Ideas

- ¢ Towels beans or pads to warm or cool the patient
- ¢ n the Dryer
- ¢ Keep a Small Blanket in car
- ¢ Arm Pillow
- ¢ Tens Unit and Traction Unit
- ¢ Keep batteries charged (scooter, tens, jar openers)
- ¢ Fruits and Vegetables chopped up to prevent cutting injuries
- ¢ Keep a pair of flip-flops by each door
- ¢ Make sure area rugs are not in places to easily trip over
- ¢ Night lights
- ¢ Pillow at bottom of bed to keep the weight of the blankets off of the feet/legs
- ¢ Plan ahead for visitors (family, friends)
- ¢ Digital voice recorder (phone calls, important meetings, doctor visits)

- ¢ Keep a journal
- ¢ Massage table
- Candles and Scents, Lavender is good for headaches, smells from childhood from relaxation.
 Candles provide enough light to keep the lights off
- ¢ Black out Curtains
- ¢ Shower tips: chair, t-shirt to cover skin from getting direct streams of water, help wash and dry the hair, use small towels to dry with as they are not as heavy and prevents a towel from dragging across other parts of the body, a bath can let heat from the water to penetrate entire body.
- ¢ Blow Dryer stand
- ¢ Electric toothbrush
- ¢ Electric Shaver
- ¢ Cordless Phones
- ¢ Paper plates & cups
- ¢ Straws

Patient Communication W/ Caretakers And Healthcare Professionals

Increasing your communication for better treatment and pain relief.

- Become the expert of your pain
- Start a pain journal
- Write your questions; take notes
- An important point regarding communication is having a shared understanding of goals.
- Be assertive and listen to other side
- Take someone with you
- Take responsibility to reach goals





Patient Communication W/ Caretakers And Healthcare Professionals





- 10- Worst Pain That You Can Think Of
- 9– Can't Do Any Regular Activities Because Of Pain
- 8- Strong, Terrible, Horrendous
- 7– Unable To Do Most Actions Because Of Pain
- 6– Dismal, Stressful Upsetting
- 5– Unable To Do Some Actions Because Of Pain

- 4-Distressing, Unpleasant, Bothersome
- 3– Can Do Most Actions W/ Rest Periods
- 2-Mild Aggravating Pain
- 1– Pain Is Present But Does Not Limit Actions
- 0– No Pain











COMMUNICATION TIPS

Medication

Daily	Med's When Needed	Bad Reaction to these Meds's
Folbic, 1 pill, daily	Ambien	lodine
Synthroid, .05mg, daily	Bonine	Oxycontin
Welbutrin, 300 daily	Ketorolac	Topamax
Neurotin, 300 mg 3xday	Lidoderm patches & Lotion	Dar-v- <mark>cet</mark>

Recent Issues

Neurotin- Started Neurotin on 1/10/06 @ 300MG (night) wk 1, (then move to - 300 mg (M & Night) wk 2, - 300 mg (M, N & night) wk 3 and after)

Recent Tests/procedure

Radio Frequency Treatment- January 13, 2006

Continuing Issues

RSD- Pain (Arm, fingers, shoulder, neck, face), Eyegraines, migraines, dizziness, short term memory problems, vision hearing problems, balance problems.

Weight Loss- Since starting Welbutrin in Aug 05, I have gone from 131 lbs and 36% body fat.

Past Surgeries

1999- Hysterectomy, Endometriosis, 2001- Right Knee Surgery, Torn Meniscus and MCL, 2003-Right Rib Resection, Thoracic Outlet Syndrome

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Access to Medications Access to timely and appropriate treatment Opioid Induced Constipation Overcoming Insurance Company Challenges







To Go or Not To Go www.ohisee.com





Step Therapy – Fail First

- Which require a patient to use a different (and usually cheaper) medication than the one prescribed by their physician.
- There are patients from all over the United States reporting how they are being forced to switch from one drug to another.
- Usually, a patient can tell immediately whether a medication is working or not, and they should not be forced to stay on drugs that don't relieve their symptoms. Applying step therapy protocols rigidly to a chronic care patient is not in their best interest and simply creates more challenges.
- This practice is especially hard on pain patients who are women, minorities, and economically disadvantaged. Studies have shown these groups are most affected and are either disproportionately undertreated or untreated for pain. We must urge insurers to reduce health disparities in our communities.
- If you are faced with a step therapy situation, what can you do? I would suggest you appeal immediately. If you have already tried that medication, get copies of your providers' records, and your journal entries, and submit them with your appeal.
- You can use a journal to help the provider document how step therapy drugs fail to help or make things worse. Note when complications and bad side effects occur, and report them to your doctor.
- You should also have your provider fill out and submit a **Medform 3500** to the Food and Drug Administration when you have a bad reaction to a medication or medical device. Send a copy to your insurance company. That documentation can increase the chances of a successful appeal favorable to you.

Prior Authorization



- There are many insurance plans that require prior authorization for expensive drugs or treatments and they may not provide coverage if you do not get prior approval.
- This tactic is used as a cost containment measure. Prior authorization covers the correctness, suitability, and coverage of a service or medication.
- The process differs with each plan, but is supposed to ensure that a patient will receive the appropriate level of care in the appropriate setting.
- This is actually a technique for minimizing costs, wherein benefits are only paid if the medical care has been pre-approved.
- It can delay care months to years, and can be life threatening and health deteriorating to the patient in many ways.
- Services that may require prior authorization include hospital admissions, back surgery, hysterectomies, maternity stays longer than 48 hours, observational stays, cosmetic procedures, experimental and investigational procedures, and some outpatient procedures.



Specialty Tier

- Insurance companies have divided medications and treatments into four main insurance tiers, based on type and price. The top and most expensive tier is known as the "specialty tier" or "tier 4 medications."
- Insurance companies classify the most innovative, expensive, and most essential to life medications as specialty tier. These drugs can cost hundreds to thousands of dollars each month. Patients with chronic illnesses such as arthritis, Reflex Sympathetic Dystrophy, hemophilia, HIV/AIDS, Crohn's disease, Hepatitis C, multiple sclerosis, and many forms of cancer need these medications to help them function on a daily basis.
- According to the **National Minority Quality Forum**, 57 million Americans depend on specialty tier drugs that are often expensive and have no generic form yet available.
- With specialty tier pricing, a patient often pays a co-insurance instead of a co-pay, resulting in an out of pocket cost that can become astronomical. This often happens to patients who are disabled, need catastrophic care, and have little or no income.
- It is difficult to appeal specialty tier pricing decisions, as the medications are classified and a list is available to the insured at the time of coverage or when a medication is released to the market.
- Many patients and providers give up when they get the first denial letter from an insurance company, but it's important to keep fighting. An appeal can show a pattern that other patients with the same condition also need the same treatment. This can lead to an easier situation for other patients down the line, or if you need the procedure repeated.

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Abuse Deterrent Medications (ADF's)

Four Steps to Ensuring Access to Care - POPF believes in four major actions that ensure access to care remains a high priority for those millions of pain patients who need the medications and are taking them responsibly while deterring abuse.

1) Define ADF technology. States need to define ADF based on FDA guidance.

- 2) Push for legislation which supports non-ADF products from being substituted by pharmacists for ADF, without approval of the prescribing health professional. This legislation should ensure that unless the substituted opioid is also a non-ADF or consent is obtained from the prescribing health professional, a pharmacist would be prohibited from substituting another opioid for an ADF.
- 3) The pain community and future legislation should advance patient safety. State legislation should place a high priority on ADF opioid marketplaces where more ADF treatment options exist and pharmaceutical companies are encouraged to create these safer medications making them more readily available for pain patients.

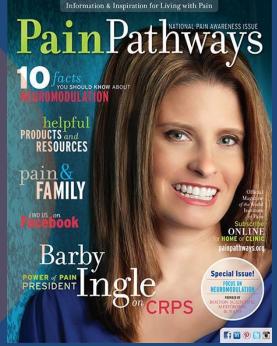
4) Support the removal of barriers to non-opioid therapies as a first line of treatment for pain such as durable medical equipment, chiropractic's, naturopathy, and functional neurology.



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