



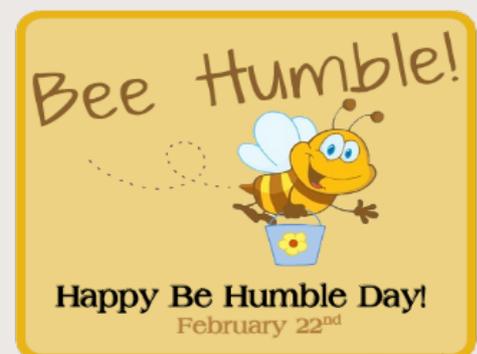
# VHS NEWS

## VHS News

Valley Hope Solutions has been providing billing and administrative services for behavioral health issues for more than 50 years, we are even more focused today on keeping our stakeholders informed of leading stories and issues pertaining to our ever-changing industry. We hope this serves to be an informative resource, while providing helpful tips, networking events and educational opportunities. Thank you for your continued support of Valley Hope Solutions - enjoy the journey with us!

### Fun Holiday – Be Humble Day

Practice humility on February 22 on Be Humble Day. Cultures, religions, and philosophies around the world stress the importance of practicing humility in our daily lives. This holiday promotes the idea that accepting our errors and our faults makes us better human beings. So, take this day to listen to others, and to accept that



we have faults that we need to work on. Appreciate other people's achievements!



### **The Legend of St. Valentine**

The history of Valentine's Day—and the story of its patron saint—is shrouded in mystery. We do know that February has long been celebrated as a month of romance, and that St. Valentine's Day, as we know it today, contains vestiges of both Christian and ancient Roman tradition. But who was Saint Valentine, and how did he become associated with this ancient rite?

### **Who was St Valentine?**

The day gets its name from a famous saint, but there are several stories of who he was. The popular belief about St Valentine is that he was a priest from Rome in the third century AD. Emperor Claudius II had banned marriage because he thought married men were bad soldiers. Valentine felt this was unfair, so he broke the rules and arranged marriages in secret. When Claudius found out, Valentine was thrown in jail and sentenced to death. There, he fell in love with the jailer's daughter and when he was taken to be killed on 14 February he sent her a love letter signed "from your Valentine".

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## **UPCOMING EVENTS**



### **American Telemedicine Association**

**Annual Conference and Expo**  
April 29th - May 1, 2018 Chicago, IL

[Learn More on their website](#)

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# Chronic Pain Management in Addiction:

1/26/2018 By Dr. Kasey Nichols

[Valley Hope Association](#)

Chronic pain patients taking opioids are one group seen by Valley Hope's and other addiction treatment centers for opioid use disorder. These patients are difficult for clinicians to treat because treating these patients often involves addressing the pain of the patient and the dependence and/or addiction. Doctors and prescribers of medication are hyper-vigilant of opioid addicted chronic pain patients for a variety of reasons including the increased public awareness toward prescribers using opioid medication when other treatment options should be tried first. The increased attention has caused a unexpected problem; namely, doctors are abruptly discontinuing their patients prescriptions to opioids after treating them for years causing their patient to go into withdrawal or obtain and use non-prescribed opioids. When this happens, the patient may not be addicted to opioids but seeking a way to address their untreated pain. Frequently though, addiction eventually follows the long-term prescription of opioid drugs to treat chronic pain.

The problem unfolds innocently enough with the person seeking a way to control pain often either after an acute injury or after seeing numerous doctors and trying many unsuccessful treatments. The doctor gives an opioid and this seems to really help with the patient's pain, then the person starts to feel a breakthrough of pain again. A good medical education tells doctors that their patients pain management is a high priority.

The problem? Pain is subjective meaning that there is not an objective reliable way to measure pain. One individual that rates his or her pain as an 8/10 will only be rated as a 4/10 in another patient. Complicate this with the fact that breakthrough pain is a real phenomenon and it becomes extremely difficult to distinguish between drug seeking, psychogenic pain, and true breakthrough pain. Regardless of the cause, many chronic pain patients treated with opioid medication end up taking increasing dosages of opioid medication.

What initially started as a way to treat pain, has morphed into a disease characterized by physiological dependence, psychological changes, compulsive craving and use despite harmful consequences; the origin of the proverbial opioid addiction epidemic. Now what?

Broken homes, lost jobs, arrests, and financial ruin are common life themes in people seeking addiction treatment. By the time opioid addicted, chronic pain patients start to seek treatment for their addiction they are faced with the daunting tasks of facing both their pain and the arduous task of rebuilding their lives.

There are three common treatment routes that patient can take when the individual makes the decision to fight their disease of addiction. One route involves the individual experiencing medically supervised withdrawal colloquially called detox using Suboxone, containing the opioid Buprenorphine. The reality of what lies ahead is that the detox will be uncomfortable, there may be level of daily pain, cravings will be experienced, and new coping mechanisms and life skills will need to be learned. Journeys when fighting addiction through abstinence are difficult and many individuals traveling this path will lose the struggle.

The second treatment route involves medically supervised withdrawal coupled with the medication Naltrexone after 10-14 days off drugs. The advantage? The mitigation of cravings which are frequently a cause of relapse in patients. The way through addiction continues to be difficult, but the tempering of cravings allows the individual to focus on changing coping mechanisms, destructive environments, and unhealthy relationships that can thwart recovery.

The third treatment option available involves minimal withdrawal since patients are given and maintained on Suboxone typically for a specified time period. For some patients this is the ideal treatment route. Maybe the individual is not completely ready or able to live a life of abstinence or perhaps the individual has circumstances or situations in his/her life that unless addressed first will lead to relapse and the using of illicit substances. Suboxone is particularly useful when treating chronic pain patients. Suboxone is made up of two pharmaceuticals one of which is the opioid Buprenorphine, which may partially address the pain component of their problem. Often, chronic pain patients express that they still experience pain. It may be unreasonable to expect to feel no pain, but this is one of the best treatment options for patients suffering from pain coupled with an addiction to opioids.

The reasons for choosing this treatment route are varied and should not be ignored. When treating a disease as notoriously difficult as opioid addiction, flexibility is pivotal to a successful outcome. The evidence clearly illustrates that designated medications coupled with psychotherapy results in better outcomes for patients suffering from the disease of opioid addiction.

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## TOP 10 LIST OF 2018 HEALTHCARE INNOVATIONS RELEASED

Megan Brooks  
January 24, 2018

Apps for addiction, direct-to-consumer genetic testing, acuity-adaptable rooms, and virtual reality for pediatric patients are among the topics poised to affect healthcare during the next 12 to 18 months, according to the ECRI Institute's 2018 Top 10 Hospital C-suite Watch List.

"This year we selected a range of technologies and infrastructure issues hospital leaders and their teams are facing, will be facing, or should consider," Diane C. Robertson, director of health technology assessment at the ECRI Institute, said in a statement.

Topping the list is the first US Food and Drug Administration (FDA)–approved prescription mobile medical app to help treat substance use disorders (SUDs) involving alcohol, cocaine, marijuana, and stimulants, but not opioid dependence.

As previously reported by *Medscape Medical News*, the reSET app, from Pear Therapeutics, should be used in conjunction with both outpatient therapy and a contingency management system, a widely used program for treating SUDs that utilizes a series of incentives to reward patients for adherence to their treatment.

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[www.bmsstudyconnect.com](http://www.bmsstudyconnect.com)

In a 12-week clinical trial of 299 patients diagnosed with an SUD, use of the reSET app nearly doubled

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## CVS PLANS TO LIMIT OPIOID RXS TO 7-DAY SUPPLY FOR CERTAIN PATIENTS

CVS Caremark will begin limiting the supply of opioids dispensed to opioid-naive patients. CVS Health has announced major initiatives to improve both opioid use management and safe drug disposal in an effort to address the ongoing national opioid epidemic.

Starting February 1, 2018, CVS Caremark will begin limiting the supply of opioids dispensed to opioid-naive patients to a 7-day supply for certain acute prescriptions. In addition, the program will limit the daily dosage of opioids dispensed based on the strength of the drug as well as require the use of immediate-release formulations before extended-release opioids can be dispensed.

At the pharmacy level, a greater emphasis will be placed on counseling to help patients understand the risks associated with opioid use based on the new Centers for Disease Control and Prevention (CDC) guidelines. The plan also includes an expansion of the drug disposal collection program which will add more kiosks at retail pharmacies nationwide.

“We see firsthand the impact of the alarming and rapidly growing epidemic of opioid addiction and misuse,” said Larry J. Merlo, President and CEO, CVS Health. “Today we are announcing an expansion of our enterprise initiatives to fight the opioid abuse epidemic that leverages CVS Pharmacy's national presence with the capabilities of CVS Caremark, which manages medications for nearly 90 million plan members.”

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# Valley Hope Solutions

855.444.9705 // [valleyhopesolutions.com](http://valleyhopesolutions.com)



Valley Hope Solutions' mission is to help with the quality of care for patients seeking mental and behavioral health treatment, by providing billing and support services led by industry experts, so healthcare providers can focus on the most important element of recovery: the patients.

***Valley Hope Solutions Services include:***

- Experts in Electronic Insurance Claim Submission
- Stringent Collection follow-up process
- Eligibility and Benefit Verification Services
- Insurance Contract Negotiations and SCA
- Administrative/Operational Consulting Services
- Boutique Billing (Specialty Services)
- Specialized Consulting For All Your Business And Accreditation Needs

