Dr. [XXXX],

Your suite has been chosen to pilot the Opioid Resource Team’s workflow for patients on chronic opioids.

Our team will help you treat these patients by helping keep them up to date for urine tox tests, naloxone prescriptions, and Opioid Treatment Agreements. Urine tox tests will be reviewed by Michele Matthews and we will use her findings to advise you on any actions that might need to be taken.

In order to do this, we need you to confirm a few things about your patients. Please note – some of these patients are already tracked by our pharmacy technician (patients in white). The patients in grey appear on a chronic opioid Epic registry, and we need to ensure that they are appropriately tracked if necessary.

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| --- | --- | --- | --- | --- | --- | --- |
| Should we track this patient? | Patient Name | MRN | Can we call? | Your assessment of this patient’s risk of substance abuse | Briefly note what makes this patient high risk (if applicable) | Any other comments? |
|  |  |  | [yes/no] | [High/Medium/Low] |  |  |
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Once you have responded to these questions, we will review the patient’s health record and determine necessary next steps. This process will be coordinated by our pharmacy technician \*\*\*, with \*\*\* MD and \*\*\* PharmD providing clinical support.

Please let us know if you have any questions –

The Opioid Resource Team