

Risk Stratification	
One or More of the Following:	
Highest Risk	
Any MED plus one of the following: - Previous overdose or suicide attempt - Substance Use Disorder/Opioid Use Disorder Multiple aberrant medication issues since last visit >2 Falls since last visit	
High Risk	
Morphine Equivalent Dose (MED) > 90mg/day Age <25 on chronic opioid therapy Opioid Risk Tool (ORT) score > 8 (for initial visits) Undertreated / Symptomatic behavioral health dx Benzo/sedatives Rx's Aberrant medication issues since last visit >2 Falls since last visit Adverse Childhood Experiences (ACEs) score > 4	
Rising Risk	
Morphine Equivalent Dose (MED) 50-90mg/day Opioid Risk Tool (ORT) score 4-7 (for initial visits) + PHQ9/GAD7 No aberrant medication issues since last visit No Falls	
Moderate Risk	
Morphine Equivalent Dose (MED) 30-50 mg/day Opioid Risk Tool (ORT) score 4-7 (for initial visits) + PHQ9/GAD7 No aberrant medication issues since last visit No Falls	
Low Risk	
Morphine Equivalent Dose (MED) < 30mg/day Opioid Risk Tool (ORT) score 0-3 (for initial visits) No aberrant medication issues since last visit No Falls	

Treatment Pathways	
STANDARD	CONSIDER
Request pain consult Monthly visit Med Refill 1 month or less	Pain Consult Or Substance use disorder pathway Inpatient detox referral or Taper off of opioids Buprenorphine or Risk tolerance/frequent monitoring pathway or Palliative Care Referral
STANDARD	CONSIDER
Consult to pain clinic if Morphine Equivalent Dose (MED) > 90mg/day Pharmacist consult MTM if polypharmacy Monthly visit (benzo/sedative Rx's only)	Collaborative care conference Social work consult Pain psychology consult Caregiver engagement pathway Med refill 1 month or less Chronic RN care management Monthly visits
STANDARD	CONSIDER
Naloxone Prescription	Random urine screen quarterly
STANDARD	CONSIDER
	Naloxone Prescription Pharmacist consult MTM if polypharmacy concerns Random urine biannually
STANDARD	CONSIDER
Annual COT review visit - Patient Education, informed consent - Patient functional goals - Patient contract - Quarterly visit (if daily opioid use) - Medication refill 3 months or less - Random urine screen annually	Non pharmacological therapy: PT, massage, acupuncture, integrative medicine, cognitive behavioral therapy, progressive relaxation, among others Caregiver education pathway with community resources

*Comorbid conditions may increase risk of any opioid therapy. Eg. COPD, obesity, sleep apnea, heart failure