

Practitioner Diversion Awareness Conference

Methods of Diversion
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Course Objectives

- **Laws and Regulations - Review the responsibilities and regulations that apply to practitioners.**
- **Practitioner Methods of Diversion - Identify and discuss the schemes used to acquire controlled substances.**



Course Objectives

- **Staff Methods of Diversion - Identify and discuss the schemes used to acquire controlled substances.**
- **Patient Methods of Diversion - Identify and discuss the schemes used to acquire controlled substances.**
- **Effective Controls - List safeguards that a practitioner can use to protect his/her medical practice.**



Questions to Discuss

At the completion of this block of instruction you will be able to answer the following questions:

- 1. Is a pharmacist obligated to fill a prescription that is presented by a patient or demanded to be filled by a practitioner?**
- 2. All applicants and registrants shall provide effective controls and procedures to guard against theft and diversion of controlled substances?**



Questions to Discuss

- 3. What is the best safeguard to identify if a patient is doctor shopping?**
- 4. Who has the potential to divert controlled substances?**
- 5. By using EPCS, a practitioner can minimize the potential of altered/forged prescriptions?**



Objective #1

Laws and Regulations Related To Practitioners



Practitioner

- **As a practitioner, your role in the proper prescribing, administering, and dispensing of controlled substances is critical to patients' health and to safeguard society against the diversion of controlled substances.**
- **The DEA is committed to working jointly with the medical community to ensure that legitimate controlled substances are not being diverted for illegal use.**



Regulations Applicable to Practitioners

- **All applicants and registrants shall provide effective controls and procedures to guard against theft and diversion of controlled substances.**
- **The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner.**

[21 CFR §1301.71\(a\).](#)

[21 CFR §1306.04\(a\).](#)



Regulations Applicable to Practitioners

- **Prescription for a controlled substance must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of professional practice but a corresponding responsibility rests with the pharmacist who fills the prescription.**

[21 CFR 1306.04\(a\).](#)



Regulations Applicable to Practitioners

- **Just because a prescription is presented by a patient or demanded to be filled for a patient by a doctor's office or a doctor, a pharmacist is **NOT** obligated to fill the prescription!**



Laws Applicable to Doctors

1. According to the CSA, a doctor may **administer prescribe** or **dispense** a controlled substance if the following exists:

a. Legitimate medical purpose



b. Done “within the usual course of professional practice”



Establishing Doctor/Patient Relationships

- **Patient has a medical complaint.**
- **Doctor takes medical history.**
- **Physical examination is performed.**
- **Logical connection between the above three and the drug being prescribed.**



Good Practices

- **Complete medical history**
- **Medical examinations**
- **Appropriate tests**
- **Diagnosis**
- **Treatment plan**
- **Appropriate follow-up**





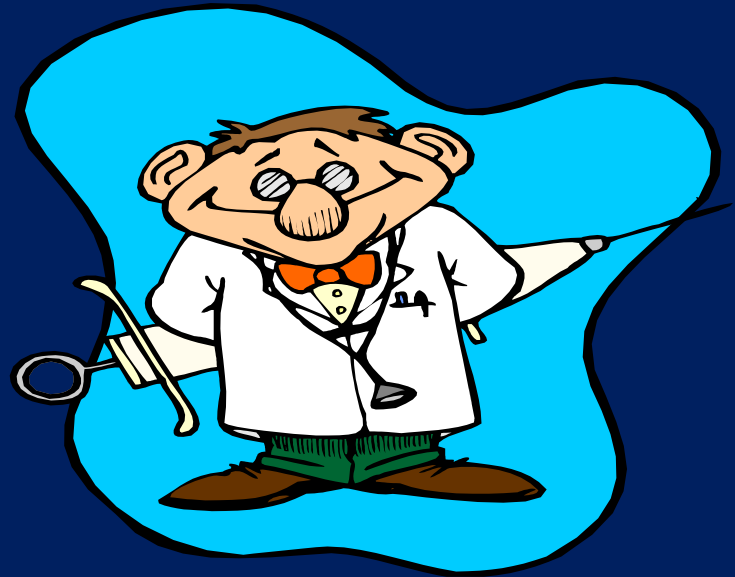
Objective #2

Methods Of Diversion By Practitioners



Motivations for Diversion

- **Money – Financial Gain**
- **Fear**
- **Stop Blackmail**
- **Sexual Favors**
- **Keep Business Going/Co-dependency**
- **Addiction – Supply Family Members**
- **Personal Use – Self Abuse**





Signs Of Practitioner Diversion

Doing one or more of these does not make prescribing illegal. It is the totality of the circumstances. This list is not all inclusive.

- 1. Does the practitioner follow state laws when prescribing controlled substances?**
- 2. Does the practitioner conduct cursory medical exams or any medical exam at all?**



Signs Of Practitioner Diversion

- 3. Does the doctor do diagnostic testing or refer the patient out for diagnostic testing?**
- 4. Is the practitioner referring patients to other specialists (surgery, physical therapy, etc)?**
- 5. Are the initial office visits or follow-up visits brief?**



Signs Of Practitioner Diversion

- 6. Does the practitioner prescribe multiple drugs within the same drug category?**
- 7. Does the practitioner prescribe excessive quantities of controlled substances relative to the medical condition the prescription is purported to treat?**
- 8. Do patients travel a great distance to see the practitioner?**



Signs Of Practitioner Diversion

9. Does the practitioner ignore signs of abuse?

- Patient appears to be under the influence.
- Patient asks for the controlled substances he wants.
- Patient is doctor shopping in PMP.
- Practitioner is warned by family members that the patient is abusing or selling his controlled substances.
- Ignoring toxicology reports.



Signs Of Practitioner Diversion

- 10. Does the practitioner start on a low dose or low level controlled substance and then over time work up to higher levels, or does the practitioner just start the patient on a high dose narcotic?**
- 11. Does the practitioner continue to prescribe controlled substances to patients even though it would be ineffective for treatment purposes?**



Signs Of Practitioner Diversion

12. Does the practitioner only treat patients with narcotic controlled substances?

13. Does the practitioner allow the non-medical staff to determine the narcotic to be prescribed, the practitioner just signs the prescription?



Signs Of Practitioner Diversion

- 14. Does the practitioner coach patients on what to say so that the patient can get the narcotics they want?**
- 15. Does the practitioner violate his own pain management policies and guidelines?**
- 16. Does the practitioner ignore warnings from insurance companies, law enforcement, other practitioners, family members, etc?**



Signs Of Practitioner Diversion

- 17. Does the practitioner receive other compensation for narcotic prescriptions (sex, guns, drugs etc)?**
- 18. Does the doctor still charge the patient for a visit if they do not get a narcotic prescription?**
- 19. Patient deaths.**
- 20. Doctors use inventory for personal use.**



Objective #3

Methods of Diversion By Staff/Employees



Methods of Diversion

(Employee/Staff Involvement)

- Steals prescriptions from the doctor.
- Steals and adjusts doctor's inventory.
- Calls in fake prescriptions.
- Falsifies verifications when pharmacist calls the doctor's office.
- Pretends to dispose of drugs.
- Replaces medication with placebo.





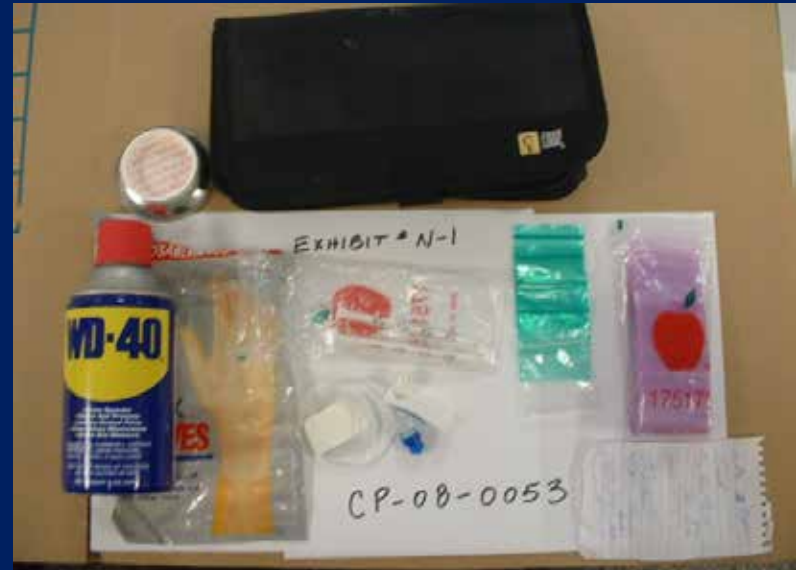
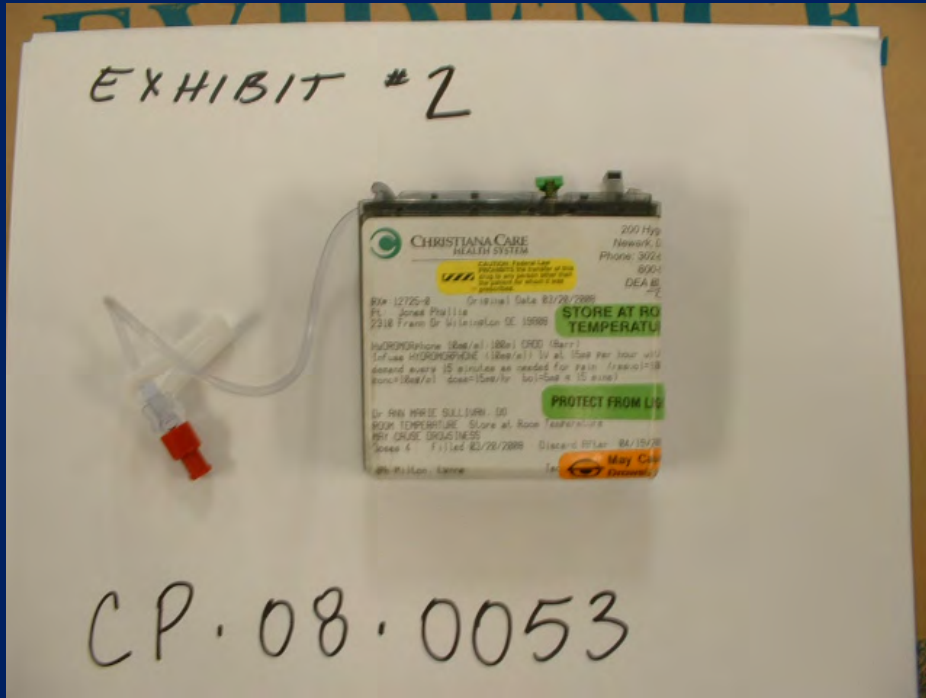
Methods of Diversion

(Employee/Staff Involvement)

- **Takes advantage of older/busy doctors.**
- **Uses the DEA number of a retired doctor.**
- **Orders inventory without doctor's knowledge.**
- **Sets up break-ins, burglaries or armed robberies.**
- **Forges paper prescriptions.**



Hydromorphone Drip Bag- Sugar Cubes



Source: Hospital
Price per cube: \$15/cube
Drops per cube: 10

Objective #4

Methods Of Diversion By Patients



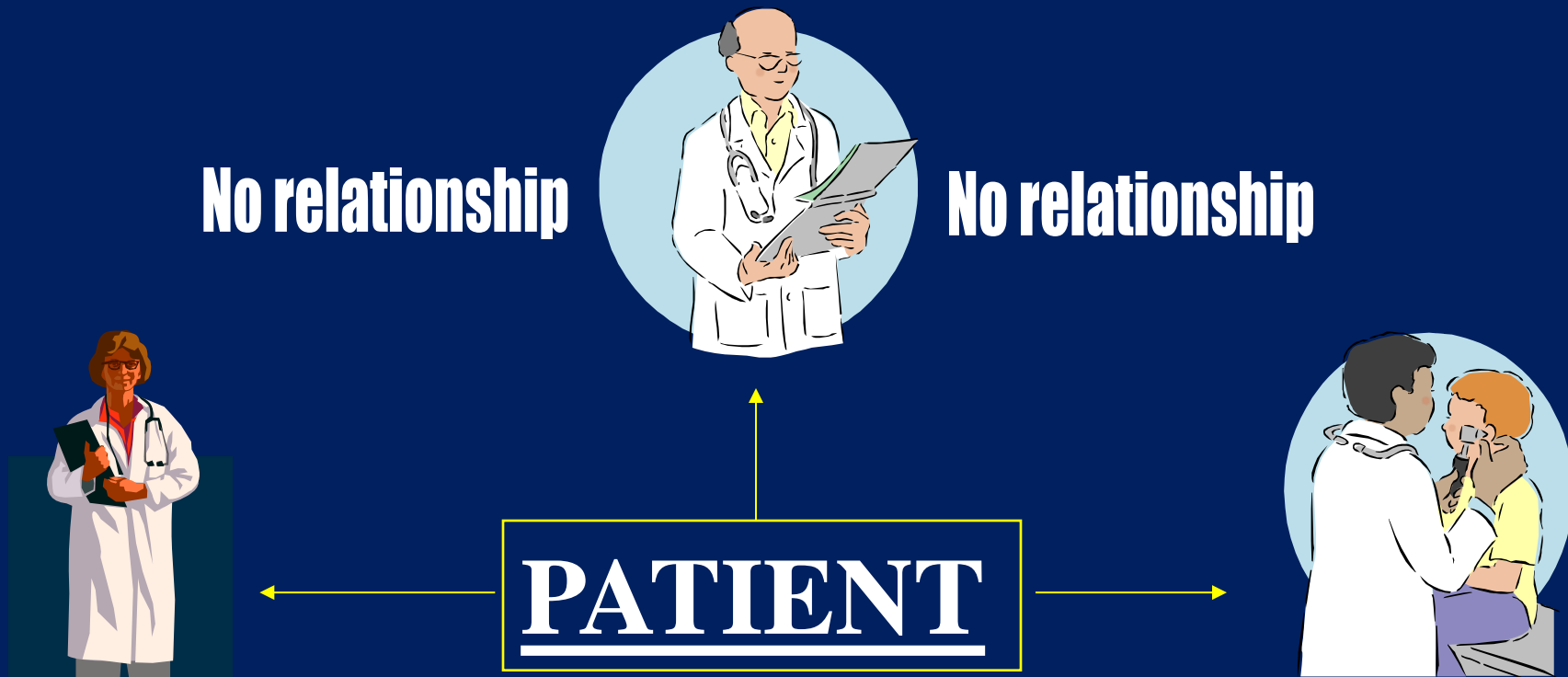
Methods of Diversion

(Patient Involvement)

- **Patients who want appointments towards the end of office hours or arrives after regular business hours.**
- **Patients who demand immediate attention.**
- **Patients who are not interested in an examination or undergoing diagnostic tests.**
- **Patients who are unwilling to give permission to obtain past medical records.**



Doctor Shopping



i.e. Patient visits several doctors to obtain multiple prescriptions

***To protect your practice from this problem: use PDMP regularly**



Possible Signs of Drug Seekers

- **Fictitious Records.**
- **Carry own records.**
- **Wounds inflicted to self, family members, and pets.**
- **Request specific medication due to allergies.**
- **Vacationing in area, no local address.**
- **Request pain meds for a pet.**



Methods of Diversion

(Patient Involvement)

- **Patient recites textbook symptoms.**
- **Patient gives very vague medical history.**
- **Patient claims they failed to pack medication, lost it, or that it was stolen.**
- **Patient claims that hospital or clinic, with past medical records, is out of business or burned down.**



Methods of Diversion

(Patient Involvement)

- **Patient deceives doctors or seeks alternate doctors while normal doctor is out of the office.**
- **Patient exaggerates medical condition.**
- **Patient solicits Medicaid recipients to use Medicaid cards as payment method.**
- **Patient targets a lax doctor.**



Methods of Diversion

(Patient Involvement)

- **Patient takes half and sells rest of their medication.**
- **Patient offers to buy other patient's pills.**
- **Patient looks for employment or volunteers at locations where drugs or prescriptions are exposed.**
- **Patient alters prescriptions.**

Objective #5

Effective Controls



Effective Controls

- **Cost effective controls:**

- § **Follow policies and procedures – don't be lax**

- § **Don't share passwords**

- § **Verify destructions**

- § **Question and report suspicious activities/transactions**

- § **Limit access to drug inventory**

- § **Train and update staff**



Effective Controls

- **Be vigilant of staff members**
- **Use PDMP regularly**
- **Conduct backgrounds of employees (FELONY)**
- **Audits – discover discrepancies, losses or thefts in the inventory (2 persons)**
- **Keep complete and accurate records**
- **Security – store CS in a securely locked, substantially constructed cabinet [21 CFR § 1301.75](#)**



Effective Controls

- Prescriber personally verifies the prescription orders with pharmacist
- Electronic prescriptions (EPCS) – reduces the # of forged/altered/fraudulent scripts
- **Never** sign prescription blanks in advance
- Request DEA to terminate your DEA # so that no one can use it illegally



Effective Controls

- **Contractual agreements:
Doctor/Patient**
- **Drug testing at hiring**
- **Random drug testing**
- **Safeguard prescriptions**



Characteristics of Fraudulent Prescriptions

- **Changed patients address**
- **Altered Quantities or Strengths**
- **Changed doctors Telephone number**
- **Incorrect Paper**
- **Fake DEA Numbers**
- **Spelling for CS**
- **Different colored inks**



Safeguarding Prescriptions

- **Keep prescription pads locked in a cabinet when not in use**
- **Do not leave prescription pads around the office or in your jacket pockets during off hours**
- **Maintain a record of your prescriptions**



Safeguarding Prescriptions

- **Inspect and number your prescription pads**
- **Be vigilant of those working near your office**
- **Write actual amount prescribed (in words)**



Contacts for Reporting Drug Diversion

- **DEA local office and Tactical Diversion Squad**
- **Local Police, County, State**
- **State Board of Pharmacy, Medicine, Nursing, Dental**
- **Health Department**
- **HHS OIG if Medicare, Medicaid fraud**



Course Review

- **Reviewed the responsibilities and regulations that apply to practitioners.**
- **Identified and discussed the methods used to divert controlled substances.**
- **Listed the safeguards used to protect a practitioner's medical practice.**



Post Questions

- 1. A pharmacist is obligated to fill a prescription that is presented by a patient or is demanded to be filled by a practitioner.**
 - A. True**
 - B. False**



Post Questions

2. All applicants and registrants shall provide effective controls and procedures to guard against theft and diversion of controlled substances.

A. True

B. False



Post Questions

- 3. What is the best safeguard to identify a patient who is doctor shopping?**
- A. Secure prescriptions**
 - B. Routinely use the PDMP**
 - C. Conduct routine examinations**
 - D. Never sign blank prescriptions**



Post Questions

- 4. Diversion of controlled substances can be conducted by:**
- A. Staff members**
 - B. Practitioners**
 - C. Patients**
 - D. All of the above**



Post Questions

- 5. By using EPCS, a practitioner can minimize the potential of altered/forged prescriptions.**
- A. True**
 - B. False**



*Thank-you for your time
and attention !*

