



Practitioner Diversion Awareness Conference

Methods of Diversion & Effective Controls

Luis Carrion, Staff Coordinator





LEGAL DISCLAIMER

The following presentation was accompanied by an oral presentation on **(July 19-20, 2019)**, and does not purport to establish legal standards that are not contained in statutes, regulations, or other competent law. Statements contained in this presentation that are not embodied in the law are not binding on DEA. Summaries of statutory and regulatory provisions that are summarized in this presentation do not purport to state the full extent of the statutory and regulatory requirements of the cited statutes and regulations. **I have no financial relationships to disclose.**



Fair Use Act Disclaimer

This presentation is for educational purposes only. This presentation may not be further copied or used, with the embedded images and videos, without an independent analysis of the application of the Fair Use doctrine.

Fair Use

Under section 107 of the Copyright Act of 1976, allowance is made for “Fair Use” for purposes such as criticism, comment, news reporting, teaching, scholarship, education and research.

Fair Use is a use permitted by the copyright statute that might otherwise be infringing. Any potentially copyrighted material used in this presentation has been reviewed and found to be used in a manner consistent with Fair Use. A completed Fair Use checklist is attached.



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!**



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**



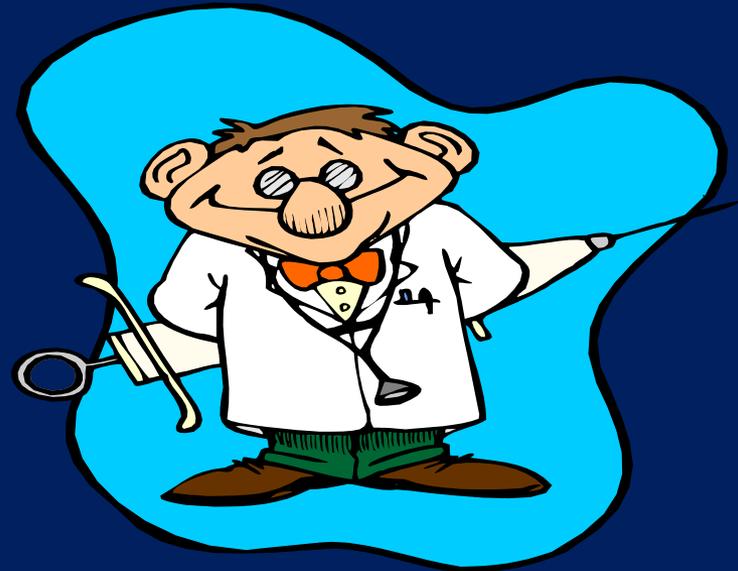
Objective #2

**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**





Practitioners Who Divert:

- **Take inadequate medical histories**
- **Ignore toxicology reports**
- **Conduct inadequate medical examinations**
- **Take inadequate tests**
- **Provide no treatment**
- **Keep incomplete or no records**
- **Don't like to use insurance – prefer cash**



Practitioners Who Divert

- **Provide controlled substances:**
 - **Not generally recognized as a treatment**
 - **In doses not individualized to **Weight, Age, Sex, Height** or **Condition****
 - **In quantities well beyond what is recommended or allowed**
 - **Although they received warnings from insurance companies, law enforcement, other practitioners, family, etc...**



Methods of Diversion

(Signs of Potential Practitioner Involvement)

- **Doctor ignores state laws**
- **Doctor uses inventory for personal use**
- **Doctor has the patient return some or all of the drugs that were prescribed**
- **Doctor's patients overdose on prescription medication**



Overprescribing



**Doctor prescribes/dispenses a large amount of CS that will go unused.*



***Indiscriminate prescribing will attract drug seekers who are looking for a source of supply to feed their addiction or continue their illegal business.**

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**

Objective #4

Methods Of Diversion By Patients



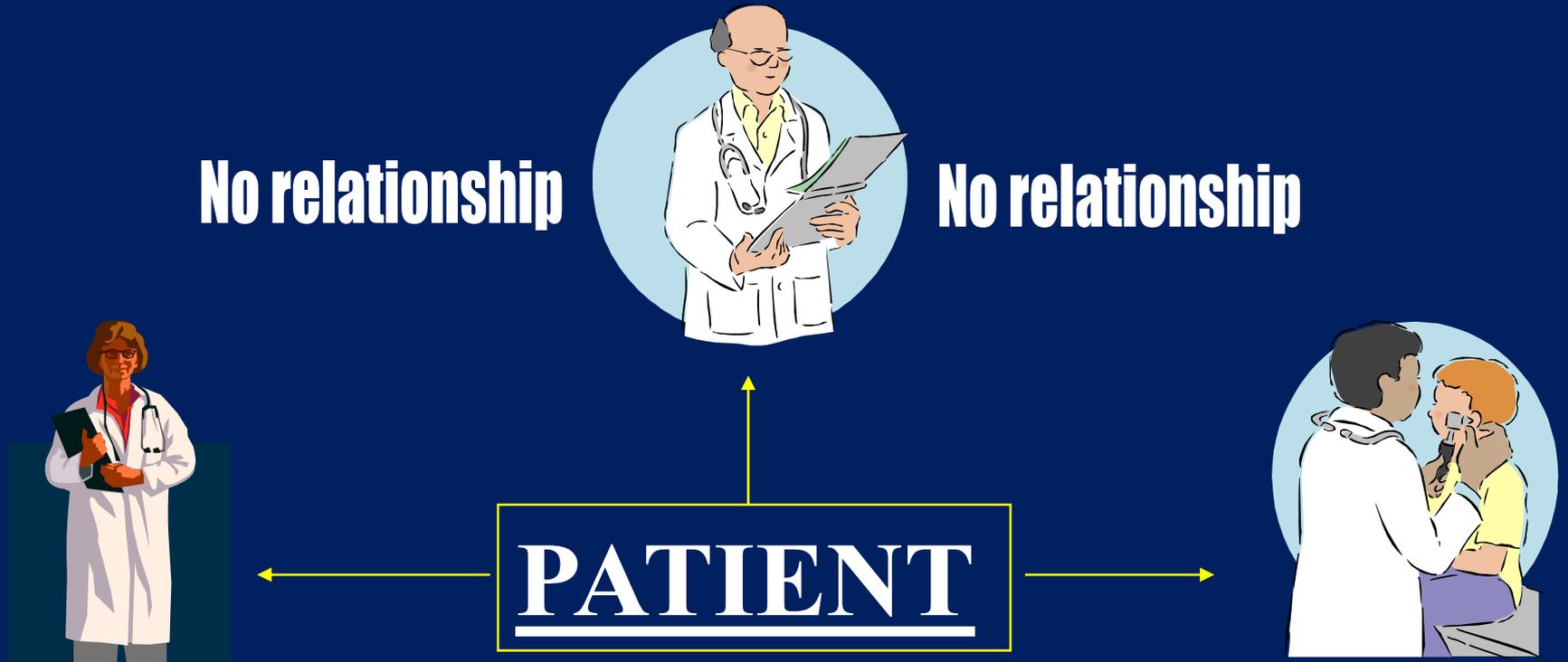
Methods of Diversion

(Patient Involvement)

- **Patients who want appointments towards the end of office hours or arrive 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**
- **Gives very vague medical history**
- **Claims they failed to pack medication, lost it, or that it was stolen**
- **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**
- **Exaggerates medical condition**
- **Solicits Medicaid recipients to use Medicaid cards as payment method**
- **Targets a lax doctor**



Methods of Diversion

(Patient Involvement)

- **Takes half and sells rest of their medication**
- **Offers to buy other patient's pills**
- **Looks for employment or volunteers at locations where drugs or prescriptions are exposed**
- **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 patient's address**
- **Altered Quantities or Strengths**
- **Changed doctor's 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 by practitioners, staff and patients.**
- **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 !*

