



Presentation

Assessment for Potential Diversion (APD)

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*Dedicated to providing training to the medical community to
identify and safeguard against drug seeking behavior.*

Handout

Assessment for Potential Diversion

Presentation Objectives

According to the Centers for Disease Control and Prevention, prescription drug abuse is at an epidemic level in the United States. Assessing the patient's potential for drug abuse and diversion can help substantially reduce the amount of prescription drugs available for illegal distribution. During this presentation participants will be able to:

1. Identify tactics used by drug diverters that can be identified by the clinic's staff during the new patient assessment;
 2. Identify tactics used by drug diverters that the clinician may identify during a new patient risk assessment;
 3. Utilize a pre-consultation and a consultation checklist to help identify known tactics used by drug diverters to become accepted as a patient.
 4. Utilize a pre-consultation and a consultation checklist to document due diligence in screening out potential illicit drug seekers attempting to be accepted as a patient at their clinic.
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Assessment for Potential Diversion (APD)

1. The APD is intended to be used on patients treated for chronic pain.
2. Standard, new patient risk assessments (i.e., SOAPP-r, ORT, and others) primarily assess the risk for potential drug abuse. Today it is just as important to assess the prospective patient's potential for drug diversion.
3. The APD was designed to be used with risk assessments that assess the patient's potential for drug abuse.
4. The APD can be used as is or modified to fit your practice.
5. The APD is a two-part assessment:
 - a. Pre-consultation Assessment
 - b. Consultation Assessment
6. The issues/questions found on the pre-consultation and consultation checklists represents behaviors and/or tactics used by drug diverters who obtain pain medication to sell on the street.
7. Drug diversion presents a much greater potential for criminal liability (for the clinician) than drug abuse. It only takes one diverter arrested for selling their drugs on the street to cause a doctor to be investigated and possibly charged in a federal or state court. Because of this, the outcome of any one issue on the pre-consultation or consultation checklist may cause the prospective patient's overall risk factor to be identified as low, medium, or high risk.
8. Finally, The APD can greatly help clinicians practice and document due diligence in assessing the patient's potential for diversion.

Pre-consultation Assessment

The pre-consultation checklist is designed to be completed by clinic staff and submitted to the clinician prior to the face-to-face consultation with the clinician.

The pre-consultation checklist covers seven (7) significant areas:

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Verifying the Referral

If a prospective patient was referred, contact the referring physician's clinic and verify the referral.

- 1(a). Person was not referred (applies to clinics that primarily treat chronic pain). Medium
- 1(b). Person was not referred (applies to primary care clinicians only). .. Low
2. Referring clinic **NOT** found in Yellow Pages/White Pages/listings associated with electronic medical records. High
3. Referring clinic identified. Referral could **NOT** be verified. High
4. Referring clinic identified. Referral **WAS** verified. Low

Note: Do not call the telephone number listed on a letter or referral document to verify the referral. Contact the referring clinic by calling the telephone number listed:

- ✓ On the clinic's website
- ✓ YellowPages.Com
- ✓ WhitePages.Com
- ✓ The telephone directory
- ✓ Electronic Directory associated with the electronic medical records program.

Caution: Professional drug seekers may counterfeit the referral letter and display a telephone number that will be answered by an accomplice. Professional drug seekers may use a fictitious name for a clinic/hospital or they may use the name of an existing clinic/hospital.

Clinic Selection

5. There is no available pain management specialists located within a closer proximity to the prospective patient's home or work. Low
6. There are other pain management specialists closer to the prospective patient's home, however there is a legitimate reason for the patient to be treated by this clinic. Low
7. There are available pain management specialists located closer to the prospective patient's home and there is no legitimate reason for the prospective patient to choose this clinic. High

Caution: Drug diverters are known to travel long distances (even across state lines) to obtain drugs to sell on the street. They realize that they would not be accessible for the clinic to randomly call them in for a urine drug test and pill count due to the distance from their residence to the clinic.

Identification

Examine the prospective patient's state-issued photo identification card (driver license or identification card) for authenticity. Make patients aware that a valid state-issued driver license or identification card (provided by the state motor vehicle dept.) must be presented at their first office visit.

State Issued Driver License/Identification Card was examined by trained personnel and found to be:

8. Valid by date (had not expired). Low

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9. No longer valid (had expired).....Medium
10. **NOT AUTHENTIC.**.....High
11. **AUTHENTIC.**.....Low

Note: The clinic employee tasked with obtaining the prospective patient's identification may obtain training on "How to Properly Verify State Issued Driver Licenses and Identification Cards" found on the podcast training page on DoctorsSafeguard.Com. This training will provide the steps for verifying driver licenses and identification cards from any state in the United States.

Caution: Professional drug seekers using the "prescription fraud" or "doctor shopping" tactic will submit a fake driver license or fake identification card (displaying a fake name and address) during new patient intake.

6 Month Pharmacy Report/PDMP Results

A six (6) month pharmacy report may provide different information than a PDMP query; however, both provide very important information for you to assess.

12. Prospective patient failed to bring in 6 month pharmacy report or authorize clinic to obtain 6 month pharmacy report.....High
13. Clinic obtained 6 month pharmacy report. No unexpected results.....Low
14. Prospective patient's medical record did not reflect information found on report.....High
15. Pharmacy report provided questionable results.....High

Note: When examining the pharmacy report, compare it with the medical record to see if the patient fills the prescriptions for medications that are not scheduled or have no street value. Non-scheduled medications do not appear on the PDMP report (except for Tramadol, which is not scheduled in some states).

Caution: Drug diverters will likely not fill prescriptions for drugs that have no (or low) street value.

16. PDMP results indicated no unanticipated and/or questionable information.....Low
17. PDMP results indicated unanticipated and/or questionable information.....High

Note: Unanticipated or questionable information includes, but is not limited to:

- ✓ Multiple Subscribers
- ✓ Indications of doctor shopping (concurrent prescribers)
- ✓ Multiple pharmacies
- ✓ Practices from different cities or states
- ✓ Prescribers from different specialties (dentist, podiatrists, etc.)
- ✓ Taking prescriptions from certain clinicians to specific pharmacies.
- ✓ Pays cash for some prescriptions and uses insurance for others.

Document the results.

Caution: Patients who divert their medication will not fill medication that has a low (or no) street value.

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Obtaining Medical Record

Request the prospective patient's medical record prior to the consultation. Contact the originating clinic or hospital to ensure that they sent the record. If the medical record is faxed, check the in-coming fax number by using "reverse phone" provided by WhitePages.Com

18. Person's medical record was received via FedEx/UPS/US Mail, etc. ...Low
19. Person hand carried their medical records.....High
20. Person's medical record was received by fax. Fax number was verified.....Low
21. Person's medical record was received by fax. Fax number could not be verified.....High
22. Referring clinic/hospital verified that medical records were sent.....Low
23. Referring clinic/hospital verified that NO medical records were sent.....High

Note: Consider not accepting prospective patients who hand carry their medical records to your office (except for military personnel leaving the service) unless you verify the record. Be sure to gain the telephone number to the clinic or hospital through WhitePages.Com, YellowPages.Com, EMR listings, etc.

Caution: *Drug seekers will counterfeit and submit medical records. Some will FedEx the records, some will fax the records to you (sometimes from their home telephone) and some will hand carry the records to the clinic or hospital.*

Photographing Patient

Take a digital photograph of the prospective patient.

24. A digital photograph was taken of the person for identification purposes.....Low
25. The person refused to have their photograph taken.....High

Note: Photographing prospective patients will help safeguard against professional drug seekers using the insurance fraud and doctor shopping tactic.

Caution: *Professional drug seekers will work to maintain their anonymity and avoid having their photograph taken. If a professional drug seeker finds that their photograph is about to be taken, they may leave and not return.*

Person's Attitude

26. The prospective patient provided resistance when a valid request was made.....High
27. The prospective patient displayed a normal demeanor during the pre-consultation process.....Low
28. The prospective patient displayed incongruent behavior associated with pain.....Medium

Note: Make note of any negative attitude, resistance to a valid request, or any incongruent behavior displayed by the prospective patient during the pre-consultation process. Be sure to forward this information to the clinician prior to the consultation.

Pre-consultation Assessment Submitted to Clinician

Upon completion of the pre-consultation procedure, the staff person shall complete and submit the checklist to the clinician for review. Based on the results of the pre-

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consultation procedure, the clinician may choose to provide the person an appointment for a face-to-face consultation or discontinue the new patient assessment process. If the clinician approves, the prospective patient will be provided an appointment for the face-to-face consultation with the clinician.

The Consultation Checklist

The consultation checklist contains issues that the clinician should consider during the patient assessment. This checklist is not intended to provide specific questions for the clinicians to ask; instead, it is intended to guide the clinician through issues that the clinician should address during the assessment.

Example: In category 1, question 1, the clinician may ask the patient if he/she has ever been arrested or convicted for any offense related to the possession of any illicit or prescription drug or for the consumption of alcohol. In category 2, many of the questions can be answered by the clinician after reviewing the patient's medical records and PDMP results. Finally, in category 4, the clinician can answer the questions with his assessment of the patient's attitude, mindset and behavior after the clinician has told the patient about his/her prospective treatment.

The consultation checklist contains the following:

Category 1 – Criminal History Regarding Drugs/Alcohol

1. Has the prospective patient ever been arrested or convicted for any offense related to the possession of any illicit or prescription drug or for the consumption of alcohol?

Note: Conviction includes receiving any type of probation or deferred adjudication.

Yes	High
No	Low

Note: Past behavior may indicate future behavior.

Category 2 – Medical Records/PDMP Results

1. Has the referring doctor seen the prospective patient for more than 4 months?

Yes	See Next Q.
No	Medium

2. Has the referring doctor treated the prospective patient for symptoms other than pain?

Yes	Low
No	Medium

Note: Regarding Cat. 2 questions 1 and 2, drug seekers have been known to obtain treatment at a clinic just long enough to be referred to a primary care clinic that treats pain or to a pain management specialist.

Caution: Some states require patients to be referred to pain management specialists for the treatment for chronic pain. If this is a state requirement, the risk category for question 2 'No' would be Low.

3. Did the prospective patient display aberrant behavior or use alcohol (against the clinician's orders) during their past treatment?

Yes	High
No	Low

4. Was the patient referred because of aberrant behavior or alcohol use?

Yes	High
No	Low

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5. Is there a discrepancy between the prospective patient's answers, documentation contained in the medical record, and documentation contained in the patient's PDMP results?
- Yes High
No Low
6. Did the patient's PDMP result contain questionable information?
- Yes High
No Low

Note: Regarding Cat. 2 questions 5 and 6 of this section, utilize the PDMP results only as your state law allows you to query the PDMP for prospective patients. If your state does not allow you to query the PDMP on prospective patients, consider waiting to query the PDMP until the patient signs the conditional agreement as explained on P.8 of this handout.

Questionable information includes, but not limited to:

- ✓ Multiple Subscribers
- ✓ Indications of doctor shopping (concurrent prescribers)
- ✓ Multiple pharmacies
- ✓ Practices from different cities or states
- ✓ Prescribers from different specialties (dentist, podiatrists, etc.)
- ✓ Taking prescriptions from certain clinicians to specific pharmacies.
- ✓ Pays cash for some prescriptions and uses insurance for others.

Document the results.

Caution: If the PDMP results indicate negative information, always verify the information prior to accusing the prospective patient of wrong doing.

The PDMP is a great risk tool for diversion: however, Prescription Drug Monitoring Programs throughout the United States are new and mistakes have and will be made. Because of this, verifying negative results is the best policy.

Category 3 – Attitude and Mindset

1. Did the prospective patient agree with the medication recommended?
- Yes Low
No See Next Q.
2. If the answer to Q. 1 was No, was the disagreement legitimate (i.e. allergic to medication)?
- Yes Low
No High
3. Did the prospective patient request or strongly suggest a certain medication?
- Yes High
No Low

Note: Regarding Cat. 3 questions 1, 2 and 3, drug seekers will sometimes try to lead the clinician to a specific drug or sometimes strongly suggest a certain drug that they know they can sell on the street.

4. Did the prospective patient agree with your overall treatment plan (i.e., physical therapy, weight loss)?
- Yes Low
No See Next Q.
5. If the answer to Cat. 3 Q. 4 was No, was the disagreement legitimate (i.e., cannot participate in therapy due to documented medical issue)?
- Yes Low
No High

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Note: Regarding Cat. 3 questions 4 and 5, desperate drug seekers will sometimes try to talk the clinician out of having to participate in physical therapy, weight loss, or other therapies. They just want the medication.

Urine Drug Testing

Urine Drug Testing (UDT) can be a valuable tool in assessing what is currently in the prospective patient's system, as well as validating the prospective patient's veracity during the new patient assessment process.

Types of UDT Testing

Immunoassay qualitative tests are typically referred to as "In-Office UDT" or "Point-of-Care (POC) UDT", are performed in-office, using collection devices such as point-of-care cups. Often, however, immunoassay qualitative tests may be performed in laboratories or desktop analyzers. It is a common misconception that this type of lab test is as reliable and specific as quantitative lab tests. Results are available within minutes, for in office testing, but interpretation is limited due to numerous factors, including subjective interpretation (i.e., in-office/POC testing), high cut-off values and cross reactivity with similar substances.

Laboratory-based quantitative tests, also called "Lab Confirmation UDT", are typically performed using GC-MS or LC-MS/MS technology in the laboratory. Results are available usually within days (1 to 2 business days from receipt of specimen, for Millennium Laboratories LC-MS/MS tests) and provides more specific drug and metabolite information that can help guide clinical decision making. Millennium Labs only uses the faster LC-MS technology.

Utilizing Laboratory Confirmations

Using presumptive test results (point of care test results) alone, to evaluate the presence of illicit drugs, prescription drugs that were not prescribed to the patient or the absence of prescription drugs that are prescribed can be problematic. Due to the potential of presumptive tests providing false negative and false positive results, the alternative method of shipping the specimen to a clinical diagnostic company and requesting a lab conformation provides for more accurate results. Lab conformations are the most reliable method of identifying substances present or absent in a person's system.

Urine Drug Testing/PDMP Query during New Patient Assessment - Issues to Consider

Have you accepted a prospective patient as a patient if:

- ✓ You merely assess the patient's history (their potential for diversion and abuse)?
- ✓ You accept payment for the assessment?

Can you request a urine drug test and conformation from a person that you have not accepted as a patient?

Will your state allow you to query the PDMP on a person that you have not accepted as a patient?

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These are legitimate questions. It may be best to err on the side of caution. Consider accepting the prospective patient as a patient (beginning the date that the patient arrives for their consultation) under a conditional (written) agreement that allows for your treatment of the patient to be discontinued if information is found in the diversion assessment, abuse assessment, PDMP results, or the urine drug test laboratory confirmation that causes you to believe that your clinic cannot offer the supervision or treatment required by this patient.

Be sure to consult your attorney to gain legal advice regarding this issue in your state.

Notice: Scott Huckabee is not a lawyer and is not attempting to provide you legal advice. Information contained in this material and lecture is from a law enforcement (investigative) perspective only. If you have identified any issue contained in this documentation or lecture that may cause you change any policy or procedure in your practice, be sure to consult your attorney first. Huckabee Consulting Inc./DoctorsSafeguard.Com is the sole owner of the content of this presentation.