



Scott Huckabee

**Assessment for Potential Diversion
(APD)
for New Patients**

National Survey on Drug Use and Health 2011 Summary of National Findings

- ✓ In 2011 an estimated 22.5 million Americans 12 and older were current Drug Users of Illicit drugs and Rx Drugs for non-medical use.
- ✓ This represents 8.7% of pop. age 12 and over.

US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, 2011 Summary of National Findings, page 1.



Assessment for Potential Diversion (APD)

Assessment for Potential Diversion

1. Intended to be used on patients treated for chronic pain
2. Primarily assesses potential for diversion
3. To be used with assessment for potential abuse
4. Can be modified to fit your practice
5. The APD is a two-part assessment:
 - a. Pre-consultation Assessment
 - b. Consultation Assessment

Assessment for Potential Diversion

6. Issues found on checklists represent tactics used by drug diverters.
7. Outcome of any one issue may constitute an increased risk category.
8. Assessment helps document due diligence.



Pre-consultation Assessment Checklist

Pre-consultation Assessment

- ✓ Completed by staff and provided to the clinician prior to the consultation
- ✓ Potential risk factor assigned as a result of each question:
 - Low Risk**
 - Medium Risk**
 - High Risk**
- ✓ Covers seven (7) significant areas:

Pre-consultation Checklist

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

Note: 1(a) and 1(b) only apply to chronic pain patients.

Pre-consultation Checklist

Verifying the Referral

2. Referring clinic **NOT** found in Yellow Pages/White Pages/EMR listings **High**
3. Referring clinic identified. Referral could **NOT** be verified. **High**
4. Referring clinic identified. Referral **WAS** verified. **Low**

Pre-consultation Checklist

Verifying the Referral

Note: Do not use the telephone number listed on the referral letter.

Use:

- ✓ Referring clinic's website
- ✓ Yellow pages
- ✓ White Pages
- ✓ Electronic Directory (associated with the electronic medical record program)

Pre-consultation Checklist

Clinic Selection

Why choose your clinic?

- 5. No PM clinics closer. **Low**
- 6. Clinics are closer, but patient has a legitimate reason. **Low**
- 7. Clinics are closer. No legitimate reason. **High**
- ✓ Drug Diverters drive long distances.
- ✓ It would be unreasonable to call patient in from long distance into clinic for a random pill count and drug screen.

Pre-consultation Checklist

Patient Identification

Examine the patient's ID card or Driver License for authenticity.

- | | |
|------------------------------------|-------------|
| 8. Valid by date (had not expired) | Low |
| 9. No longer valid (had expired) | Medium |
| 10. NOT AUTHENTIC | High |
| 11. AUTHENTIC | Low |

Professional drug seekers using the Insurance Fraud tactic and the Doctor Shopper tactic will use fake IDs.

Pre-consultation Checklist

Pharmacy Report / PDMP Results

Review 6 month pharmacy report and PDMP results.

- 12. Did not submit or authorize clinic to gain 6 month pharmacy report **High**
- 13. No unexpected results on 6 month report **Low**
- 14. Medical record did not reflect info found on 6 month report. **High**
- 15. Pharmacy report provided questionable results. **High**

Pre-consultation Checklist

Pharmacy Report / PDMP Results

Review 6 month pharmacy report and PDMP results.

16. PDMP results indicate no unanticipated or questionable results. **Low**

17. PDMP results indicate unanticipated or questionable results. **High**

Pre-consultation Checklist

Pharmacy Report / PDMP Results

Unanticipated or questionable results include, but are 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.

Pre-consultation Checklist

Obtaining Medical Record

Request the patient's medical records prior to the consultation.

18. Person's medical record was received via FedEx/UPS/US Mail, etc. **Low**
19. Person hand-carried his or her 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**

Pre-consultation Checklist

Obtaining Medical Record

- 22. Referring clinic/hospital verified that medical records were sent. **Low**
- 23. Referring clinic/hospital verified that NO medical records were sent. **High**

Pre-consultation Checklist

Photographing Patient

Take a digital photograph of the patient.

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

Professional drug seekers will strive to maintain their anonymity and will avoid having their photo taken.

Pre-consultation Checklist

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**

Document any negative attitude, resistance to a valid request, or incongruent behavior.

Pre-consultation Checklist Completion

Complete the assessment and submit checklist to the clinician.

Based on the outcome, the clinician may:

- ✓ Discontinue the assessment (patient NOT accepted).
- ✓ Provide the person an appointment for a face-to-face consultation.



Consultation Assessment Checklist

Consultation Checklist

The consultation checklist contains issues that the clinician **should consider** during the assessment.

This checklist **is not** intended to provide specific questions for the clinician to ask.

Face-to-Face Consultation

Category 1 – Criminal History

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 differed adjudication.

Yes – **High**

No – **Low**

Face-to-Face Consultation

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**

Questions 1 and 2 do not apply to states that mandate referrals for all chronic pain patients.

Face-to-Face Consultation

Category 2 – Medical Records/PDMP Results

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**

Face-to-Face Consultation

Category 2 – Medical Records/PDMP Results

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**

Face-to-Face Consultation

Category 2 – Medical Records/PDMP Results

What is questionable information?

- ✓ Multiple subscribers
- ✓ Indications of doctor shopping
- ✓ Using 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.

Face-to-Face Consultation

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 (e.g., allergic to medication)?

Yes **Low**

No **High**

Face-to-Face Consultation

Category 3 – Attitude and Mindset

3. Did the prospective patient request or strongly suggest a certain medication?

Yes **High**

No **Low**

Face-to-Face Consultation

Category 3 – Attitude and Mindset

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 Category 3 Q. 4 was No, was the disagreement legitimate (i.e., cannot participate in therapy due to documented medical issue)?

Yes **Low**

No **High**



Urine Drug Testing (UDT)

Urine Drug Testing

A valuable tool in assessing:

- ✓ Presence of medication/drugs
- ✓ Lack of expected medication
- ✓ The patient's veracity

Benefits of UDT

- ✓ Monitor use of prescribed medications
- ✓ Identify patient use of non-prescribed medications or illicit substances
- ✓ Potentially increase the safety of prescribing medications by identifying the potential for misuse, abuse, or drug interactions
- ✓ Monitor abstinence in a patient with a known substance use disorder
- ✓ Validate patient's self-report of medication or substance use

Substance Abuse and Mental Health Services Administration. *Clinical Drug Testing in Primary Care*. Technical Assistance Publication (TAP) 32. HHS Publication No. (SMA) 12-4668. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

Guidelines: Assessing Risks and Monitoring Medication Use

Numerous guidelines published outlining the use of UDT for monitoring patients with chronic pain taking chronic opioid therapy

- ✓ Guidelines address specific recommendations regarding:
 - Risk Stratification
 - Monitoring frequency
 - Recommended action following unexpected results
- ✓ Numerous sources:
 - American Pain Society (APS), American Society of Interventional Pain Physicians (ASIPP), Veterans Administration (VA), Utah State Guidelines, Washington State Guidelines, Federation of State Medical Boards (FSMB)

Urine Drug Testing Laboratory Confirmations

The American Pain Society (APS) advocates the use of :

- ✓ Urine Drug Testing
- ✓ Pill Counting
- ✓ Utilizing Laboratory confirmations
- ✓ PDMP Results

To monitor chronic opioid therapy patients.

Requesting UDT/PDMP Query During New Patient Assessment

Issues to consider

Requesting UDT/PDMP Query During New Patient Assessment

Question: Have you accepted a prospective patient as a patient if:

✓ You merely assess the patient's history for the potential for diversion/abuse?

OR

✓ You accept payment from the patient?

Requesting UDT/PDMP Query During New Patient Assessment

Questions:

- ✓ Can you request a UDT and confirmation from a person that you have not accepted as a patient?
- ✓ Will your state allow you to query the PDMP on a person you have not accepted as a patient?

Legitimate Questions!

Requesting UDT/PDMP Query During New Patient Assessment

Consideration:

Conditional Agreement (written agreement)

- ✓ Accept patient beginning the date the patient arrives for their consultation.
- ✓ Allows the treatment to be discontinued if information is found that causes you to believe that your clinic cannot offer the supervision and treatment required by the patient.

Remember BGIWGPGL

Please gain your legal counsel's advise prior to making any changes to your current policies or practices.



Questions?



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Thank You

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