

The Prescription Drug Abuse Epidemic:

Risks and Responsibilities for U.S. Hospitals

By Marvin Finnefrock, PharmD and Sherry Umhoefer, MBA, RPh

The prescription drug addiction crisis is impacting virtually every community and hospital in the United States. The Centers for Disease Control reports that overdoses are the leading cause of accidental death in the country.¹ And it's hitting hospital workers directly, with on average of one in ten hospital employees abusing prescription drugs.²

Data from the U.S. Substance Abuse and Mental Health Services Administration, released in 2007, reported that an average of 103,000 doctors, nurses, medical technicians, and health care aides were abusing or dependent on prescription drugs every year.³ Medical workers with prescription addiction pose a risk to the public and to themselves.

As a result, local, state and federal public health officials, political leaders, hospital and drug regulators, law enforcement, and others are turning their sights on hospital decision-makers. For hospital leadership, it is a patient safety issue. It is an employee health issue. It is a clinical quality and readmissions issue. And it is a legal and compliance issue, both civil and criminal.

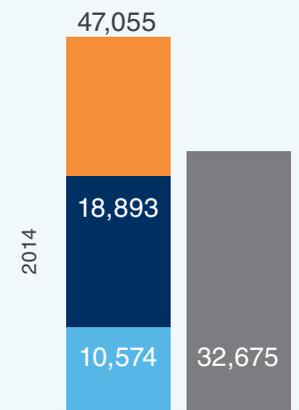
In this white paper, recognized national hospital pharmacy leaders Marvin Finnefrock, PharmD, and Sherry A. Umhoefer, MBA, RPh, define the crisis with data and case studies, identify the risk factors facing hospital leadership, and offer a multi-step roadmap to help hospital leadership manage the risks.

The Impact of Drug Diversion

According to a USA Today review of independent studies, "a single addicted health care worker who resorts to 'drug diversion,' the official term for stealing drugs, can endanger thousands."⁴

In one Pennsylvania case, when a patient saw his doctor for urinary issues, the doctor ran tests and found nothing wrong. Unknown to the patient, the doctor's addiction to oxycodone had become so severe that he was mixing oxycodone with another narcotic. The doctor's altered mental state caused

Drug Overdose the Leading Cause of Accidental Death in US



- Drug overdoses in 2014
- Prescription opioid overdose deaths
- Heroin overdose deaths
- Deaths from automobile accidents in US

Sources: Center for Disease Control and Prevention & Insurance Institute for Highway Safety.

**RECORD
HOSPITAL
SETTLEMENTS**
paid to
**FEDERAL
GOVERNMENT**
related to drug
diversion cases.

Dignity Health

\$1.55 million (2014)

Massachusetts General

\$2.3 million (2015)

him to fail to recognize that the patient had bladder cancer, and the patient died in 2008. The doctor's license ultimately was suspended, a jury found him guilty of malpractice, and the patient's widow was awarded \$1.88 million.⁵

In a Denver case, a former surgical technician was charged on three federal drug counts after she stole syringes filled with liquid pain killers to use the drug herself. She then filled the syringes with saline solution and replaced them for use with patients. She was infected with hepatitis C and put nearly 6,000 patients at risk for contracting the disease during surgery.⁶

These are just a handful of examples of providers and hospital staff diverting drugs for personal use. Medical professionals who divert controlled substances pose significant threats to patient safety and become a liability to the hospital, creating the opportunity for potential criminal and civil consequences. The Federal Drug Administration (FDA), the Centers for Disease Control (CDC) and the Drug Enforcement Agency (DEA) are scrutinizing these cases, and fines for not having adequate controls in place are severe.

The Consequences of Diversion

In many cases, a DEA investigation is triggered by reports to the DEA of large quantities of missing or stolen doses of controlled drugs. Investigations have revealed additional evidence of noncompliance with regulations, specifically around medication management, recordkeeping and monitoring.⁷

In a recent California case, Dignity Health agreed to pay the federal government \$1.55 million to settle claims that hospitals and clinics in the Sacramento and Stockton areas mishandled controlled substances, including the opiate hydrocodone. A subsequent DEA investigation revealed that several Dignity Health locations in the Sacramento area failed to keep accurate records in violation of the Controlled Substances Act.⁸

In the largest settlement of its kind to date related to drug diversion at a hospital, Massachusetts General Hospital was required to pay a \$2.3 million settlement to the federal government to resolve allegations of lax control over the hospital's drug supply, which allowed employees to divert controlled substances for personal use. The hospital also agreed to incorporate a corrective action plan to prevent and address future diversions.⁹

The source of drugs being diverted and abused by hospital healthcare staff is the hospital inventory, and hospital leadership needs to realize that diversion is happening. The close proximity and access to controlled substances makes these drugs an easy target for staff involved in diverting drugs for personal use or for sale on the street.

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Recommended Components of a Diversion Detection Program

To control diversion and protect the health care institution, every health care facility must have a comprehensive diversion detection program in place that is designed to prevent, detect and respond to diversion. This program must satisfy regulators and accreditation entities, including state agencies that license hospitals and providers, the DEA, the Centers for Medicare and Medicaid Services and the Joint Commission.

COMMON REGULATORY REQUIREMENTS FOR DIVERSION PROGRAMS INCLUDE:

- **Drug security from receipt until end use or disposal**
- **A method of accounting for all scheduled drugs**
- **Pre-employment screening of applicants**
- **Procedures for prompt diversion detection**
- **Documentation and internal and external diversion reporting**
- **Ongoing process improvement program structure¹⁰**

Key practices must be incorporated in order to decrease diversion, including: restricting access to medications through use of Automatic Dispensing Cabinets or storing restricted drugs behind a locked door, regular education and training programs for staff directed at reducing diversion and recognizing diversion, creating a culture of accountability and programs for controlling and reporting medication inventory.

EVERY FACILITY'S CONTROLLED SUBSTANCE DIVERSION PREVENTION PROGRAM SHOULD CONTAIN SEVERAL ACTIONS:

- 1 REVIEW POLICIES AND PROCEDURES THAT ARE IN PLACE TO MINIMIZE DIVERSION.** Beyond following the law, having effective procedures in place ensure that there are no weaknesses in processes for purchasing, receiving, dispensing, and administering controlled substances. Review and audit controlled substance data in your organization according to policies. There are tools available to assist in identifying gaps in the system and develop a long-term solution in conjunction with the leadership team.
- 2 CREATE STANDARDS FOR ADMINISTERING AND WASTING OF CONTROLLED SUBSTANCES.** This should include maintaining a chain of custody and utilizing witnesses when wasting controlled substances. Be aware if a practitioner is always taking a larger dose in the syringe for her patients or not getting a second witness when wasting controlled substances.
- 3 ESTABLISH EDUCATION AND TRAINING ACROSS MULTI-DISCIPLINARY APPROACH TO EDUCATE STAFF ON CONTROLLED SUBSTANCE DIVERSION.** Staff needs to understand the issue, risks to patients and the hospital, and hospital procedures to reduce diversion. Train staff on what to do if they suspect a co-worker is diverting controlled substances. Health care professionals have an ethical duty to protect patients. Part of this responsibility is to report impaired staff members so they get help and patients are protected.
- 4 PLACE CAMERA SURVEILLANCE IN HIGH RISK AREAS.** This is a useful tool to monitor access to controlled substances within the hospital.
- 5 WHEN SOMETHING DOES GO WRONG, HAVE PROCEDURES READY TO LAUNCH TO INVESTIGATE POTENTIAL CASES OF DIVERSION AND DISCREPANCIES IN CONTROLLED SUBSTANCE INVENTORY.** The DEA recommends that you notify local law enforcement immediately because missing controlled substances could be hitting the community streets. In addition, the DEA requires that their office be notified immediately of the theft or significant loss of a controlled substance.
- 6 REVIEW STAFF PRACTICES THAT CAN HELP AVOID THE PROBLEM ON THE FRONT END BY REDUCING THE VAST NUMBER OF OPIOID PRESCRIPTIONS THAT ARE BEING WRITTEN.** Clinical protocols regarding pain management processes can be expanded to a multi-modal approach that includes opioid pain killers when appropriate, but may also include anti-inflammatories, muscle relaxants, as well as alternative therapies that help patients relax and relieve their pain.

Conclusion

The problem of diversion by staff of hospitals across the country is at a crisis point and puts hospitals and their patients at risk. Inventory management of controlled substances needs to be addressed by every hospital with proper controls in place to reduce and ultimately eliminate diversion. Doing so can dramatically reduce the hospital's risk for putting patients in harm's way and incurring financial penalties.

ABOUT COMPREHENSIVE PHARMACY SERVICES:

Founded 45 years ago and employing over 2,000 pharmacy professionals, CPS is the nation's oldest and largest provider of pharmacy support services to more than 600 hospitals and healthcare facilities pharmacies. CPS helps hospital pharmacists tackle complex problems such as medication reconciliation, hyper-inflated drug costs, standardization, centralized distribution, retail pharmacies, compliance, 340B programs and much more, leading to increased quality, reduced admissions and lower costs.

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- 1 American Society of Addiction Medicine, Opioid Addiction 2016 Facts & Figures. <http://www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf> Accessed June 23, 2016.
- 2 Eisler, Peter. "Doctors, medical staff on drugs put patients at risk." USA Today April 17, 2014. <http://www.usatoday.com/story/news/nation/2014/04/15/doctors-addicted-drugs-health-care-diversion/7588401/> Accessed June 23, 2016.
- 3 Ibid.
- 4 Ibid.
- 5 McGrath, Tom. "Is Your Doc Addicted?" Men's Health Friday May 14, 2010. menshealth.com. <http://www.menshealth.com/health/doctors-with-drug-addiction> Accessed June 23, 2016.
- 6 Ibid.
- 7 Burger, Gregory and Burger, Maureen. "Drug Diversion: New Approaches to an Old Problem." ajpbLIVE.com. February 17, 2016 http://www.ajpb.com/journals/ajpb/2016/ajpb_januaryfebruary2016/drug-diversion-new-approaches-to-an-old-problem?p=2%20-%20sthash.nvZY2rR4.dpuf Accessed June 23, 2016.
- 8 Robertson, Kathy. "Dignity Health agrees to pay \$1.55M for mishandling addictive drugs." Sacramento Business Journal July 16, 2014. bizjournals.com. <http://www.bizjournals.com/sacramento/news/2014/07/16/dignity-health-agrees-to-pay-1-55-million-for.html> Accessed June 23, 2016.
- 9 Anderson, Travis. "Mass. General to pay \$2.3 million over drug thefts." The Boston Globe September 28, 2015. bostonglobe.com. <https://www.bostonglobe.com/metro/2015/09/28/mass-general-agrees-pay-million-settlement-federal-government-over-drug-thefts/NNgyVznhbmJnRuc3W2dYOK/story.html> Accessed June 23, 2016.
- 10 New, Kimberly. "Develop a Drug Diversion Prevention Program." Pharmacy Purchasing & Products June 2015. http://www.pppmag.com/article/1703/June_2015/Develop_a_Drug_Diversion_Prevention_Program/ Accessed June 23, 2016.