

Report on Medicare Compliance Volume 30, Number 17. May 03, 2021 Drug Diversion Monitoring Took a Hit in Pandemic; Consider High-Level Utilization Reports

By Nina Youngstrom

Early in the pandemic, high-acuity COVID-19 hospital patients got big doses of narcotics from infusion pumps that may have been lined up in hallways outside their rooms to prevent the pumps from getting infected. Leaving controlled substances out in the open was an invitation to drug diversion, a graphic example of how one public health emergency, opioid addiction, collided with another.

“If individuals wanted to be malicious, they could take a whole bag from the pump or the next bag waiting to be hung,” said Alexandre Raymond, compliance director and head of the drug diversion prevention and response program at Ochsner Health in New Orleans. He watched the opportunities for drug diversion multiply as the pandemic took hold. For example, to conserve personal protective equipment (PPE), nurses could access automated dispensing cabinets (ADCs) containing narcotics without their fingerprint to avoid taking off their glove. And the stressful work environment and lack of in-person addiction services has made health care workers more vulnerable to drug diversion while attention to the problem has waned.

“Nationally, monitoring of drug diversion was less of a focus, and incidents of drug diversion have increased,” Raymond, a pharmacist, said at the Health Care Compliance Association’s regional conference^[1] in New Orleans April 9. “Pharmacies are focused on skyrocketing infection rates, supply shortages and vaccine distribution, and nurses are focused on the staffing of floors. Who is focused on drug diversion?”

But it’s not going away, and whether drug diversion is acknowledged, “it may be happening in your organization,” Raymond said. Studies show 15% of pharmacists, 10% of nurses and 8% of physicians struggle with addiction. A number of hospitals have settled allegations they violated the Controlled Substances Act (CSA) after an investigation by the Drug Enforcement Administration (DEA). The most recent: McLaren Health Care Corporation (MHCC) in Michigan agreed to pay \$7.75 million in the largest civil CSA settlement ever, the Department of Justice said Jan. 19.^[2] Among other things, McLaren Port Huron Pharmacy and McLaren Yale Pharmacy allegedly dispensed highly addictive Schedule II drugs without written prescriptions and despite red flags that the drugs were being diverted by MHCC’s pharmacist-in-charge.

This document is only available to subscribers. Please log in or purchase access.

[Purchase Login](#)