

Typical Provider Shopping Behaviors

Patient Behaviors	Examples
Multiple providers of the same type	3 or more general practitioners, dentists, etc.
Dispensers and prescribers are in different localities from each other and the patient's home address	Patient lives in Fayette County; prescriber in Franklin County; dispenser in Jessamine County
Overlapping prescriptions of the same drug from different prescriber types	Oxycodone scripts from dentist, family physician and pain management doctor within 30 days
Excessive emergency room visits for non-emergency issues	3 or more emergency room visits in a month for chronic pain conditions
Requesting replacement for lost medications regularly	Patient states that controlled substance is lost and requests new prescription
Requesting early refills	Patient requests early refills due to extended out-of-state trip
Pressuring prescribers to prescribe specific controlled substances for the patient's family members	Parent requests the pediatrician prescribe a specific controlled substance for their child stating that it is the only medication that works
Using multiple names, social security numbers, addresses, etc.	Patient fills three scripts under three different names
Seeking referrals to multiple pain management clinics	Patient requests referrals to pain management clinics without a specific diagnosis
Associating with others known to be pharmaceutical controlled substance provider shopping	Patient travels to clinic with another patient exhibiting shopping behavior and requests similar prescription
Self-mutilation	Patient presents with potential self-inflicted wound
Cash transactions	Patient prefers to pay cash when insurance available
Requesting partial dispensing of controlled substance script	Patient requests half of the script and returns for the rest of the script within 72 hours
After-hour, weekend and holiday calls for prescriptions	Patient calls prescriber at midnight on Friday to request a controlled substance script

(This chart was developed by the KASPER intervention and education focus groups.)

Resources

Drug Enforcement & Professional Practices Branch:

(502) 564-7985

KASPER website:

www.chfs.ky.gov/KASPER

KASPER Account Request website:

<https://ekasper.chfs.ky.gov/accessrequest>

KASPER Help Desk:

ekasperhelp@ky.gov or
(502) 564-2703

Kentucky Office of Drug Control Policy:

www.odcp.ky.gov

Substance Abuse Hotline:

(888) 729-8028

Institute for Research, Education and Training in Addictions:

www.ireta.org

Center for Substance Abuse Treatment:

<http://www.samhsa.gov/about/csat.aspx>

Kentucky Substance Abuse Treatment Directory:

<http://dbhddid.ky.gov/ProviderDirectory/OnlineProviderDirectory.aspx>



Cabinet for Health and Family Services
Office of the Inspector General
275 E. Main Street, 5E-D
Frankfort, KY 40621

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KASPER

Kentucky All Schedule Prescription Electronic Reporting



How KASPER can help increase patient safety

Information for Health Care Providers

One of the largest threats to patient safety in the Commonwealth of Kentucky is the misuse, abuse and diversion of controlled pharmaceutical substances. The Commonwealth has developed a tool to help health care providers identify patients who may be at risk.

The Kentucky All Schedule Prescription Electronic Reporting System (KASPER) catalogs Schedule II-V controlled substance prescriptions dispensed within the state.

This brochure identifies how KASPER can help you address the issue of controlled pharmaceutical substance abuse.



1. What is controlled pharmaceutical misuse, abuse and diversion?

When a Schedule II-V substance is taken by an individual for a non-medical reason, it may be considered misuse. Misuse becomes abuse when the individual repeatedly takes a controlled substance for a non-medical reason. Controlled substance diversion occurs when a Schedule II-V controlled substance is acquired by an individual for whom the medication was not prescribed.

Though diversion can happen in many ways, health care providers like you can reduce one of the most common methods: pharmaceutical controlled substance provider shopping. Provider shopping is when a person obtains or attempts to obtain a prescription for a controlled substance by misrepresenting to, or knowingly withholding information from a practitioner. Provider shopping is a Class D felony in Kentucky.

2. What can you do for patients who may be misusing or abusing?

As a health care provider you have the unique opportunity to impact the behaviors of your patient relatively early in the abuse cycle. Using the information in the KASPER report and your clinical judgement, you may be able to intervene before misuse becomes abuse or before abuse becomes diversion. For more information on intervention, please contact the Substance Abuse Hotline at (888) 729-8028, or visit the KASPER website: www.chfs.ky.gov/KASPER.

3. How do you identify potential provider shoppers?

The **Typical Provider Shopping Behaviors** chart located in this brochure describes some typical behaviors associated with controlled pharmaceutical provider shopping. While one or even two of these behaviors alone may not be indicative of provider shopping, three or more of these behaviors may be reason for further inquiry into the patient's controlled substance use.

4. What should you do when diversion is suspected?

If you suspect an individual is involved in diverting controlled pharmaceutical substances, please report them to law enforcement authorities. If you are unsure what law enforcement agency to contact, call the Drug Enforcement and Professional Practices Branch for assistance at (502) 564-7985.

5. Where can I obtain information on intervention resources?

The Institute for Research, Education and Training in Addictions (IRETA) provides information to improve recognition, prevention, and treatment related to addiction and recovery. The IRETA website and other intervention resources are listed on the back of this brochure and on the KASPER Web site at: www.chfs.ky.gov/KASPER.

6. Who may request a KASPER report?

- Practitioners for medical treatment of a current or prospective patient.
- Pharmacists for pharmaceutical treatment of a current or prospective patient.
- Commonwealth's attorneys and county attorneys.
- Law enforcement officers for active drug related investigations.
- Licensure boards for their licensees.
- Medicaid for a Medicaid member or provider.
- A judge, probation officer, or parole officer administering a drug diversion or probation program.

7. What is included in a KASPER report?

A KASPER report shows all controlled substance prescriptions dispensed to a patient for a specified time period, including the practitioner who prescribed them and the dispenser who dispensed them.

8. When must I request a KASPER report?

KRS §218A.172 specifies that practitioners must query KASPER at the following times:

- prior to the initial prescribing of a Schedule II controlled substance or a Schedule III controlled substance containing hydrocodone;
- every three months while the patient is taking the controlled substance; and
- before issuing a new prescription for a Schedule II controlled substance or a Schedule III controlled substance containing hydrocodone.

Additional controlled substance prescribing standards are included in regulations promulgated by the Kentucky Licensure Boards. The following regulations may be accessed on the Legislative Research Commission website at: www.lrc.state.ky.us, or the appropriate Licensure Board website.

- 201 KAR 5:130 - Kentucky Board of Optometric Examiners
- 201 KAR 8:540 - Kentucky Board of Dentistry
- 201 KAR 9:230, 201 KAR 9:260 - Kentucky Board of Medical Licensure
- 201 KAR 20:057 - Kentucky Board of Nursing
- 201 KAR 25:090 - Kentucky Board of Podiatry

9. When are reports available?

Via the web-based system, reports can be requested 24 hours a day, 7 days a week, and are available within 15 to 20 seconds. If a report must be manually reviewed by KASPER staff, you will see the status "manual process" and should receive the report by the following business day. Entering a valid patient name, SSN and date of birth will decrease the chance that a report will require manual review.

10. What can you do with a KASPER report?

KRS §218A.202 specifies allowable disclosure of KASPER reports and data.

KASPER reports can be shared with the patient or person authorized to act on the patient's behalf and may be placed in the patient's medical record. The report then becomes part of the medical record and is subject to disclosure on the same terms and conditions as an ordinary medical record.