



50 Nashua Rd, Suite 112
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Summit Diagnostics, LLC

800-377-6481

Summer 2009



The Summit Star

News to help physicians limit liability and reduce patient drug diversion

Mark your calendars now!

Tuesday July 21st
4-5:00PM EDT

or

Thursday July 30th
11AM—noon EDT

You are invited to attend a phone educational session (two sessions - same content—pick the one that best fits your schedule):

JULY 2009						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAUNDAY
		1	2	3	4	
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Top 5 Things That Your Practice Can Do to Be Drug Safe
Guest Speaker:
John Mudri

John Mudri, has 34 years of experience working for the DEA and 7 years of private consulting with clinics to help them become drug safe. John is uniquely qualified to provide insight and feedback to medical practices to help them become and remain drug safe.

Bring your questions—you can interact anonymously if you prefer.

Call your Summit rep for more information and to get the number to access the call.

Prescribed Drug Diversion—On The Rise

The problem of diversion of prescribed medications just continues to get worse.

The Tampa Tribune reported on June 16, 2009:

“Four people pleaded guilty this morning to a conspiracy charge, admitting their role in a multi-state drug ring that obtained oxy-

codone through doctor shopping.

The four joined eight oth-

ers who previously pleaded guilty to conspiracy to possess oxycodone with intent to distribute.

The 12 defendants were among 19 arrested in February...The group is accused of operating an oxycodone trafficking ring through an auto-repair business ...(They are accused of paying “doctor

that was then distributed to dealers across Florida and beyond.”

And the cost of diversion is staggering. The Coalition Against Insurance Fraud

reports on its website in June 2009,

“Drug diversion drains health insurers of up to \$72.5 billion a year, including up to \$24.9 billion annually for private insurers. The losses include insurance schemes, plus the larger hidden cost of treating patients who develop serious medical problems from abusing the addictive narcotics they obtained through the swindles.”

Even the DEA’s website facts are so dramatic, they are hard to believe, *“Opioid painkillers now cause more drug overdose deaths than cocaine and heroin combined...25% of drug related emergency department visits*

are associated with abuse of prescription drugs.”

And Data from the National

Survey on Drug Use and Health in 2007 suggested that 33 million people over the age of 12 used

an opioid for a nonmedical purpose at some point. Most obtained the drug for free from a friend or relative. The new drug wars are about prescription

drugs—and we are right in the middle of the battle.

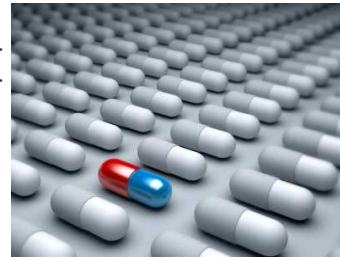
Now more than ever, it is vital to know your patients, conduct thorough medical histories, document everything, and drug test your patients regularly.

As a benefit to our clients, Summit Diagnostics is sponsoring two one-hour phone conferences with DEA Retired Bureau Chief John Mudri in July. The conferences (same content, just offered twice for your scheduling convenience), are intended to help physicians and medical clinic staff understand the liability for the clinic and the physician when prescribing Schedule II and III drugs, and also to help understand what safety steps

can and should be taken. (See far left column). We hope you’ll join us in July and



stay Drug-Safe.



shoppers” to visit physicians and obtain prescriptions of oxycodone -- an addictive pain reliever --

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Limit Physician Liability and
Decrease Patient Rx Diversion

Ask Your Summit Rep!

At Summit, we offer our clients lots of tools for drug safety. Do you have your:

- Metabolite slide guides
- Patient/Random Choice Cards
- Educational Seminars
- Street Drugs Book

Summit Diagnostics, LLC provides drug safety programs for physicians that prescribe controlled substances. We help the physician to limit liability and decrease Rx diversion by their patients .

We provide tools to help physicians to uncover diversion among their patients. We offer: rapid drug testing for illicit as well as common prescription drugs, analysis and GC/LC MS testing validation through some of the best laboratories in the US, random test cards, patient and staff educational information, and hands-on support from local representatives.



Keys to a Successful Drug Testing Program Implementation

Drug testing can be a key element in an overall program of drug safety. But implementing a patient drug testing program can be challenging. **Here are some tips for successful implementation of a drug testing program.**

1. It is virtually impossible to tell with certainty which patients are diverting until you test. You may have some suspicions (and you may be right on some!), but we've there are always surprises. So the first thing to do is to **develop a fair and reasonable policy about who will be drug tested.** You can:

- A. Test all patients
- B. Test all new patients
- C. Pick a random testing method (one day per week, or every 3rd patient, or Alphabet A-M today, etc)

There are lots of individual choices about which policy is best. The key is to have a fair, non-profiling policy that is well documented.

2. Make sure that you **communicate well with your patients that drug testing is for YOUR benefit and also for THEIR benefit.** Doctors and clinics that are conscientious about drug safety protect all involved. If your patients understand that you are carrying out your responsibility for drug safety, they will see the drug test as a requirement for all, not a personal threat against them.

3. **If a patient refuses a drug test, there is usually a good reason.** At Summit, we offer both urine and oral fluids testing. It is a rare patient who

genuinely can not provide either a urine or a saliva sample. Usually if a patient is unable to provide either of these samples, the patient does not want to be drug tested—often for fear of the test results. Those are the patients who most need to be tested!

4. **Define someone in your clinic who will be responsible for the drug safety program.** Make sure that person is familiar with the Drug Safety Manual that Summit provides. Make sure your patient contract and patient testing policy are well documented and kept up-to-date by the person in your clinic responsible for the drug safety.

5. **Know that if you have not been drug testing, there may be some bumps in the road** while your patients become accustomed to the new policy. But the net result will be a safer—usually happier—clinic and group of patients!

