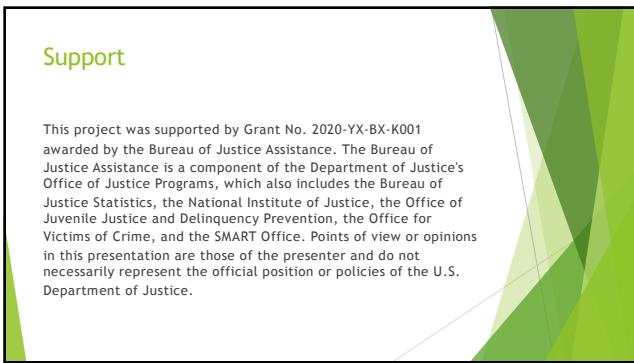
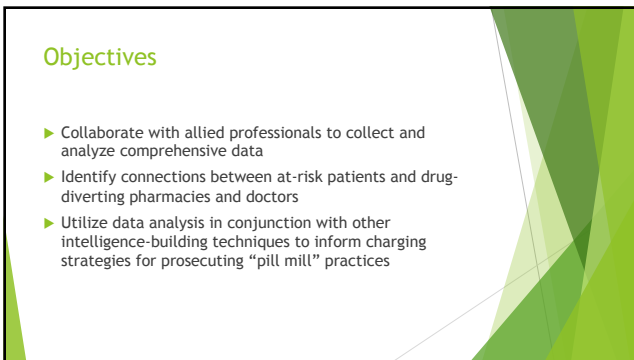


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What kinds of defendants are we looking for?

- ▶ Bad doctors
- ▶ Bad pharmacists
- ▶ Patients with criminal intent and at-risk patients

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Using Data to Identify Defendants

- ▶ Prescription history data - doctor shopper Reports
- ▶ Data from overdose deaths from medical examiners' offices
- ▶ Data from EMS or hospitals for "overdose transfers"
- ▶ Possession of Controlled Substance charges or arrest data

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Goal: to identify patients of interest... but why?

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Other Sources of Data

- ▶ Problem patients' prescription history reports
 - ▶ Other doctors prescribing to these patients
- ▶ Anecdotal
 - ▶ Other doctors
 - ▶ Small pharmacies
 - ▶ Nursing community
 - ▶ Hospital staff
- ▶ Outlier Doctor prescription history reports
 - ▶ Out-of-county patients

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What if my data is limited?

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What if my data is limited?

Start with overdose death data

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Types of Crimes - Doctors

- ▶ State corollaries to *prescribing without a legitimate medical purpose or outside the scope of a legitimate medical practice*
- ▶ Health Insurance Fraud/Theft/Money Laundering
- ▶ Possession of a Controlled Substance
- ▶ Regulatory Crimes examples
 - ▶ Required certificates
 - ▶ Improper delegation
 - ▶ False or fictitious prescriptions
 - ▶ Non-therapeutic prescribing
 - ▶ Prescribing to "known" abusers

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Outside of the Local Criminal Process

- ▶ Report to the Drug Enforcement Administration (DEA)
- ▶ Report to regulatory agency
 - ▶ Medical Boards
 - ▶ Nursing Boards
 - ▶ Pharmacy Boards

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Evidence to Look for: Deceased Patients

- ▶ What was their cause of death?
- ▶ What medication was on scene?
- ▶ What did their prescription history say?
- ▶ What kinds of red flags were known to their family and close friends?
- ▶ What kinds of red flags were known or should have been known by their doctors?
- ▶ What kinds of medical care were they getting?
- ▶ What kinds of treatments were they getting other than prescription drugs?

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Evidence to look for: Undercover or Confidential Informant Work

- ▶ To establish the basics
- ▶ Confidential informants with current prescription history work the best!

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Evidence to look for: the Search Warrant Execution

- ▶ Almost a must to have a computer forensics expert on scene
- ▶ Be picky about what is taken
- ▶ Search for controlled substances
- ▶ Have your expert on call to ask questions about what he is going to want to see when he reviews the evidence

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Cases Against Doctors: Some Examples

- ▶ The Traditional Pill Mill
- ▶ The Procedure Farm
- ▶ The Sympathetic Doctor
- ▶ The Struggling Doctor

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Rewards from the Process

- ▶ Puts bad doctors on notice
- ▶ Puts bad pharmacies on notice
- ▶ Creates faith in the process from good doctors
- ▶ Identifies at-risk patients that may be helped
- ▶ Helps family members of deceased victims find closure

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Some Points about Patient-Defendants

- ▶ There is a difference between a patient who is an addict and a patient who is profiting
 - ▶ Considerations in plea bargaining
 - ▶ Create strict conditions on probation
- ▶ Their prescription history reports may be hearsay
 - ▶ Get copies of the prescriptions directly from the doctors or the pharmacies

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Delivery Resulting in Death – it's a crime scene!

- ▶ Phone dumps – no expectation of privacy for deceased
- ▶ Drugs – illicit and prescription drugs are nearby
- ▶ Interview all witnesses
- ▶ Crime scene photos
- ▶ Get as much of the on-scene drugs tested as possible

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Delivery Resulting in Death – look for other offenses

- ▶ Delivery of Controlled Substance
 - ▶ Even if a case related to the overdose is not strong, a drug dealer may be identified
- ▶ Possession of Controlled Substance
- ▶ Assault

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Going Forward

- ▶ Collaborate with allied professionals to collect and analyze comprehensive data
- ▶ Identify connections between at-risk patients and drug-diverting pharmacies and doctors
- ▶ Utilize data analysis in conjunction with other intelligence-building techniques to inform charging strategies for prosecuting "pill mill" practices

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