

**NAME**

Reducing Drug Diversion (Theft) with Tom Knight, Chairman at HealthcareDiversion.org

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**DURATION**

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**2 SPEAKERS**

Saul Marquez

Tom Knight

**START OF TRANSCRIPT****[00:00:02] Saul Marquez**

Welcome back to the Outcomes Rocket, Saul Marquez here. Today I have the privilege of hosting Tom Knight. He's the chairman of the Health Care Diversion Network. The Health Care Diversion Network aims to reduce drug diversion and health care by providing a national network for reporting diversion incidents and information to raise awareness about past diversions, as well as education and best practices to prevent future diversion. It's a big problem. I even even, you know, happening as people go check out houses, that real estate, you know, in the clinic, in hospitals, you name it. It's a problem that Tom and his team are doing an outstanding work to make awareness of and to put to a stop. So with that, I want to give Tom a warm welcome but I also want to tell you that he's also got an incredible superpower of getting to all of the baseball stadiums in the country. He's been to all 30 and so with that, that why not give Tom a warm welcome. Tom, thanks for joining us.

**[00:01:09] Tom Knight**

Well, thanks for having me, Saul. I'm excited to talk with you and share with your listeners what what we're doing in healthcare diversion.org.

**[00:01:16] Saul Marquez**

Absolutely, Tom. Now, tell me something. What is it that got you interested in this problem?

**[00:01:24] Tom Knight**

Yeah, it actually dates back about 20 years. I'm an entrepreneur and an engineer and we've been using software to track medication inventory across the whole supply chain. And as I've been reading the headlines about our nation's opioid crisis, I've been struck that a lot of drugs are being stolen either by people who use them themselves or are selling them to others and that's leading to an even larger addiction issue. So, I realize that the technology that we had for tracking those medications might be useful for preventing those same medications from being stolen. And as I learned more about the problem, I realize it's happening more often than most of us realize. And it's not just a technology question, we need as a country, better awareness of how many of these cases are happening in our hospitals and our nursing homes. Even in home health situations, medications are being stolen. And that's why we started Health Care Diversion.org our nonprofit, earlier this year to bring to the table not only folks like myself that might have some technology ideas, but also national policymakers, state level regulators, and clinicians and healthcare executives themselves. I feel like we've got to get diverse skill sets at the table and come up with an approach that's going to raise awareness of the problem and hopefully prevent those kind of thefts of medications in the future.

**[00:02:54] Saul Marquez**

Well, it's definitely admirable work that you guys are up to Tom and and so I'm curious what you believe is is a way that you guys are doing it effectively. Like, you know, maybe you could share with us an example of how the organizations created results by doing things differently.

**[00:03:14] Tom Knight**

Yeah. One thing we decided to do is build the nation's only database of all known drug diversion incidents in healthcare facilities. So when I say drug diversion, I mean the theft, a medication that's usually being stolen by people working in that facility like a pharmacist or an anesthesiologist or a nurse. And so one big change that we're doing in [healthcaresdiversion.org](http://healthcaresdiversion.org), we're providing that national database on our Web site so that you can see all of the incidents and all the cases that have been reported around the country. We feel that that's going to open eyes as to just how often this is happening and it's really all the way around the country. Just once we launched in May, we've got hundreds of cases at all kind of different healthcare facilities in all corners of the country. And what we're finding just since we started in May is it's already raising awareness in state legislatures and federal policymakers and in C-suites, health care facilities, when they see this is happening not only across the country, but it's happening in my backyard. So we're going to continue to focus on that as a key part of our mission is to collect information on all of these diversion incidents, share the right information so that people can see what's happening. And as we raise awareness of how often it's happening, we're hoping people come forward, organizations come forward to help us reduce the frequency that it happens and help help our health systems to avoid it in the future.

**[00:04:50] Saul Marquez**

Well, I think that's great, Tom and I see the map here. And folks, if you're curious about the map and you know what's going on in your area, you know, it's one to look at diversions and every single state from Mississippi, Illinois, Michigan, Minnesota, South Dakota, California, Utah, you name it, it's all there. It's [healthcaresdiversion.org](http://healthcaresdiversion.org). Go on your incidents and click on that, you'll see the map. You'll be surprised. So so if if you would say, Tom, what a win looks like all the way at the end, let's say you guys accomplished your mission. What it what what what has to happen?

**[00:05:31] Tom Knight**

Well, it's going to take a long time to achieve the mission, but we want to influence the amount, reduce the amount of diversion that's happening as soon as we can. There's really 3 things that's going to have to happen. Number one, awareness of the problem, which is where the map comes in and the data. So people know this is happening maybe more than they realize. Number two, we need to get some diverse stakeholders to the table. This is a complex problem. It's a mosaic of regulations at the federal and state level. Some states are doing things well in terms of regulation, other states could really learn. And we believe that by getting those diverse stakeholders to the table, we can start to come up with better policies, better regulations. Then the third thing is we really need leaders in health care organizations to take the best practices that are required to reduce that diversion. So that's adopting guidelines from great organizations that have published them, like the Joint Commission or the American Society of Health Care Pharmacies, and basically lead within their health care facilities, their hospitals, their health systems. So the clinicians are aware that they have to reduce diversion. And we believe that once we're aware and once we've got the right policies in place, healthcare leaders will do the right thing and invest in the programs that produce, reduce diversion, educate their people, invest in the technology that's required. And and over those those three activities, that's where we expect the chief of our mission to reduce drug diversion. And have more people aware of it so that it's less likely to harm our communities, harm our health systems, harm our patients.

**[00:07:17] Saul Marquez**

Love it. Thanks for sharing that, Tom. Yeah. There's so much that we don't know. And then it becomes very real when it actually hits you at home. Right. or a loved one. And and the thing is, if you're listening to this, it's probably hit you at home. And if it hasn't, then probably somebody close to you. So it's a very real problem and admirable that that Tom and his team are doing what they're doing. And and health care diversion is as a non-profit, right Tom?

**[00:07:52] Tom Knight**

It is and we formed this a non-profit because as a non-profit, we can do public private partnerships where we get federal policymakers, state policymakers and regulators and private organizations like health systems and other interested groups all to the table together to collaborate and share best practices.

**[00:08:14] Saul Marquez**

Yeah. You know, you don't have you don't have a financial interest in any of the things that you're doing. You could get government involved and get these policymakers to start doing something about it.

**[00:08:27] Tom Knight**

Yeah. And the response so far has been outstanding. We're really pleased.

**[00:08:31] Saul Marquez**

Has it been?

**[00:08:31] Tom Knight**

Yeah.

**[00:08:32] Saul Marquez**

Awesome.

**[00:08:33] Tom Knight**

So, for example, the Centers for Disease Control and Prevention CDC, which is here in our hometown of Atlanta, has already joined our advisory board. They're fully supportive. They actually see diversion as a leading cause of healthcare acquired infections. Someone who's diverting can injure their patients and so they came forward and said, "we want a seat at the tables so that we can be part of the solution and prevent those kind of infections and prevent those kind of patient injuries". And we're trying.

**[00:09:03] Saul Marquez**

Help me to connect the dots on that Tom. So so how how is the how is a diversion leading to that? And healthcare acquired infection.

**[00:09:12] Tom Knight**

Yeah. So sadly, if someone is stealing medications like an opioid or a narcotic, they're usually addicted and they're usually to the point where when they steal them, they actually inject them into their own arm while they're working. That's the nature of addiction, they might be feeling withdrawal so they'll go into the bathroom and they'll inject themselves with the fentanyl that was supposed to go into a patient. Then they have to cover their tracks. So they'll replace the medication with something that looks like it, like water. Certainly non-sterile and unfortunately, that often then gets injected into the patient and that person being a drug user has an infectious disease like like HIV or hepatitis C, or they might just introduce a bacterial infection because they've put tap water into a patient's arm. And so that's that's the example that CDC all sees all the time. They're constantly having to get on planes because a hospital in Washington, or hospital in Michigan, or hospital in New Hampshire, has just had this kind of infectious disease outbreak and you could have thousands of people that need now to be tested because one health care provider has been found out to be diverting. On our advisory board, we have a really courageous woman and a patient safety advocate, Lauren Lowe Lenny, who is actually infected with hepatitis C at her hospital in Colorado when she went in for routine surgery. And so her story and others like that are part of what we're spreading information about to raise awareness of the risks to patients from diversion.

**[00:10:56] Saul Marquez**

Wow. Well, I'm glad I asked Tom because I'm sure I wasn't the only one that didn't know the depth of of of what was going on there and I appreciate you bringing awareness to everybody listening today. It's a problem beyond what we understand. And so what would you say, as you guys have you know, because this is really interesting, right? I mean, you've built a very cool platform. You've used your engineering skills. You guys have, you know, touched the right people that care about this topic. But it hasn't all been easy or seamless. I'd love if you could just share a setback and what you learned from it that's helped you be successful.

**[00:11:37] Tom Knight**

Yeah. And this was part of my education when I brought this message about the nonprofit to health care leaders. I was chatting at the time, I remember with the CEO of a mid-size hospital about preventing diversion. And one of the challenges I ran into is that CEO had had a diversion incident in his hospital. And instead of doing the right thing, which is to report that case, too, in that case, the state board of pharmacy and all the federal authorities, that they could prevent that person from doing it again, this CEO decided not to report it. And it was it was striking to me to talk with that person to understand their motivation. And it was a calculus that really disturbed me. On the one hand, he said, "I can report this person and hopefully get them some help. They're probably addicted. I can prevent them from injuring one other patients. And that's that's a path that might lead to some bad publicity for my hospital and might lead to a little stigma for us in the community. On the other hand, I could just let this person quit, not report them, and then I no longer have the problem in my hospital". And what we're trying to help that person understand is if they decide to just let them quit, which unfortunately was the decision that he and his colleagues made. That person is addicted. That person is likely just going to go right across town or right across state lines. And they're going to start stealing in some other hospital, putting other patients at risk, worsening their addiction. And and really all they're doing by letting that person continue without getting help is just kicking the can, kicking the problem to somebody else.

**[00:13:37] Saul Marquez**

All right.

**[00:13:37] Tom Knight**

If all of our hospital CEOs make that decision, then all we're gonna do is continue to perpetuate the problem. So that was actually that conversation that got me thinking about how we needed to bring health care executives to the table in order to bring the organizations that regulate those that industry to the table to find a way that we can have those CEOs met, CEOs make the right decision and say, well, even though it might be a temporary piece of bad publicity for our hospital in the long run, it's the right solution to give this person help and to prevent this person from doing it elsewhere.

**[00:14:14] Saul Marquez**

Wow, that's that's great. And, you know, I think about the fact, I mean, it's a fact. We you know, we are humans. And, you know, whether you're running an organization or just have a job somewhere, you want to look good and what is the cost of looking good? If it means harming patients. And so I think, Tom, you know, you've you've hit a really important point here is that we need to go beyond looking good and and, you know, doing what's right. So so what about one of your proudest leadership experiences?

**[00:14:58] Tom Knight**

Well, great question. We. I was really pleased at our first advisory board meeting, we just had it in September, so just last month and it was our first official empanelling of our advisory board. And it was a really great achievement for the organization and for me, because at the advisory board we had federal policymakers like the CDC. We had representatives from national organizations that are active in preventing drug diversion. We had health care executives, including a CEO, who really wants proactively to lead on this issue. We had Lauren Lenni, who I mentioned was patient safety advocate, and we had some clinicians on the line. We had a physician ethicist that was at a hospital that was a victim of a bad diversion incident. But the reason it was such a great achievement is for the first time we had all these people talking at the same time and sharing their experiences on the risks of drug diversion and what we as a country need to do about it. And even though it was our first advisory board meeting, we already started coming up with some great ideas and it just made me feel like we were doing the right thing, this nonprofit was founded at the right time, we're inviting the right stakeholders. And it was a great moment for us and our young nonprofit to see these stakeholders can come together and come up with some creative approaches that will reduce how often this is happening.

**[00:16:26] Saul Marquez**

Congratulations. That's that's just great that you were able to do that Tom. And so, you know, I'm wondering, well, why are you so, so driven by this? Well, what's why is it so important to you? We'd love to hear your story there.

**[00:16:42] Tom Knight**

Well, as an engineer, you know, I was trained to find ways to solve problems, which is a nice general job description for all engineers. And and I see our country really struggling with our opioid epidemic and I saw a lot of good progress on a lot of good fronts. There's a lot of good people fighting the good fight. We're starting to see overdose deaths decline. And of course, that'll be a long journey. We're starting to see patients getting the help they need or providers changing their prescribing patterns. But what really got me passionate about the area is I didn't see our country doing much at all to reduce the theft of medications outside of healthcare facilities, you know, by the people that are clinicians in those hospitals, those facilities. And I saw that the technology that we had developed to track those medications could really solve a problem and be a piece of the solution to detect when those medications are being stolen. So as an engineer, I saw the problem, which is theft of drugs about out of every facility across the country. I saw there was a piece of the solution that I could provide, which is on the technology side. But then I also saw that we needed leadership not just from me, but the others at organizations like I mentioned. That's really going to change how the country handles this problem. So that's what's got me passionate as I see a problem with the theft of these medications from thousands of facilities across the country and I see that we've got the right technology and we've got the right people that we can solve the problem.

**[00:18:28] Saul Marquez**

That's awesome, thanks for sharing that Tom. And so what about an exciting project like yes are an exciting project. And it's out of all the things that you're doing now Tom and the progress you guys are making, what would you say is the most exciting focus?

**[00:18:46] Tom Knight**

I'm I'm personally really excited about some research that we're conducting that was funded by the National Institutes of Health. They see this as a national problem and the National Institute on Drug Abuse has provided a large research grant. And they've asked me to be the principal investigator on a national study to find better ways to detect drug diversion in healthcare facilities so that's in addition to the nonprofit that's also keeping me very busy. And I'm really excited because our original scope was going to be just seven hospitals across the country and the interest has been overwhelming. We already have 29 that are part of the study with more and more being added every month so that's a chance for me to to collaborate with hospitals around the country, find better ways to detect diversion. And that's got me really excited and and busy these days.

**[00:19:40] Saul Marquez**

That's very cool. Congratulations on that. That's it's a big need and and you've been tapped on the shoulder to to help the country. So appreciate the work you're doing there.

**[00:19:51] Tom Knight**

But it's certainly it's a team effort. And what we're doing is to kind of kind of spread what we're learning from a lot of different organizations across the country so we're all as smart as best practices allow us to be.

**[00:20:06] Saul Marquez**

So, Tom and so I guess you're so busy. I bet that's how baseball kind of fits into this whole thing, right, baseball helps you unplug.

**[00:20:17] Tom Knight**

It is one way for me to unwind. And I root for the Cincinnati Reds where I grew up with the rig but Big Red Machine and the Atlanta Braves.

**[00:20:28] Saul Marquez**

Congrats on the Braves this season.

**[00:20:30] Tom Knight**

We're going to say go Braves. We got the Cardinals. But it's fun to watch the postseason and I'm enjoying that time of year.

**[00:20:37] Saul Marquez**

That's awesome. So, Tom, getting into the lightning round, I got a couple of questions for you, Lightning Round style, followed by a book you recommend to the listeners. You ready?

**[00:20:47] Tom Knight**

I'm ready.

**[00:20:47] Saul Marquez**

All right. What's the best way to improve health care outcomes?

**[00:20:53] Tom Knight**

I'd say focus on the patient.

**[00:20:55] Saul Marquez**

What's the biggest mistake or pitfall to avoid?

**[00:20:59] Tom Knight**

Medication errors and mismanagement, which is our focus when it comes to drug diversion.

**[00:21:05] Saul Marquez**

How do you stay relevant as an organization despite constant change?

**[00:21:10] Tom Knight**

Constantly looking for best practices and learning better ways to solve the problem.

**[00:21:16] Saul Marquez**

What's an area of focus that drives everything at health care, diversion, reporting, drug diversion incidents nationally and and, you know, just to question their time. So who does the reporting? You know, the listeners are probably like, how do I report it? Maybe you could shed some light on that.

**[00:21:36] Tom Knight**

Yeah. So anyone can report an incident they're aware of. There is a button on every page of our website that says report an incident. They just big and orange. Click, click that button and fill it out and we'll take that information vetted. Make sure it's according to our R D ID policies and it'll be on the map.

**[00:21:56] Saul Marquez**

Wow. Very cool. Again, folks, it's [healthcarediversion.org](https://healthcarediversion.org). Big orange button on the top, right? You need to report one, that's where you do it. What book would you recommend to our listeners, Tom?

**[00:22:09] Tom Knight**

I love the Checklist Manifesto, which teaches a surgeon and other surgeons like him how to learn from other industries like the airline industry.

**[00:22:20] Saul Marquez**

Atul Gawande

**[00:22:21] Tom Knight**

Yes. You know it. Good.

**[00:22:23] Saul Marquez**

Awesome book. Yeah, if anybody hasn't read it, check it out. It's a wonderful read. And and so the other reminder to everybody listening. Go to [outcomesrocket.health](https://outcomesrocket.health) and the search bar type in Tom Knight, K-n-i-g-h-t or type in healthcare diversion and you'll see all the show notes and entire transcript of our conversation and links to report an incident along with anything else that we've discussed. So, Tom, this has been a blast. Appreciate you sharing your passion and the progress you've made. That was what the closing thought and then the best place where the listeners could continue the conversation.

**[00:23:02] Tom Knight**

Yeah. Thanks. I'll really appreciate a chance to talk with you. My closing thought and research shows about 10 percent of our healthcare professionals are stealing medications at one time. And what that means is in your neighborhood hospital, you can expect roughly 50 people in that hospital be stealing medications and yet a typical hospital investigates fewer than five a year. So that tells you that the thefts are happening, the thefts are going undetected and it's time for us to step up and make a change and to learn more and to contact us or to contact me. Just visit us at [healthcarediversion.org](https://healthcarediversion.org) and there's a contact us form. We'd love to hear from.

**[00:23:46] Saul Marquez**

Tom, I just want to say thank you again for what you and your team do to make America safer and our healthcare and we're rooting for you guys. So thanks, Thanks for everything and thanks for spending time with us here today.

**[00:24:01] Tom Knight**

Thank you Saul.

END OF TRANSCRIPT



Transcription by the Outcomes Rocket Production Team.