Include Indication For Use to Avoid Rx Errors

BY BRUCE K. DIXON
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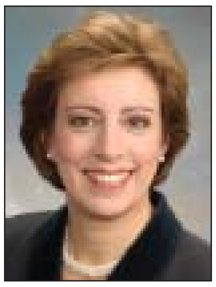
The soaring numbers of commonly used drugs with sound-alike and look-alike names have prompted the U.S. Pharmacopeia to ask physicians and pharmacists to include an "indication for use" on prescriptions.

This and other recommendations are contained in U.S. Pharmacopeia's 8th annual MEDMARX report, which is based on a review of more than 26,000 records submitted to the MEDMARX database from 2003 to 2006.



The records implicate nearly 1,500 drugs in medication errors due to brand or generic names that could be confused. From these data, U.S. Pharmacopeia (USP) compiled a list of more than 3,000 drug pairs that look or sound alike, a figure that is nearly double the number of pairs identified in USP's 2004 report, said Diane Cousins, R.Ph.

"We were surprised to see that much of an increase in such a short time, and the concern is that this increase in products in the marketplace further raises the opportunity for error," said Ms. Cousins, USP's vice president of health care quality and information.

USP also operates, in conjunction with the Institute for Safe Medication Practices, the Medication Errors Reporting Program (MER), which allows health care professionals to confidentially report potential and actual medication errors directly to USP.

USP reviewed both MEDMARX and MER to summarize the variables associated with more than 26,000 look-alike and/or sound-alike (LASA) errors, of which 1.4% (384) resulted in harm or death. More than 670 health care facilities contributed 26,000 records, according to the 400-page report.

"We looked at lists of the top 200 drugs prescribed and used in hospitals, and virtually every time, all of the top 10 appeared within the USP similar names list," Ms. Cousins said in an interview.

An important finding of this year's report is the role of pharmacy staff in LASA-related errors, she said. "Although pharmacy personnel, who are generally technicians, made the majority of errors, pharmacists as a group identified, prevented, and reported more than any other staff."

The report also identifies an emerging trend of look-alike drug names in computerized direct order entry systems as a source of confusion. "This trend will likely continue as these systems become a standard of practice," she said, adding that the LASA-related error problem is further compounded by the indiscriminate use of suffixes, as well as look-alike packaging and labeling.

Over the 3-year period, the drug most commonly confused with others was Cefazolin, a first-generation cephalosporin antibiotic. "We found it to be confused with 15 other drugs, primarily antimicrobials, which might be explained by the fact that this is the most frequently used class of medications," said Ms. Cousins.

Among other major paired LASAs were cardiovascular medications, such as lisinopril and enalapril, and central nervous system agents, such as trazodone and chlorpromazine.

Errors occur with over-the-counter medications, too. Ms. Cousins described the aural confusion when an order for Ferro-Sequel 500 mg—an iron replacement—was transcribed as Serrosequel 500 mg and the order was misread as Seroquel 500 mg—an antipsychotic.

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MS. COUSINS

The rate of mix-ups involving brand name versus generic drugs was about evenly split, 57% and 43%, respectively, Ms. Cousins said, adding that while most errors were made in pharmacies, many, such as the primidone–prednisone incident, are due to confusion over the prescribing physician's handwriting, which lead the pharmacist to issue the wrong drug.

"Errors also are due to physicians using short codes for medications, such as 'clon,' for clonazepam or clonapine," she said, adding that electronically written prescriptions using a computer or label machine would eliminate many errors.

It would be helpful if the FDA were given more authority to force name changes during the drug review process, as has been suggested by the Institute of Medicine.

The recommendation that physicians include indications for use in their prescriptions is not an attempt by USP to impose on privacy, Ms. Cousins emphasized. "All that is needed are simple inclusions, such as 'for sinus,' 'for heart,' or, 'for cough,'" she said, explaining that this also would help patients avoid confusion if they forget which vial is for which condition.

USP also recommends that "tall man lettering" be implemented in pharmacy software, labeling, and order writing to say, for example, "acetaZOLamide" (glaucoma) and "acetoHEXamide" (diabetes).

Where risk exists, take action to reduce the chance for error. USP recommends the following:

► Consider the potential for mix-ups before adding a drug to your formulary.
► Physically separate or differentiate products with similar names while they are being stored on the shelf.
► Disseminate information about products that have been confused at your facility, to build awareness among staff.
► Prohibit verbal orders for sound-alikes that have been mixed up at your facility.

"Physicians' offices should always require a read-back from pharmacists, making sure that they both say and spell the drug name," Ms. Cousins concluded. ■

POLICY & PRACTICE

MDs Not Sleeping Enough

Physicians are not getting the sleep they need to function at their best during the day, and their current work schedules could be to blame, according to a survey from the American College of Chest Physicians. In the survey, 70% of physicians reported needing at least 7-8 hours of sleep to function at their best. But on average, physicians reported sleeping 6.5 hours a night, and 43% of physicians indicated their current work schedule did not allow for adequate sleep. In addition, 22% reported not feeling refreshed upon waking at least a few nights a week. Almost all physicians (93%) reported drinking at least one caffeinated beverage a day, compared with 81% of the general population, but 84% of physicians said they are in very good or excellent health, compared with 56% of the general population. The survey included responses from 581 physicians.

Woodcock Named CDER Head

Dr. Janet Woodcock has been named director of the FDA's Center for Drug Evaluation and Research. Dr. Woodcock, a rheumatologist, served as director of CDER once before, in the 1990s, and has served as acting director since October 2007. The drug industry's chief lobbying group, PhRMA, welcomed the appointment. Dr. Woodcock "has demonstrated willingness to work with diverse partners, including researchers, Congress, the White House, patients, and pharmaceutical research companies," said a statement from the group. But Dr. Sidney Wolfe, director of Public Citizen Health Research Group, said in an interview that he's "not terribly hopeful" that Dr. Woodcock will lead the center well, because she doesn't like conflict and controversy. "I don't think she's the kind of CDER director we need right now," Dr. Wolfe said. "She's aware of a number of drugs on the market that should be taken off the market, but I don't think she has the fortitude to do something about it." CDER is charged with assuring that safe and effective drugs, including prescription, over-the-counter, and generic products, are available to Americans.

CMS Finds Improper Payments

More than $371 million in improper Medicare payments was collected from or repaid to health care providers and suppliers in 2007 as part of a demonstration program that used recovery audit contractors in California, Florida, and New York, the Centers for Medicare and Medicaid Services announced. Almost all the improper payments (96%) identified in 2007 were overpayments collected from providers, while the remaining 4% were underpayments that were repaid to providers. Most of the improper payments occurred when providers submitted claims that did not comply with Medicare's coverage or coding rules, and more than 85% of the overpayments collected and almost all underpayments refunded were from claims submitted by inpatient hospitals. The demonstration program began in 2005 and was expanded to include Massachusetts, South Carolina, and Arizona in 2007.

NYC Implementing EMRs

New York City is in the process of computerizing the medical records of patients for hospitals, community health clinics, and private physicians in a project that has cost about $60 million to date, Mayor Michael Bloomberg said. More than 200 health care providers—serving more than 200,000 city residents—already are online, putting New York on track to reach its goal of signing up 1,000 providers by the end of the year, Mayor Bloomberg said in a statement. "That will make our city home to the largest community network of electronic health records anywhere in the country," he said. "And it will allow New Yorkers to spend more time with their doctors, and less time filling out paperwork in the waiting room." The new system, a software package developed with funding from the city, state, and federal governments, will integrate patients' medical histories, lab results, and pharmaceutical records.

Trouble Paying for Rx

Four in 10 Americans—and half those regularly taking at least one medication—reported that they have trouble paying for drugs, skip prescriptions, or cut pills because of the cost of their prescriptions, a poll jointly conducted by USA Today, the Kaiser Family Foundation, and the Harvard School of Public Health showed. People were most likely to report one of those three issues if they lack drug coverage, if they have low incomes, or if they take four or more drugs regularly. The survey found that while the public values the products drug companies produce, they do not like what they charge and are suspicious of their motivation. Nearly 80% of Americans said that the cost of prescription drugs is unreasonable, and about 70% said pharmaceutical companies are too concerned about making profits and not concerned enough about helping people. But at the same time, the public overwhelmingly believes that recent advances in prescription drugs provide benefits, the survey found.

Retiree Health Costs $225,000

A 65-year-old couple retiring in 2008 will need approximately $225,000 to cover medical expenses in retirement, according to Fidelity Investments' most recent health care cost estimate. The estimate assumes individuals do not have employer-sponsored retiree coverage and includes expenses associated with Medicare Part B and D premiums (30% of the total), Medicare cost-sharing provisions (39% of the total), and prescription drug out-of-pocket costs (31%). It does not include other health-related expenses, such as over-the-counter medications, most dental services, and long-term care. Since the retirement health care expense estimate was first calculated in 2002, it has risen a total of 41%.

—Jane Anderson