Prescription Error Costs Exceed $3.5 Billion a Year

In the United States, 1.5 million preventable injuries each year are due to drug errors, the IOM reports.

BY MARY ELLEN SCHNEIDER
New York Bureau

Each year, patients in the United States experience at least 1.5 million preventable injuries due to medication errors, according to the findings of an Institute of Medicine analysis.

The report, released in July, estimated that these preventable adverse drug events would add up to about $3.5 billion in additional hospitalization costs this year, excluding the economic burden of lost wages and productivity.

The expert panel convened by the Institute of Medicine (IOM) called on physicians to do their part in reducing medication errors by improving communication with patients about medication safety and adopting electronic prescribing technology.

"Our recommendations boil down to ensuring that consumers are fully informed about how to take medications safely and achieve the desired results, and that health care providers have the tools and data necessary to prescribe, dispense, and administer drugs as safely as possible and to monitor for problems," J. Lyle Bootman, Ph.D., cochair of the IOM committee and dean of the college of pharmacy at the University of Arizona, Tucson, said in a statement.

The IOM committee set a 2010 deadline for physicians to implement e-prescribing for all prescriptions. Physicians and hospitals should have plans in place by 2008 to implement the necessary technology, the IOM report said. The e-prescribing technology should also be able to provide physicians with real-time clinical decision support tools.

The report, which was written at the request of Congress, underscores for lawmakers the importance of electronic health records (EHRs) in improving safety, said Hedy Cohen, R.N., vice president of the Institute for Safe Medication Practices. There have already been discussions within Congress about how to support the adoption of this technology, she said, and over time, prices for the systems should decrease.

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The American Medical Association pointed out that while there is great interest among physicians to adopt health IT, they face a dizzying array of choices, without much basis for objective comparison, and high adoption costs. Just days before the release of the IOM report, the Certification Commission for Healthcare Information Technology (CCHIT) released the first list of ambulatory EHR products that had been certified as meeting baseline criteria for functionality, interoperability, and security.

"We're encouraged by these first, solid steps to help physicians make purchasing decisions, but there is much more work to be done before the majority of physicians have the capability to do e-prescribing in a comprehensive way that includes safety and security capabilities," Dr. Cecil B. Wilson, AMA Board Chair, said in a statement.

And while health IT will help to eliminate some of the errors in prescribing, such as errors from handwriting, it will inevitably introduce new errors to the process, Frances Griffin, a director at the Institute for Healthcare Improvement, said in an interview.

The IOM committee also recommended that physicians do a better job of counseling patients about their medications. Physicians should educate patients and family members by providing information on side effects, contraindications, how to handle adverse reactions, and where to get good information. And patients should be better informed about their medications at the point of prescribing, at hospital discharge, and at the pharmacy, the report said.

One of the factors that can lead to patients' problems with self-management of medication is the use of free samples, the IOM report noted. Free drug samples can pose problems when a patient is switched to a medication based on the drug's availability rather than on clinical appropriateness.

Also, there is generally poor documentation in the medical record when samples are used and adverse events may not be reported, the IOM report noted. The committee recommended that the Agency for Healthcare Research and Quality fund studies evaluating the impact of free samples on overall patient safety as well as on prescribing practice and patient adherence.

Other recommendations from the report include the following suggestions:

- ► Patients or their caregivers should keep an active list of all prescription drugs, over-the-counter drugs, and dietary supplements that they take, why they are taking them, and any known allergies. Physicians should have access to this list.
- ► Government agencies should standardize pharmacy medication information, improve online medication resources, and establish a national drug information telephone help line.
- ► The Food and Drug Administration and the pharmaceutical industry should work together to develop common drug nomenclature with standard abbreviations, acronyms, and terms.
- ► States should attempt to remove barriers to e-prescribing and enact legislation that is consistent with the Medicare Modernization Act's e-prescribing provisions. Under the act, drug plans that participate in the Medicare Part D program were required to support e-prescribing by January 2006. E-prescribing is optional for physicians and pharmacists under the final rule issued by CMS last year. ■

The IOM report is available online at www.nap.edu.

Commission Releases First List of Certified EHR Products

BY MARY ELLEN SCHNEIDER
New York Bureau

The Certification Commission for Healthcare Information Technology has unveiled an initial list of 22 ambulatory electronic health record products that meet its standards for functionality, interoperability, and security.

CCHIT was formed in 2004 by three leading health IT management and technology industry associations. Since last fall, CCHIT has been under contract to the federal government to develop certification criteria for EHRs and evaluate products. The CCHIT process has also been endorsed by the American Academy of Family Physicians, the American College of Physicians, and the American Academy of Pediatrics.

This doesn't mean that physicians shouldn't do their homework when buying a system, since every practice will be looking for different types of functionality.

In this first round, CCHIT officials gave their seal of approval to 22 products that met all certification standards. Going forward, CCHIT officials will evaluate ambulatory EHR products on a quarterly basis, and are expected to make the next announcement about newly certified EHR systems in late October. In the meantime, the group will begin work on certification for inpatient EHRs and for the network systems that support information exchange between physicians and health care institutions.

The certified products are designed to serve the spectrum of physician practices, Dr. Mark Leavitt, CCHIT chair, said during a press conference. Vendors whose products were certified in this first round received a CCHIT seal of approval that the product met 2006 standards, Dr. Leavitt said. That certification is good for up to 3 years or vendors can come back to CCHIT each year to be certified under the updated standards, he said.

This year's standards included some baseline interoperability functionality related to receiving lab results, but the bulk of the interoperability criteria will be applied starting next year, once standards in this area have been harmonized, he said.

"This certification process provides folks with a short list, if you will," Dr. Michael S. Barr, vice president of practice advocacy and improvement at the American College of Physicians, said in an interview.

Having a list of certified products reduces some risk for physicians buying EHR systems, Dr. Barr said. But it does not mean that physicians should not do their homework when it comes to buying a system, since every practice will be looking for different types of functionality, he said.

JOHN WHITMAN/CCHIT

Dr. Mark Leavitt, CCHIT chair (right) and HHS Secretary Mike Leavitt (left) discuss the importance of certifying EHR products.

"This is just a first step along a long, long path," Health and Human Services Secretary Mike Leavitt said during the press conference.

Leaders in health IT are quickly approaching the time when they will no longer have to sell people on the benefits of EHRs, he said, but there is a need to continue to talk about the importance of the interoperability of these systems. In the long term, interoperable systems will become a condition of doing business with the federal government, said Mr. Leavitt, who is not related to Dr. Leavitt.

In an effort to aid physician adoption of EHRs, Mr. Leavitt said HHS will soon publish a final regulation creating safe harbors in the federal antikickback statute and physician self-referral law (Stark laws) that would allow hospital systems and other large provider groups to donate health IT products to physicians in certain cases. HHS issued the proposed rule last October. ■

The full list of certified products is available at www.cchit.org/certified/2006/CCHIT+Certified+Products+by+Product.htm.