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.

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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 adding 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, disperse, 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 pharmacists 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.

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, and every vendor offers different types of 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.