



Medication Safety

Improving drug safety practices, reducing medication errors and developing innovative care standards

National estimates suggest that adverse drug events (ADEs) contribute an additional \$3.5 billion to U.S. health care costs.¹

Given the U.S. population's large and ever-increasing magnitude of medication exposure, the potential for harm from ADEs is a critical patient safety and public health challenge. ADEs are a direct result of drugs used during medical care that produce harmful events. These harmful events can include medication errors, adverse drug reactions, allergic reactions and overdoses.^{2,3}

A Community-Based Approach

atom Alliance is a multi-state alliance for powerful change composed of three nonprofit, healthcare quality improvement consulting companies—AQAF (Alabama), IQH (Mississippi) and Qsource (Indiana, Kentucky, Tennessee).

We share expertise to advance the goals of the National Quality Strategy and support Centers for Medicare & Medicaid Services (CMS) in efforts to transform the course of healthcare in our nation for the better.

We are working with providers, pharmacists, pharmacies and stakeholders in Alliance states to reduce and monitor ADE rates. To reduce and prevent the incidence of ADEs, we are convening community groups throughout the region that treat Medicare Fee-for-Service (FFS) beneficiaries taking three or more medications, including at least one of these high-risk medications: anticoagulants, diabetic agents and/or opioids.

Adverse Drug Events (ADEs)

1.5 Million ADEs Each Year

in the U.S. Healthcare System

3 ADEs will happen in about the time it takes you to read this graphic

Each hospital patient suffers **one medication error per day** on average.

Key facts:

ADEs contribute an extra \$3.5 billion in U.S. healthcare costs—up to \$5.6 million per U.S. hospital.

7x

Older adults are up to seven times more likely than younger persons to experience an ADE requiring hospitalization.

ADEs result in approximately 1 million emergency room visits per year.

1 million

The top two medications implicated in ADEs are insulin (for diabetes) and warfarin (a blood thinner).



Sources: Institute of Medicine
Agency for Healthcare Research and Quality
National Institutes of Health



Our ADE Goals

- Reduce ADEs by 35 percent per 1,000 screened Medicare FFS beneficiaries by the year 2019
- Monitor ADE rates by Medicare FFS beneficiaries on anticoagulants, diabetic agents or opioids by care setting, state and readmission rate

Key Strategies & Interventions

Our strategies and interventions will foster community and coalition building with all providers and stakeholders in each recruited community in the region and will include:

- Building on the previous Quality Improvement Organization (QIO) ADE project work, CMS' Partnership for Patients initiative on this ADE topic area
- Building on the momentum of established QIO ADE partnerships
- Increasing patient-centered care by coordinating provider communication regarding evidence-based medication therapy management and medication reconciliation across care setting
- Developing and using ADE prevention toolkits in all care settings
- Developing and using data reports that track ADE rates by beneficiaries on anticoagulants, diabetic agents and opioids for participating community partners and providers

Join us!

Visit www.atomAlliance.org to learn more about this initiative and how you and members of your community can get involved.

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¹ Institute of Medicine Committee on Identifying and Preventing Medication Errors. Preventing Medication Errors: Quality Chasm Series. Washington, DC: The National Academies Press, 2006.

² Agency for Healthcare Research and Quality. Adverse Drug Event (ADE), in Patient Safety Network: Glossary. Available at: <http://psnet.ahrq.gov/glossary.aspx>.

³ National Action Plan for Adverse Drug Event Prevention. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, 2013.

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