Conclusions and Next Steps

Despite decades of attention on improving patient safety, adverse drug events (ADEs) remain an important, but largely preventable, source of harm to patients wherever they encounter the health care system, including inpatient, outpatient, and long-term care settings. The process of developing the *National Action Plan for Adverse Drug Event Prevention* has facilitated communication and collaborations across the U.S. Department of Health and Human Services (HHS) and other Federal partners around this critical public health and patient safety issue. Through the Federal Interagency Steering Committee and Workgroups, Federal Agencies have shared existing tools, resources, and best practices for defining, measuring, tracking, and preventing ADEs, and have also identified challenges and opportunities in advancing the field of ADE prevention.

The ADE Action Plan is only the first step in more systematic efforts by Federal partners to address surveillance, prevention, policies, and research around high-priority ADE targets in an aligned and coordinated fashion across the Federal Government. As a followup to the ADE Action Plan, it will be critical that Federal partners initiate collaborations with other public and private stakeholders. It is hoped that increased Federal attention to the high prevalence of ADEs and their negative impact on patients, providers, and health care costs will improve awareness and support for these efforts across public and private sectors. Broadly, the ADE Action Plan has identified Federal assets that could be leveraged in the following areas:

- **Surveillance**—Use of enhanced and more consistent definitions of ADEs, specifically those associated with high-priority ADE targets (i.e., anticoagulants, diabetes agents, opioids), to allow for more effective measuring and tracking of ADEs.
- **Prevention**—Support of development, dissemination, and uptake of evidence-based guidelines, best practices, tools, and provider and patient education resources that are specific to high-priority ADE targets, particularly among high-risk patient populations (e.g., older adults) and in high-risk settings, where ADE prevention strategies may be lacking (e.g., care transitions, long-term care)
- **Incentives and Oversight**—Support of policies and quality improvement efforts through current and future health care quality measures, and payment programs and models.

- **Research**—Support of ongoing research and evaluations that can help inform efforts to identify patients at highest risk of ADEs, and of the most effective ADE prevention strategies.

In addition, more coordinated and focused use of health information technology will play a critical role in advancing ADE prevention efforts through various mechanisms, including but not limited to improvements in detection and monitoring of ADEs on the basis of more integrated and accessible electronic health record (EHR) data, electronic transfer of medication information across multiple providers and multiple settings, facilitating improvements in linkages between pertinent pharmacy and laboratory data, and integration of clinical decision support tools and health care quality measures specifically targeting high-priority ADEs.

The success of the ADE Action Plan will depend on ongoing coordination and collaboration across the Federal Government and among Government Agencies, national experts, and key public and private stakeholders. The ADE Action Plan should serve as a catalyst to promote leaders at the Federal, State, and local levels to implement evidence-based guidelines and engage in strategies that will help advance the goals of the ADE Action Plan. If the national burden of ADEs is to be reduced, Federal partners must continue in their coordinated and aligned efforts toward this shared goal, providers must be afforded every opportunity to safely and effectively manage medications, and patients must be enabled to become educated, engaged consumers and partners in their health care.

In future years, as progress is made in reducing ADEs from the initial targets of the ADE Action Plan (i.e., anticoagulants, diabetes agents, opioids), efforts will need to be retooled to additional and newly emerging medication safety targets. In addition, the ADE Action Plan will need to be adapted to reflect evolving science and technology.

In the meantime, HHS will continue the activities initiated in developing the ADE Action Plan, including

- Facilitating and coordinating nationwide and State-based efforts to align and enhance ADE surveillance and prevention
- Coordinating quarterly meetings of the Federal Interagency Steering Committee for ADEs to share current Federal efforts related to ADE prevention
- Investigating opportunities to host a public meeting focused on sharing and disseminating current and future best practices, policies, and research around ADE surveillance and prevention

- Leveraging a cross-cutting Federal communication workgroup to conduct outreach and education to public and private stakeholders around ADEs
- Supporting continued investment in research to inform and advance medication safety
- Identifying opportunities to incorporate measures related to high-priority ADE targets into existing and future CMS programs
- Identifying specific quantitative targets, measurable metrics, and analysis methodology to assess the impact of the *National Action Plan for Adverse Drug Event Prevention* following its implementation (as improvements in surveillance allow for more effective tracking of ADEs)

By leveraging the extensive experience of HHS and other Federal partners in improving the health and welfare of Americans, we are confident that the goals outlined in the *National Action Plan for Adverse Drug Event Prevention* will help advance overall patient safety and wellness across the Nation.