
Executive Summary

The *National Action Plan for Adverse Drug Event Prevention* (ADE Action Plan) was established to address two key objectives: (1) identify common, preventable, and measurable adverse drug events (ADEs) that may result in significant patient harm; and (2) align the efforts of Federal health agencies to reduce patient harms from these specific ADEs nationally.

On the basis of national ADE data from inpatient and outpatient settings, three types of ADEs were considered to be common, clinically significant, preventable, and measurable, and were therefore selected as the high-priority targets of the ADE Action Plan.

The three initial targets of the ADE Action Plan are

- Anticoagulants (primary ADE of concern: bleeding)
- Diabetes agents (primary ADE of concern: hypoglycemia)
- Opioids (primary ADE of concern: accidental overdoses/oversedation /respiratory depression)

The ADE Action Plan suggests a four-pronged approach to reduce patient harms from these three ADEs: **Surveillance, Prevention, Incentives and Oversight, and Research.**

- 1) **Surveillance**—Coordinate existing Federal **surveillance** resources and data to assess the health burden and rates of ADEs.

Federal public health agencies will strive to coordinate ADE surveillance efforts to assess progress in the prevention of anticoagulant, diabetes agent, and opioid ADEs at a population-based level. Federal Agencies that provide direct patient careⁱ will identify opportunities for assessing progress in preventing anticoagulant, diabetes agent, and opioid ADEs within their health care delivery networks. Using enhanced and more consistent definitions of ADEs,

ⁱ These agencies include but are not limited to the Bureau of Prisons, Department of Defense, Health Resources and Services Administration, Indian Health Service, and Veterans Health Administration.

specifically those associated with high-priority ADE targets (i.e., anticoagulants, diabetes agents, opioids), can allow for more effective measuring and tracking of ADEs.

- 2) **Prevention**—Share existing **evidence-based prevention tools** across Federal Agencies and with non-Federal health care providers and patients.

Federal public health agencies that support the development and dissemination of evidence-based prevention tools will promote the dissemination of these tools to prevent anticoagulant, diabetes agent, and opioid ADEs, and will collaborate with Federal Agencies that provide direct patient care to disseminate the evidence-based prevention tools these agencies use, particularly for high-risk patient populations (e.g., older adults and people with disabilities) and for high-risk situations and settings in which ADE prevention strategies may be lacking (e.g., care transitions, institutional and noninstitutional long-term care).

- 3) **Incentives and Oversight**—Explore opportunities, including financial **incentives and oversight** authorities, to promote ADE prevention.

Federal public health agencies and agencies that provide direct patient care share a commitment to improving patient safety and will explore opportunities to incorporate the prevention of anticoagulant, diabetes agent, and opioid ADEs within existing safety and quality programs, measures, and payment models.

- 4) **Research**—Identify current knowledge gaps and future **research needs (unanswered questions)** for ADE prevention.

Federal health agencies will collaborate to identify key research needs and facilitate the basic, translational, and health services research required to identify the most effective strategies for the prevention of anticoagulant, diabetes agent, and opioid ADEs, particularly among high-risk patients.

Within each of the sections dedicated to the three high-priority targets for ADE prevention efforts, figures highlight the most pertinent actions to potentially advance the areas of surveillance, evidence-based prevention tools, incentives and oversight, and research, as well as the role of health information technology.

The Department of Health and Human Services (HHS) is releasing the final *National Action Plan for Adverse Drug Event Prevention*, following issuance of a draft ADE Action Plan and review of public

comments. 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 for 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. As progress is made toward reducing ADEs from the initial targets of the ADE Action Plan (i.e., anticoagulants, diabetes agents, and opioids), prevention efforts will need to be retooled to include additional and newly emerging medication safety targets.