

Healthy People 2020 Summary of Objectives

Medical Product Safety

Number Objective Short Title

MPS-1 Monitoring and analysis of adverse events associated with medical therapies

MPS-2 Pain treatment

MPS-3 Adverse events from medical products

MPS-4 Medical products associated with predictive biomarkers

MPS-5 Emergency department visits for adverse events from medications

Topic Area: Medical Product Safety

MPS-1: Increase the proportion of health care organizations that are monitoring and analyzing adverse events associated with medical therapies within their systems.

Target: 66.8 percent.

Baseline: 60.7 percent of general and children's hospital systems reported adverse drug events externally in 2009.

Target setting method: 10 percent improvement.

Data source: National Survey of Pharmacy Practice in Acute Care Settings, American Society of Health System Pharmacists (ASHP).

MPS-2: Increase the safe and effective treatment of pain.

MPS-2.1 (Developmental) Reduce the proportion of patients suffering from untreated pain due to a lack of access to pain treatment.

Potential data source: Medical Expenditure Panel Survey (MEPS), AHRQ.

MPS-2.2 Reduce the number of non-FDA-approved pain medications.

Target: 518 non-FDA-approved pain medications on the market for the year 2007.

Baseline: 575 non-FDA-approved pain medications (opioids, nonsteroidal anti-inflammatory drugs [NSAIDs], and acetaminophen used to treat pain) were on the market in 1 year beginning January 2007.

Target setting method: 10 percent improvement.

Potential data sources: FDA Drug Registration and Listing database, FDA and Intercontinental Marketing Services (IMS).

MPS-2.3 (Developmental) Reduce serious injuries from the use of pain medicines.

Potential data source: FDA Adverse Event Reporting System (FAERS), FDA.

MPS-2.4 (Developmental) Reduce deaths from the use of pain medicines.

Potential data source: FDA Adverse Event Reporting System (FAERS), FDA.

MPS-3: (Developmental) Reduce the number of adverse events from medical products.

Potential data source: Sentinel Initiative, FDA.

MPS-4: (Developmental) Increase the use of safe and effective medical products that are associated with predictive biomarkers.

Potential data sources: FDA's Pre-Market Approval (PMA) database and device application tracking database (the "510(k) database"); U.S. System of Oversight of Genetic Testing: A Response to the Charge of the Secretary of Health and Human Services Report of the Secretary's Advisory Committee on Genetics, Health, and Society, April 2008" available at http://oba.od.nih.gov/oba/SACGHS/reports/SACGHS_oversight_report.pdf.

MPS-5: Reduce emergency department (ED) visits for common, preventable adverse events from medications.

MPS-5.1 Reduce emergency department (ED) visits for overdoses from oral anticoagulants.

Target: 35.9 ED visits per 10,000 outpatient prescription visits.

Baseline: 39.9 ED visits per 10,000 outpatient prescription visits for overdoses from oral anticoagulants occurred in 2007.

Target setting method: 10 percent improvement.

Data sources: National Electronic Injury Surveillance System. Cooperative Adverse Drug Event Project (NEISS. CADES), CDC, CPSC, and FDA; National Ambulatory Care Survey (NAMCS), CDC, NCHS; National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

MPS-5.2 Reduce emergency department (ED) visits for overdoses from injectable antidiabetic agents.

Target: 46.2 ED visits per 10,000 outpatient prescription visits.

Baseline: 51.3 ED visits per 10,000 outpatient prescription visits for overdoses from injectable antidiabetic agents occurred in 2007.

Target setting method: 10 percent improvement.

Data sources: National Electronic Injury Surveillance System. Cooperative Adverse Drug Event Project (NEISS. CADES), CDC, CPSC, and FDA; National Ambulatory Care Survey (NAMCS), CDC, NCHS; National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

MPS-5.3 Reduce emergency department (ED) visits for overdoses from narrow-therapeutic-index medications.

Target: 8.3 ED visits per 10,000 outpatient prescription visits.

Baseline: 9.2 ED visits per 10,000 outpatient prescription visits for overdoses from narrow-therapeutic-index medications occurred in 2007.

Target setting method: 10 percent improvement.

Data sources: National Electronic Injury Surveillance System. Cooperative Adverse Drug Event Project (NEISS. CADES), CDC, CPSC, and FDA; National Ambulatory Care Survey (NAMCS), CDC, NCHS; National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

MPS-5.4 Reduce emergency department (ED) visits for medication overdoses among children less than 5 years of age.

Target: 29.5 ED visits per 10,000 children less than 5 years of age.

Baseline: 32.8 ED visits per 10,000 children less than 5 years of age occurred in 2008.

Target setting method: 10 percent improvement.

Data sources: National Electronic Injury Surveillance System. Cooperative Adverse Drug Event Surveillance Project (NEISS. CADES), CDC, CPSC, and FDA; Current Population Survey (CPS), DOL, BLS, and U.S. Census Bureau.