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GROUNDBREAKING STUDY DETAILS HOW TO REDUCE MEDICATION ERRORS AT MASSACHUSETTS COMMUNITY HOSPITALS

Computerizing physician orders for drugs and tests could save lives, save money

BOSTON, MA (February 14, 2008) – Massachusetts hospitals could prevent 55,000 dangerous medication errors every year and save \$170 million annually if they implement a technology that computerizes the way physicians order prescriptions and tests for their patients, according to a study unveiled today by the Massachusetts Technology Collaborative and the New England Healthcare Institute.

The first-of-its-kind study, conducted by Dr. David Bates of Brigham and Women’s Hospital with financial analysis by PricewaterhouseCoopers, was based on an unprecedented review of 4,200 medical charts at six community hospitals in the Commonwealth. It found that on average, one in every ten patients admitted to these hospitals suffered a preventable medication injury such as a severe allergic reaction or dangerous interaction among medications.

These errors could be substantially avoided by implementing Computerized Physician Order Entry (CPOE) systems, a computer application that alerts medical professionals about potential adverse drug interactions and incorrect doses of medicine. The systems could cut the preventable error rate by 70% and save each community hospital \$2.7 million annually by reducing error rates, shortening length of hospital stays, and curtailing unnecessary drug tests and laboratory use.

“The study results are stunning,” said MTC Executive Director Mitchell Adams. “We must speed the adoption of this technology in every hospital in Massachusetts.”

Despite the clinical and financial benefits of computerizing diagnostic and therapeutic patient orders, the study reports that only 10 of the 73 hospitals in Massachusetts have fully implemented these systems.

Cost is one major barrier to adopting these systems. There is an average one-time capital cost of \$2.1 million for each hospital, and an additional \$435,000 annual operating cost. However, the study found that when factoring in the financial benefits of CPOE in reducing adverse drug events and unnecessary expenses, hospitals could recoup all costs in just 26 months.

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In addition to the major enhancements to patient safety and reduction in unnecessary costs, the average annual benefit to health insurance companies and other major payers in health care could equal up to \$900,000 annually per hospital.

Because of the proven benefits of these computer entry systems, the study recommends that all Massachusetts hospitals complete full implementation of CPOE systems by 2011 and provides an outline of how adoption could be accomplished.

“More than one million preventable medication errors occur in the US every year,” said NEHI President Wendy Everett. “CPOE can change that.”

For a free copy of the report, please visit www.masstech.org or www.nehi.net

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About MTC and NEHI

Massachusetts Technology Collaborative

The Massachusetts Technology Collaborative is the state’s development agency for the innovation economy and clean energy. It works to stimulate economic activity by bringing together leaders from industry, academia, and government to advance technology-based solutions that lead to economic growth; improved care and reduced costs in the health care system; and a cleaner environment.

www.masstech.org.

New England Healthcare Institute

The New England Healthcare Institute is an independent, not-for-profit organization dedicated to transforming health care for the benefit of patients and their families. In partnership with members from all across the health care system, NEHI conducts evidence-based research and stimulates policy change to improve the quality and the value of health care. Together with this unparalleled network of committed health care leaders, NEHI brings an objective, collaborative and fresh voice to health policy.

www.nehi.net