FARS and FFIRS
by David B. Nash, MD, MBA

The now-famous reports from the Institute of Medicine, “To Err is Human”\(^1\) (November 1999) and “Crossing the Quality Chasm”\(^2\) (March 2001), called for a top-down review of the American health care system. The review that these reports call for should include a detailed focus on error-reporting and prevention programs. These types of programs have been promulgated in other industries, especially in aviation and nuclear power, with key components including confidentiality, meaningful, rapid feedback to reporters, ease of reporting, and senior leadership support.

Imagine a national Web site where any health care professional could log on and rapidly evaluate an adverse drug response or a failed medical drug-delivery system to compare the root cause of the failure with other documented programs nationwide. Imagine a P&T committee having ready access to the nation’s collective experience with evaluating new drugs and new technologies during its deliberations. Couldn’t these kinds of systems improve care and the efficiency of the formulary decision-making process?

I believe that two important national programs that are tangentially related to health care offer eerily prophetic examples of how we might benefit from just such aforementioned health care Web sites. Hence, the title of this editorial, “FARS and FFIRS.”

To improve traffic safety, the United States Department of Transportation’s (DOT’s) National Highway Traffic Safety Administration (NHTSA) created the Fatality Analysis Reporting System (FARS) more than a quarter century ago in 1975.\(^3\) This data system was conceived, designed, and developed by the National Center for Statistics and Analysis (NCSA) to assist the traffic safety community in identifying traffic safety problems and evaluating both motor vehicle safety standards and highway safety initiatives. In essence, the mission of FARS is to make vehicle crash information accessible and useful so that traffic safety can be improved and lives can be saved.

In 1997, the FARS query system was deployed, enabling users to submit queries directly and obtain the fatal crash information they need. The FARS “query wizard” assembles information from disparate data sources such as police action reports, state vehicle registration files, state driver licensing files, and coroner reports. These are linked with hospital medical records and emergency medical service reports. How is this information put together? NHTSA works in conjunction with an agency in every state to provide information on fatal crashes. FARS analysts are state employees who extract the information and put it into this standard format. All FARS analysts attend formal training programs and receive continuous on-the-job training to update their skills. The NCSA responds to over 3,000 requests for information and sends out more than 50 computer tapes of FARS data each year. Requests for such data come from sources such as state and local governments, research organizations, private citizens, the auto and insurance industries, Congress, and, of course, the media.

The national Fatal Firearm Injury Reporting System (FFIRS)\(^4\) is a related tool sponsored by institutions such as the National Firearm Injury Statistics System, the Harvard School of Public Health, and the Medical College of Wisconsin. FFIRS is being piloted in several states and counties around the country. It is believed that this type of research is vital to objectively evaluating public policies aimed at reducing the nation’s firearm injuries. A core objective of FFIRS is to provide uniform data elements that “harmonize with prevailing standards for electronic data and exchange.” The data elements are organized into four sections, and a structured format is used to document each data element. The four sections include incident characteristics, victim characteristics, suspect characteristics, and firearm characteristics.

Are FARS and FFIRS analogous to the work of P&T committees around the country? I believe the answer is a resounding yes. We ought to vigorously endorse the recommendations of both of the IOM reports and call on our representatives to support investment in a national online comprehensive drug-interaction system. Such a system would depict not only common adverse drug reactions and drug-drug interactions, but would also form the core of a national online outcomes research tool, thereby enabling us to effectively monitor the economic and social impact of new technologies in health care.

Small advances in health care analogous to FARS and FFIRS already exist—an example is the burgeoning safety initiatives of the Veterans Administration and the Medical Event Reporting System for Transfusion Medicine (MIRS-TM).\(^5\) These national systems share many attributes, but the most important one, in my view, is centralized leadership support and appropriate resource allocation. The Agency for Healthcare Research and Quality, which has been charged by the IOM with moving the error-reducing agenda forward, spends tens of millions of dollars, but it is an inadequate amount. We need a national investment exponentially greater to carry out the mission of the P&T committee of the future. What’s your FARS and FFIRS plan for 2002? As usual, I am interested in your views. You can reach me at my email address: david.nash@mail.tju.edu.