

February 10, 2006, Issue #190

AHRQ News and Numbers

In 2003, more than \$726 million-or nearly 45 percent of the more than \$1.6 billion that the Nation's hospitals charge to treat burn victims-was billed to Medicare or Medicaid, government programs for the elderly and poor, respectively. The average hospital bill for a burn victim was nearly \$48,000, but the charge varied by payer. For Medicare patients, the average charge was \$59,600; for Medicaid patients it was \$47,400; for burn victims with private insurance the average charge was \$41,400; and the average charge for uninsured burn victims was \$34,900. [Source: Agency for Healthcare Research and Quality, [HCUPnet](#).]

Today's Headlines:

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1. New AHRQ Comparative Effectiveness Review Finds Noninvasive Tests May Miss Breast Cancer

Four common noninvasive tests for breast cancer are not accurate enough to routinely replace biopsies for women who receive abnormal findings from a mammogram or physical examination, according to a new AHRQ Comparative Effectiveness Review. This report is the second from AHRQ's new Effective Health Care Program, which compares the effectiveness of different treatments for health conditions. The report finds that each of the four tests-magnetic resonance imaging, ultrasonography, positron emission tomography scanning, and scintimammography--would miss a significant number of cases of cancer, compared with immediate biopsy for women at high-enough risk to warrant evaluation for breast cancer. Select to read our [press release](#) and select to read the [report](#). AHRQ also has created an audio newscast on the topic that includes a soundbite from AHRQ Director Dr. Carolyn Clancy. If your computer has a sound card and speakers and can play MP3 audio files, you will be able to listen to the audio on your computer at your convenience. Select to hear the 4-minute [newscast](#) or read the transcript. If you want to receive all AHRQ newscasts automatically, you will need subscription software. The AHRQ subscription is free. Select [Healthcare 411](#) for more details.

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2. Task Force Releases Findings on Screening for Speech and Language Delay in Preschool Children

Primary care clinicians should seek and address parents' concerns about speech and language delays in children, according to new findings from the U.S. Preventive Services Task Force published in the February issue of *Pediatrics*. Clinical and parental concerns are important ways of identifying children with speech and language delay. However, current evidence is insufficient to recommend for or against routine use of brief, formal screening instruments (those that can be used in less than 10 minutes) as a means to detect speech and language delay in children up to 5 years of age. The article, "Screening for Speech and Language Delay in Preschool Children: Recommendation Statement," cites a lack of evidence in showing that brief, formal screening instruments can accurately identify children with speech and language delay. There was also a lack of evidence demonstrating improved, long-term health outcomes from interventions. The Task Force calls for more research to provide robust and brief, formal screening instruments that can be used by primary care providers, as well as to assess the effect of interventions on a broad range of health outcomes. Select to read the [recommendation](#).

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3. Latest Issue of AHRQ WebM&M Available Online

The February 2006 issue of [AHRQ WebM&M](#) is now available online. This month, the Perspectives on Safety section discusses error disclosure and features a piece by Albert Wu, M.D., M.P.H., of Johns Hopkins University and an interview with John Banja, Ph.D., of Emory University. In the Spotlight Case, a woman with mental status changes is admitted, but a critical test result fails to reach the medicine team in time to save her life. In the second case, failure to enter a do not resuscitate order into the electronic medical record causes a severely ill elderly man to be resuscitated against his wishes. In the third case, clinicians bypass the built-in safeguards of an automated medication dispensing machine by using a portable cart. Commentary authors are Christopher Beach, M.D., of Northwestern University; Mary Goldstein, M.D., M.S., of Stanford University; and Tess Pape, Ph.D., R.N., of Patty Hanks Shelton School of Nursing, an educational consortium consisting of Abilene Christian University, Hardin-Simmons University, and McMurry University. A Spotlight slide presentation is available for download, as always, and you can receive free CME, CEU, or trainee certification by taking the Spotlight Quiz. As always, the Spotlight Case includes a downloadable set of slides. Please submit cases to AHRQ WebM&M via the "Submit Case" button. All previously published commentaries are available under "Case Archive."

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4. New Evidence Report on Antibiotic Prescribing Behavior

AHRQ released a new evidence report on quality improvement strategies for antibiotic prescribing. The report, *Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies: Volume 4 - Antibiotic Prescribing Behavior*, was conducted by AHRQ's Stanford University and University of California, San Francisco Evidence-based Practice Center to address one of 20 quality improvement priority areas identified by the Institute of Medicine. The researchers found that quality improvement interventions can reduce unnecessary prescribing of antibiotics by nearly 9 percent and increase appropriate prescribing by 10 percent. In addition, the report shows that greater reductions in overall prescribing may be achieved through efforts targeting prescribing for all acute respiratory infections rather than single conditions. Select to

read the [summary](#). A print copy of the summary and the full report can be obtained by sending an e-mail to ahrqpubs@ahrq.gov.

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5. Call for Abstracts for AHRQ's Translating Research Into Practice and Policy Conference in July

A call for abstracts has been issued for AHRQ's Translating Research into Practice and Policy Conference. The conference will be held on July 10-12 in Washington, DC. Researchers, practitioners, and others are invited to share the results of their work with other conference participants. Both quantitative and qualitative research will be considered; however, all abstracts should clearly address the translation/implementation or adaptation of research findings into health care practice and/or policy. Select to submit an [abstract](#).

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6. Register now for the 10th National CAHPS® User Group Meeting on March 29-31

AHRQ and CMS are sponsoring "A Decade of Advancing Patient-Centered Care" on March 29-31 in Baltimore. The conference will feature presentations on CAHPS surveys of patients' experiences with health plans, medical groups, hospitals, in-center hemodialysis facilities, and nursing homes. The keynote speakers are AHRQ Director Carolyn M. Clancy, M.D., and Jennifer Daley, M.D., Chief Medical Officer at Tenet Healthcare Corporation. Because this is a free meeting, space may be limited. Select [register](#) and for more information.

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7. Highlights of Our Most Recent Monthly Newsletter

Among the key articles in the online issue of Research Activities:

- Insurance status influences patients' access to urgent followup appointments after emergency department care.

Most patients who visit an emergency department are treated and discharged with a recommendation to follow up with a primary care physician. To avoid hospitalization or an adverse outcome, patients need timely access to followup care after the emergency department visit. Insurance status influences whether a patient can get a timely follow up appointment. The researchers found that 98 percent of clinics contacted by individuals needing followup care after an emergency department visit screened callers to determine their insurance status, yet only 28 percent of clinics attempted to determine the severity of the caller's condition. Appointment rates for callers insured by Medicaid were only marginally better than those for uninsured callers who offered to pay \$20. Select to read this [article](#).

Other articles are:

- Nearly half of urban American Indians and Alaskan Natives travel back to their reservation to visit during the year.
- Prohibiting physicians from dispensing drugs reduces overall drug use and inappropriate prescribing.
- Study describes training and practice characteristics of massage therapists.

Select to read these [articles](#) and more.

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8. AHRQ in the Professional Literature

We are providing the following hyperlinks to journal abstracts through PubMed® for your convenience. Unfortunately, some of you may not be able to access the abstracts because of firewalls or specific settings on your individual computer systems. If you are having problems, you should ask your technical support staff for possible remedies.

Hurwitz EL, Morgenstern H, Chiao C. Effects of recreational physical activity and back exercises on low back pain and psychological distress: findings from the UCLA low back pain study. *Am J Public Health* 2005 Oct; 95(10):1817-1827. Select to read the [abstract](#) in PubMed®.

Kivimaki M, Ferrie JE, Brunner E, et al. Justice at work and reduced risk of coronary heart disease among employees: the Whitehall II Study. *Arch Intern Med* 2005 Oct 24; 165(19):2245-2251. Select to read the [abstract](#) in PubMed®.

Bazargan M, Norris K, Bazargan-Hejazi S, et al. Alternative healthcare use in the under-served population. *Ethn Dis* 2005 Autumn; 15(4):531-539. Select to read the [abstract](#) in PubMed®.

Matchar DB, Samsa GP, Liu S. Cost-effectiveness of antiplatelet agents in secondary stroke prevention: the limits of certainty. *Value Health* 2005 Sept-Oct; 8(5):572-580. Select to read the [abstract](#) in PubMed®.

Carey TS, Houward DL, Goldman M, et al. Developing effective interuniversity partnerships and community-based research to address health disparities. *Acad Med* 2005 Nov; 80(11):1039-1045. Select to read the [abstract](#) in PubMed®.

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