

February 16, 2006, Issue #191

## AHRQ News and Numbers

Medical spending to treat hyperlipidemia, a group of conditions that includes high cholesterol and other lipid disorders, increased 350 percent from \$4 billion in 1996 to a total of \$18 billion in 2003. [Source: Agency for Healthcare Research and Quality, MEPS, [Household Compendia of Tables.](#)]

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### **1. AHRQ Launches New "Learning Resources" to Help Providers Adopt Health IT**

AHRQ launched a new suite of "learning resources" designed to help health care providers adopt health information technologies quickly and effectively. The step represents a new phase for the AHRQ National Resource Center on Health Information Technology, as the Agency acts rapidly to convey the lessons learned through AHRQ-funded projects and other sources. The new resources are at the center's [Web site](#). Select to read our [press release](#). On behalf of AHRQ Director Carolyn M. Clancy, M.D., AHRQ's Scott Young, M.D., delivered remarks at the Healthcare Information and Management Systems Society 2006 Conference in San Diego on February 13. Select to read the [remarks](#).

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### **2. Study Finds CPOE Helps Lower Medication Errors in Hospitals but Not Outpatient Settings**

A new study by AHRQ researchers found that facilities with Computerized Prescriber Order Entry (CPOE) systems reported fewer hospital-based errors and more outpatient errors than facilities that didn't have such systems in place. The study, published in the February 15 issue of the American Journal of Health-System Pharmacy, suggests that CPOE may prevent errors from

reaching and harming patients. But the authors, led by AHRQ's Chunliu Zhan and Marge Keyes, concluded that data from a voluntary medical error reporting system could not be used to statistically quantify whether facilities with CPOE make fewer medication errors than those without it. The authors analyzed medication errors submitted to a national voluntary medication error reporting system-MEDMARX, which is sponsored by the United States Pharmacopeia-to compare facilities with and without CPOE. They found substantial variation across facilities in the frequency and patterns of medication errors reported. Select to read the [abstract](#) in PubMed® of the study entitled "Potential Benefits and Problems with Computerized Prescriber-Order-Entry: Analysis of a Voluntary Medication Error-Reporting Database."

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### **3. Listen to Audio Special Report on Getting the Most Out of a Doctor's Visit**

AHRQ has posted another "quality" discussion as part of AHRQ's Healthcare 411 Audio Series. This Special Report features an interview with AHRQ Director Carolyn Clancy, M.D., discussing how to get the most out of a visit with a health care provider. It also includes some data from AHRQ's Medical Expenditure Panel Survey about people's experiences with physician visits. If your computer has a sound card and speakers and can play MP3 audio files, you will be able to listen to the 11-minute [audio](#) on your computer at your convenience, or read the [transcript](#). And please visit the main page of our [Healthcare 411](#) series to find out more about the series, hear any of AHRQ's Newscasts and Special Reports, or subscribe to the series to received all AHRQ podcasts automatically. The subscription is free.

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### **4. New Materials to Help Prevent Patient Falls Are Available**

A manual and other educational and quality improvement tools that are part of a patient falls management program developed by AHRQ-funded researchers are now available online. The interdisciplinary Falls Management Program is designed to help nursing facilities improve their processes because falls are common in nursing facilities, often have serious consequences, and decrease patients' quality of life and ability to function. The manual notes that, while not all falls and injuries can be prevented, it is critical to have a systematic process of assessment, intervention, and monitoring that minimizes fall risk. The Falls Management Program was developed by the Emory University Center for Health in Aging in Atlanta, with funding from AHRQ. It builds upon the previous work of Wayne Ray, Ph.D., and colleagues at the Vanderbilt University School of Medicine in Nashville. Select for the [manual](#) and other program materials.

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### **5. AHRQ Releases Update of a Report on Telemedicine**

AHRQ has released an update of its 2001 evidence-based report on *Telemedicine for the Medicare Population*. This update finds increased evidence in favor of telemedicine, though significant gaps still remain in the research. Larger and more comprehensive clinical trials are needed to further determine the benefits of telemedicine in the Medicare population, especially in the promising areas of dermatology, psychiatry, neurology, and home health care. The update was requested and funded by CMS and prepared by AHRQ's Oregon Health & Science University Evidence-based Practice Center. Select to read the [summary](#). A copy of the summary and the full report, *Evidence Report/Technology Assessment No. 131, Telemedicine for the Medicare Population: Update*, can be obtained by sending an e-mail to [ahrqpubs@ahrq.gov](mailto:ahrqpubs@ahrq.gov).

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## **6. Women's Health Initiative Conference: A Legacy to Future Generations Set for February 28-March 1**

The Women's Health Initiative is sponsoring a 2-day conference on "A Legacy to Future Generations" on February 28-March 1 at the NIH campus in Bethesda, MD. The conference features opening remarks from the nation's scientific leaders, including NIH Director Elias Zerhouni, M.D.; Vivian W. Pinn, M.D.; Elizabeth G. Nabel, M.D.; William R. Harlan, M.D.; and Bernadine Healy, M.D. The program continues with presentations by Women's Health Initiative (WHI) investigators and participants, who will discuss results from the three randomized trial components and the observational study. Scientific leaders from NHLBI and the WHI will comment on future research opportunities and clinical practice directions related to older women's health. Select to for online [registration](#), the agenda, and more information.

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## **7. Call for Nominations for 2006 John M. Eisenberg Patient Safety and Quality Awards Program**

The Joint Commission on Accreditation of Healthcare Organizations and the National Quality Forum are accepting applications for the 2006 John M. Eisenberg Patient Safety and Quality Awards, which are designed to recognize individuals and health care organizations that are making significant contributions in improving patient safety and quality. Select to access the Joint Commission on Accreditation of Healthcare Organizations [Web site](#) and the National Quality Forum [Web site](#) to submit nominations. The deadline for nominations is May 1.

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## **8. Calling All AHRQ Researchers! "Help Us to Help You."**

As you may know, AHRQ can help you promote the findings of your research, but we can't do it without you. AHRQ has been successful in working with our grantees and contractors to promote findings to the media and to transfer knowledge based on the research to appropriate audiences in the health care community. However, we know that we can do better. We need you to notify us when you have an article accepted for publication. Please send a copy of the manuscript, anticipated publication date, and contact information for the journal and your institution's PR office to your AHRQ project officer and to AHRQ Public Affairs at [journalpublishing@ahrq.gov](mailto:journalpublishing@ahrq.gov). Your manuscript will be reviewed to determine what level of marketing we will pursue. Please be assured that AHRQ always honors the journal embargo. Thank you for your cooperation.

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## **9. AHRQ in the Professional Literature**

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Wisnivesky JP, Leventhal H, Halm EA. Predictors of asthma-related health care utilization and quality of life among inner-city patients with asthma. *J Allergy Clin Immunol* 2005 Sep; 116(3):636-642. Select to read the [abstract](#) in PubMed®.

Starks H, Perlman RA, Hsu C, et al. Why now? Timing and circumstances of hastened deaths. *J Pain Symptom Manage* 2005 Sep; 30(3):215-226. Select to read the [abstract](#) in PubMed®.

Stukenborg GJ, Kilbridge KL, Wagner DP, et al. Present-at-admission diagnoses improve mortality risk adjustment and allow more accurate assessment of the relationship between volume of lung cancer operations and mortality risk. *Surgery* 2005 Sep; 138(3):498-507. Select to read the [abstract](#) in PubMed®.

Kimberly MB, Forte AI, Carroll JM, et al. Pediatric do-not-attempt-resuscitation orders and public schools: a national assessment of policies and laws. *Am J Bioeth* 2005 Winter; 5(1):59-65. Select to read the [abstract](#) in PubMed®.

Luo N, Johnson JA, Shaw JW, et al. Self-reported health status of the general adult U.S. population as assessed by the EQ-5D and Health Utilities Index. *Med Care* 2005 Nov; 43(11):1078-1086. Select to read the [abstract](#) in PubMed®.

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