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AHRQ News and Numbers

The average hospital charge for Americans treated for disc disorders and other back problems nearly doubled between 1993 and 2003—from \$13,200 to \$25,300. While hospital charges were increasing, the time back patients spent in the hospital decreased from an average of nearly 5 days in 1993 to about 3 days in 2003. During the same period, the number of hospital admissions for back problems increased from 528,000 to 658,000. [Source: Agency for Healthcare Research and Quality, [HCUPnet](#).]

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1. AHRQ Listening Sessions on Patient Safety Organizations Set for March 13 and 16

Approximately 275 people participated in the first AHRQ listening session on Patient Safety Organizations (PSOs) on March 8. As part of its work to implement the Patient Safety and Quality Improvement Act of 2005 (Public Law 109-41), AHRQ is inviting the public to provide information to assist the Agency, either in person or by telephone call-in, at two additional public meetings this month. The meetings will be held on March 13 and March 16 from 12:30 p.m. EST until finished (no later than 3:30 p.m. EST). The meeting on March 13 (on operation of a component PSO) will be held in the AHRQ Conference Center, 540 Gaither Road, Rockville, MD, 20850. The meeting on March 16 (on security and confidentiality issues) will be held at the Hilton Washington Embassy Row, 2015 Massachusetts Ave. NW, Washington, DC. Select to read the February 24 [Federal Register](#) notice. Select to [register](#) for the meetings or for information on how to provide written comments.

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2. Task Force Issues New Recommendation on Screening for Hip Dysplasia in Infants

The U.S. Preventive Services Task Force issued a new recommendation on screening for developmental dysplasia of the hip in infants this week. The Task Force found that screening for

hip dysplasia leads to earlier identification of the problem, but that the natural history of developmental dysplasia of the hip is not well understood. Between 60 and 80 percent of abnormal hips identified by physical exam resolve spontaneously in infants by the ages of between 2 and 8 weeks. More than 90 percent of hips with mild dysplasia identified by ultrasound in infants will resolve on their own between the ages of 6 weeks and 6 months. The Task Force found poor evidence of the effectiveness of both surgical and nonsurgical interventions. Avascular necrosis of the hip, the most common and adverse harm of both surgical and nonsurgical interventions, is reported in up to 60 percent of children treated for developmental dysplasia of the hip. The Task Force was unable to assess the balance of benefits and harms of screening for developmental dysplasia of the hip and was concerned about the potential harms associated with its treatment. Select to read the [recommendation](#).

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3. New Issue Brief Describes Facility and Equipment Needs Related to Surge Capacity

AHRQ released Bioterrorism and Health System Preparedness Issue Brief Number 9, entitled, "Addressing Surge Capacity in a Mass Casualty Event." This brief examines the health care system's ability to expand quickly beyond normal services to meet an increased demand for medical care in the event of bioterrorism or other large-scale public health emergencies. Additionally, the brief details the role of HHS in achieving surge capacity capabilities, models for surge capacity, and pediatric and school-based surge capacity challenges and opportunities. Select to read the [brief](#). A print copy is available by sending an e-mail to ahrqpubs@ahrq.gov. Visit [AHRQ's Bioterrorism Preparedness Research](#) program for additional resources.

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4. CAHPS® Hospital Survey (H-CAHPS) Is Now in the Public Domain

AHRQ is releasing the CAHPS® Hospital Survey (H-CAHPS) into the public domain. This will make the survey available for use by hospitals and others. Up to this point, anyone wanting to use the survey was required to obtain permission from AHRQ. It will no longer be necessary to ask permission. Visit the [CAHPS Web site](#) to obtain a copy of the survey and the survey administration instructions (the sampling protocol and data collection guidelines recommended by CMS). **IMPORTANT NOTE:** AHRQ's release of this public instrument is separate from the hospitals' use of the CAHPS Hospital Survey for purposes of submission to the CMS as part of national implementation.

- If you plan to submit data to CMS, you are required to complete training in order to administer the survey, and are required to follow the instructions provided during training to participate in the "dry run" of the survey. Select for more information about administering the [survey](#) as part of CMS' national implementation.
- If you are using the survey for purposes other than CMS' national implementation, please contact us at cahps1@ahrq.hhs.gov to inform AHRQ about other ways in which the survey is being used. It is AHRQ's responsibility to support the use of this survey outside of the scope of national implementation.

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5. New Evidence Report on the Management of Adnexal Mass Is Available

AHRQ released a new evidence report on the management of adnexal masses—enlargements in the area of the ovaries and fallopian tubes that are sometimes a sign of ovarian cancer. AHRQ's Duke University Evidence-based Practice Center conducted the systematic literature review and

found that it is not possible to estimate how well different diagnostic strategies will work. In particular, the common bimanual pelvic exam does not succeed very well in detecting adnexal masses or distinguishing benign from malignant masses. These results raise doubts about how valuable the bimanual pelvic exam is in routine screening. The report, *Management of Adnexal Mass*, was funded by CDC's Center for Chronic Disease Prevention and Health Promotion, Division of Cancer Prevention and Control. Select to read the [report](#). A print copy can be obtained by sending an e-mail to ahrqpubs@ahrq.gov.

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6. AHRQ's Second Annual PBRN Research Conference Set for May 15-17

AHRQ is hosting the Second Annual National Primary Care Practice-Based Research Network (PBRN) Conference on May 15-17 at the Bethesda Marriott in Bethesda, MD. The conference is open to anyone who participates in primary care PBRN activities or who is interested in learning more about networks. Plenary sessions will focus on health care quality improvement in research networks, the challenges of studying healthcare disparities, and funding opportunities for primary care PBRNs. Select to [register](#) and for more information. The registration deadline is April 28.

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7. AHRQ Conference on Value-Based Purchasing Set for May 23-24

Mark your calendar! AHRQ, in collaboration with the Employer Health Care Alliance Cooperative, is sponsoring a national conference, "Efficiency in health care: What does it mean? How is it measured? How can it be used for value-based purchasing?" The conference will convene leading purchasers, providers, health plan representatives, and researchers May 23-24, in Madison, WI, to discuss health care efficiency measurement—specifically as it relates to value-based purchasing activities and comparative reporting. Select to [register](#) and for more information.

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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.

Brach C, Paeq K, Fraser I. Cultural Competence California Style has just been released as AHRQ's Working Paper No. 6. Select to read the full text of the [paper](#).

Kuhlthau K, Ferris TG, Davis RB, et al. Pharmacy- and diagnosis-based risk adjustment for children with Medicaid. *Med Care* 2005 Nov; 43(11):1155-1159. Select to read the [abstract](#) in PubMed®.

Wilson IB, Landon BE, Hirschhorn LR, et al. Quality of HIV care provided by nurse practitioners, physician assistants, and physicians. *Ann Intern Med* 2005 Nov 15; 143(10):729-736. Select to read the [abstract](#) in PubMed®.

Raab SS, Gryzbicki DM, Janosky JE, et al. Clinical impact and frequency of anatomic pathology errors in cancer diagnoses. *Cancer* 2005 Nov 15; 104(10):2205-2213. Select to read the [abstract](#) in PubMed®.

Hepner KA, Brown JA, Hays RD. Comparison of mail and telephone in assessing patient experiences in receiving care from medical group practices. *Eval Health Profes* 2005 Dec; 28(4):377-389. Select to read the [abstract](#) in PubMed®.

Zuvekas SH, Rupp AE, Norquist GS. The impacts of mental health parity and managed care in one large employer group: a reexamination. *Health Aff* 2005 Nov-Dec; 24(6):1668-1671. Select to read the [abstract](#) in PubMed®.

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