

May 11, 2006, Issue #199

AHRQ News and Numbers

A survey shows 12.9 million women and 11.7 million men aged 18 and older reported being told by a doctor they have cardiovascular disease. In terms of percentages, just over 1 of every 10 women and men (11.6 percent and 11.4 percent, respectively) during 2003 had a diagnosed cardiovascular condition. Cardiovascular heart disease includes coronary heart disease, congestive heart failure, heart attack, and stroke. [Source: Agency for Healthcare Research and Quality, HCUP, *Statistical Brief # 5: Hospitalizations for Women with Circulatory Disease, 2003*, [statistical brief](#).]

Today's Headlines:

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1. AHRQ Study Finds Computer Alerts Can Help Reduce Prescribing of Drugs That May Interact with Blood Thinners

Doctors ordered 15 percent fewer prescriptions for drugs that may interact with the blood thinner, warfarin, by using a computerized system that produces a safety alert whenever the interacting drug's name is keyed in, according to a new study supported by AHRQ's Centers for Education and Research on Therapeutics and Patient Safety research programs. Whenever a doctor in one of 15 primary care clinics used a computerized system to prescribe one of five potentially interacting medications to a patient taking warfarin—acetaminophen, non-steroidal anti-inflammatory drugs, fluconazole, metronidazole, or sulfamethoxazole—an alert on the screen warned of the potential adverse outcome and suggested an alternative medication. At the start of the study in December 2002, doctors were ordering 3,294 interacting drugs for every 10,000 patients receiving warfarin. By the time the study ended in March 2003, the rate had dropped to 2,804 for every 10,000 patients receiving warfarin. The study, "Reducing Warfarin Medication Interaction: An Interrupted Time Series Evaluation," led by Adrienne C. Feldstein, M.D., of Kaiser Permanente's Center for Health Research, appeared in the May 8 issue of *Archives of Internal Medicine*. Select to read the [abstract](#) in PubMed®.

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2. Business Coalitions Join AHRQ to Improve the Quality of Diabetes Care

AHRQ announced a new partnership with three of Nation's leading business coalitions designed to help improve the quality of diabetes care within and across communities. The new partnership, Improving Diabetes Care in Communities Collaborative, brings together the Greater Detroit Area Health Council, the MidAtlantic Business Group on Health, and the Memphis Business Group on Health. The goal of this partnership is to support local communities in their efforts to reduce the rate of obesity and other risk factors that can lead to diabetes and its complications. The partners also will work together to ensure that people with diabetes receive appropriate health care services. Nationally, only 50 percent of patients with diabetes routinely receive recommended health care services, including eye exams, blood sugar (hemoglobin A1c) tests, and foot exams, and this rate has not shown improvement over the last few years, according to data from AHRQ's National Healthcare Quality Report released in January. AHRQ, in partnership with the Council of State Governments, has developed *Diabetes Care Quality Improvement: A Resource Guide for State Action* and its companion workbook, both of which are designed to help states assess the quality of diabetes care and develop quality improvement strategies. Select to read our [press release](#) and select to read the [guide](#). Printed copies are available by sending an e-mail to ahrqpubs@ahrq.hhs.gov.

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3. Pay-for-Performance Tool Available

AHRQ has a new resource to help employers, health plans, Medicaid agencies, and others considering starting a pay-for-performance program to make decisions about how to design, implement, and evaluate the activity. The free tool, *Pay for Performance: A Decision Guide for Purchasers*, was announced by AHRQ Director Carolyn M. Clancy, M.D., in a speech to the Georgetown University Hospital professional staff on May 4. The decision guide poses 20 key questions that leaders from employer groups, health plans, or other health care purchasing groups should ask themselves as they consider a pay-for-performance program. Included are questions such as whether to partner with other organizations; whether to focus on clinicians or hospitals first; whether to make provider participation mandatory or voluntary; how much money to allot to the activity; and how to address provider concerns about risk adjustment for severity of illness. The decision guide also includes special advice for Medicaid agencies and Medicaid managed care plans. Each question is followed by a discussion that includes possible options and potential unintended consequences. AHRQ will discuss details of the decision guide, along with the latest evidence on pay for performance, in a free Web conference on May 16, from 2:00 to 3:30 p.m. Select to [register](#) for "Pay for Performance: Practical Guidance for Decision-Making and the Latest Evidence."

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4. Request for Proposals for Innovations Clearinghouse

AHRQ is soliciting proposals for a five-year (three years with one two-year extension option) reimbursable contract to establish an Innovations Clearinghouse that will be a database-driven, Internet-accessible, public clearinghouse of innovations in health service delivery. The Innovations Clearinghouse will facilitate collection of innovative health service practices and present them in a standardized format accompanied by expert commentary; promote their dissemination, replication, adaptation, and use; and foster innovation in the U.S. health care service industry. Proposals are due July 25. Select to read the [solicitation](#) notice.

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5. Request for Nominations for AHRQ National Advisory Council

AHRQ is seeking nominations to serve on the National Advisory Council for Healthcare Research and Quality. The Council advises the HHS Secretary and the AHRQ Director on matters related to actions of the Agency to improve the quality, safety, efficiency, and effectiveness of health care for all Americans. Eight individuals will be selected by the Secretary to serve on the Council beginning with the spring 2007 meeting. Members generally serve a 3-year term. Deadline for nominations is June 14. Select to read the May 5 [Federal Register](#) notice.

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6. Special Journal Issue Features Articles on Women, Gender, and Health Care Disparities

The March-April issue of the *Women's Health Issues* features seven articles on women, gender, and health care disparities coauthored by AHRQ's Director of Women's Health and Gender-Based Research, Rosaly Correa-de-Araujo, M.D. The articles are as follows:

1. Introduction to the theme issue: Women, gender, and health care disparities, by Correa-de-Araujo R.
2. Commentary: Catalyzing quality of care improvements for women, by Correa-de-Araujo R and Clancy C.
3. Gender differences across racial and ethnic groups in the quality of care for acute myocardial infarction and heart failure associated with comorbidities, by Correa-de-Araujo R, Stevens B, Moy E, Nilasena D, Chesley F, and McDermott K.
4. Gender differences across racial and ethnic groups in the quality of care for diabetes, by Correa-de-Araujo R, McDermott K, and Moy E.
5. Women's health care utilization and expenditures, by Taylor AT, Larson S, and Correa-de-Araujo R.
6. Preventive health examinations: A comparison along the rural-urban continuum, by Larson S and Correa-de-Araujo R.
7. Quality of health care for older women: What do we know,? by Kosiak B, Sangl J, and Correa-de-Araujo R.

Copies of the articles are available by sending an e-mail to ahrqpubs@ahrq.hhs.gov.

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7. Healthcare 411 Highlights Women's Health

May 14-20 is Women's Health Week, a national observance started by HHS' Office on Women's Health. To contribute to this effort, AHRQ has devoted the [May 10 edition of Healthcare 411](#) to issues related to women's health. The program includes an interview with AHRQ Director Dr. Carolyn Clancy discussing AHRQ's research about women's health. It also includes statistics about women and cardiovascular disease and an interview with Dr. Rosaly Correa, AHRQ's Director of Women's Health and Gender Research, talking about heart disease in women and issues related to these data. If your computer has a sound card and speakers and can play MP3 audio files, you will be able to listen to the Newscast on your computer at your convenience--according to your schedule, whenever you have time to listen. Please visit the main page of our [Healthcare 411](#) series to hear any of AHRQ's previous Newscasts and Special Reports, or subscribe to the series to receive all future AHRQ podcasts automatically. The subscription is free.

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8. AHRQ in the Professional Literature

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Callahan CM, Boustani MA, Unverzagt FW, et al. Effectiveness of Collaborative care for older adults with Alzheimer disease in primary care. *JAMA* May 10 295(18):2148-2157. Select to read the [abstract](#) in PubMed®.

Shah NR, Seger AC, Seger DL, et al. Improving acceptance of computerized prescribing alerts in ambulatory care. *J Am Med Inform Assoc* 2006 Jan-Feb; 13(1):5-11. Select to read the [abstract](#) in PubMed®.

Buchmueller T, Cooper P, Simon K, Vistnes J. The effect of SCHIP expansions on health insurance decisions by employers. *Inquiry* 2005 Fall; 42(3):218-231. Select to read the [abstract](#) in PubMed®.

Patterson PD, Probst JC, Leith KH, et al. Recruitment and retention of emergency medical technicians: a qualitative study. *J Allied Health* 2005 Fall; 34(3):153-162. Select to read the [abstract](#) in PubMed®.

Spertus J, Safley D, Garg M, et al. The influence of race on health status outcomes after an acute coronary syndrome. *J Am Coll Cardiol* 2005 Nov 15;46(10):1838-1844. Select to read the [abstract](#) in PubMed®.

Chang RK, Chen AY, Rodriguez S, et al. Changes in the newborn delivery practice and neonatal outcomes as financing changed in Los Angeles County and Orange County, California. *Manag Care Interface* 2005 Oct; 18(10):53-57, 62. Select to read the [abstract](#) in PubMed®.

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