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AHRQ News and Numbers

Approximately 1 percent of the U.S. population accounted for 22 percent of total health care expenditures in 2002. In other words, nearly 2.9 million Americans accounted for \$181 billion in health care spending, out of a total \$811 billion spent on doctors, hospitals, prescription drugs and other personal health care services. Overall health care expenditures had increased to \$896 billion in 2003. [Source: Agency for Healthcare Research and Quality, MEPS, *Statistical Brief #124: The Persistence in the Level of Health Expenditures over Time: Estimates for the U.S. Population, 2002-2003*, [statistical brief](#).]

Today's Headlines:

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1. Study Finds No Clinically Significant Difference in Effectiveness of Drugs for Managing Anemia in Patients Undergoing Cancer Treatment

A new AHRQ-funded study finds there is no clinically significant difference in the medical effectiveness of the two drugs commonly used for managing anemia in cancer patients who are undergoing chemotherapy or radiation treatment. The two drugs, epoetin and darbepoetin, show no clinically significant difference in improving hemoglobin concentration and reducing the need for transfusion. The report, *Comparative Effectiveness of Epoetin and Darbepoetin for Managing Anemia in Patients Undergoing Cancer Treatment*, was produced by AHRQ's Effective Health Care Program. Select to read our [press release](#) and select to read the [report](#). A print copy of the executive summary is available by sending an e-mail to ahrqpubs@ahrq.hhs.gov.

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2. State Privacy and Security Subcontract Opportunities Announced Under Expanded HHS Contract

HHS announced that 22 states and territories have entered subcontracts with RTI International, Inc. to address privacy and security policy questions affecting interoperable health information exchange. Additional states are expected to sign subcontracts within the next 2 weeks. HHS' Office of the National Coordinator for Health Information Technology and AHRQ jointly manage and fund AHRQ's contract with RTI for this work. HHS is adding more than \$5.7 million to the existing contract with RTI, bringing its total value to \$17.2 million. The additional funding will make it possible to fund all proposals with technical merit, which were submitted in response to a January request for proposals. Select to read HHS' [press release](#).

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3. AHRQ Audio Newscast Highlights Studies on Off-Label Prescribing, Domestic Violence, and Drugs to Treat Anemia

AHRQ's latest audio newscast features an interview with AHRQ-funded researcher David Radley from Dartmouth Medical School, who discusses his research on off-label prescribing in outpatient settings. The study found that about one-fifth of medicines are prescribed for off-label uses. The 8-minute newscast also highlights statistics from a new AHRQ study about a woman's lifetime experience with domestic violence. In addition, a new study from AHRQ's Effective Health Care Program found no clinically significant difference in the effectiveness of two drugs for managing anemia in patients undergoing cancer treatment. Select to listen to the [audio newscast](#). If your computer has a sound card and speakers and can play MP3 audio files, you will be able to listen to the latest 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 access any of AHRQ's newscasts and special reports. Sign up for a free subscription to the series to receive notice of all future AHRQ podcasts automatically.

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4. Request for Proposals for AHRQ's Healthcare Cost and Utilization Project

AHRQ is soliciting proposals for a multi-year contract to conduct the next phase of its Healthcare Cost and Utilization Project (HCUP). HCUP is a family of health care databases and related software tools and products developed through a federal-state-industry partnership and sponsored by AHRQ. It is anticipated that a single cost reimbursement contract award will be made under this solicitation for a 3-year period of performance with one 2-year option. Select to access the [RFP](#) for more information. Proposals are due June 30.

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5. Request for Proposals for Primary Care Practice Based Research Networks

AHRQ is soliciting proposals to take advantage of the growing strength of established Primary Care Practice Based Research Networks to learn what is happening in community-based primary care practices and how those practices can be transformed. There will be 5 to 10 contracts awarded for a cost reimbursement, multiple-award, task order-type contract for a period of 3 years, with one 2-year option. Select to access the [RFP](#) for more information. Proposals are due August 29.

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6. Highlights of Our Most Recent Monthly Newsletter

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

- A school-based weight loss/exercise program can reduce weight among low-income black children.

One-third of blacks living in Louisiana are obese. A Louisiana school-based program, a free alternative physical education class, shows that it is possible to conduct a weight loss-exercise program in a public school setting for low-income black children. Select to read this [article](#).

Other articles are:

- Black patients are more likely to die after major surgery than white patients.
- Clinical factors can identify blunt head injury patients at low risk for intracranial injuries.
- Higher insurance premiums and expanded Medicaid eligibility have reduced family coverage in employer-related health plans.

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

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7. Translating Research Into Practice and Policy 2006 Conference Set for July 10-12

AHRQ and NIH's National Cancer Institute are cosponsoring the fourth annual Translating Research Into Practice and Policy (TRIPP) conference on July 10-12, at the Omni Shoreham Hotel in Washington, DC. This year's conference will highlight strategies and tools for designing interventions to reach and influence different audiences and to promote change in different settings where evidence-based practices might be implemented. The conference will also provide an opportunity to share innovative TRIPP research and implementation methods, case studies and other experiences. Health care provider organizations, clinicians, patients, purchasers, researchers, innovators, knowledge transfer experts and others from across the public and private sectors will share experiences, insights, collaborations and initiatives for moving research into sustained changes in health care practice and policy. Select to [register](#) and for more information.

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8. New AHRQ Evidence Report on Multivitamin/Mineral Supplements Produced for NIH Conference

AHRQ released an evidence report on the efficacy and safety of multivitamin/mineral supplements for the prevention of chronic disease. The report, *Multivitamin/Mineral Supplements and Prevention of Chronic Disease*, was requested and funded by NIH's Office of the Medical Applications of Research (OMAR), for a State-of-the-Science Conference held on May 15-17. AHRQ's Johns Hopkins Evidence-based Practice Center conducted the systematic literature review and prepared the report for AHRQ. The report found no conclusive evidence that regular supplementation over a period of years, either with a single nutrient or a mixture of nutrients, offers significant protection against cardiovascular disease, cataracts, or cognitive decline in individuals who do not already have these disorders. The NIH consensus panel added that the current level of public assurance of the safety and quality of these supplements is inadequate, and advocated expanding the FDA's authority to regulate dietary supplements, including

multivitamin/mineral supplements. However, the consensus panel also said that certain specific supplements be used for specific conditions: for example, that women consider taking combined calcium and vitamin D supplements to protect bone health. Select to read the AHRQ [report](#). A print copy is available by sending an e-mail to ahrqpubs@ahrq.hhs.gov. Select to read the NIH [consensus statement](#).

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9. 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.

Zheng H, Yucel R, Ayanian JZ, et al. Profiling providers on use of adjuvant chemotherapy by combining cancer registry and medical record data. *Med Care* 2006 Jan; 44(1):1-7. Select to read the [abstract](#) in PubMed®.

Rochon PA, Feidl TS, Bates EW, et al. Clinical applications of a computerized system for physician order entry with clinical decision to prevent adverse drug events in long-term care. *CMAJ* 2006 Jan 3; 174(1):52-54. Select to read the [abstract](#) in PubMed®.

Akins RB, Williams JR, Silenas R. The role of public health nurses in bioterrorism preparedness. *Disaster Manage Response* 2005 Oct-Dec; 3(1):98-105. Select to read the [abstract](#) in PubMed®.

Khoury JS, Winokur RS, Tracy JI, et al. Predicting seizure frequency after epilepsy surgery. *Epilepsy Res* 2005 Dec; 67(3):89-99. Select to read the [abstract](#) in PubMed®.

Feinglass J, Thompson JA, He XZ, et al. Effect of physical activity on functional status among older middle-age adults with arthritis. *Arthritis Rheum* 2005 Dec; 53(6):879-885. Select to read the [abstract](#) in PubMed®.

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