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## AHRQ News and Numbers

Insurers, government agencies and patients spent a total of \$896 billion for health care for the U.S. civilian noninstitutionalized population in 2003. Estimates of total expenditures for selected office-based services, the percentage of people with such expenses and their average annual expenditures respectively, were: physicians, \$130.7 billion, 68 percent, \$663; general dentists, \$48.6 billion, 40 percent, \$417; orthodontists, \$10.4 billion, 2.2 percent, \$1,646; nurses or nurse practitioners, \$7.7 billion, 9.3 percent, \$284; optometrists, \$2 billion, 6 percent, \$119; physical or occupational therapists, \$8.8 billion, 2.6 percent, \$1,140; chiropractors, \$5.5 billion, 4.2 percent, \$448. [Source: Agency for Healthcare Research and Quality, MEPS, [2003 Compendium of Tables on Medical Expenditures](#).]

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### **1. New Study Finds Increased Risk of Birth Defects Related to First Trimester Use of ACE Inhibitors**

Infants born to mothers who took angiotensin converting enzyme (ACE) inhibitors during the first trimester of pregnancy had an increased risk of major congenital malformations compared with infants whose mothers didn't take these drugs, according to a new study jointly funded by AHRQ and the FDA. This study is the first to find an adverse impact of ACE inhibitors on a fetus when taken only during the first trimester of pregnancy. The researchers found that major congenital malformations identified by vital records and hospital claims were diagnosed in 856, or 2.9 percent, of infants and that 203 infants had more than one malformation. Among infants exposed to ACE inhibitors in the first trimester, the proportion born with major congenital malformations was 7.1 percent, compared with 1.7 percent among infants exposed to other antihypertensive medications. The rate of major congenital malformations in the general populations is about 3 percent—or 3 infants out of every 100 pregnancies. According to data from the National

Ambulatory Medical Care Survey, in 1995 there were 1,426,220 prescriptions for ACE inhibitors written in physicians' offices for women ages 15 to 44. That number increased to 2,712,510 in 2002 for women in the same age group. The study, published in the June 8 issue of the *New England Journal of Medicine*, was conducted by researchers at the AHRQ-sponsored Vanderbilt University Center for Education and Research on Therapeutics (CERTs) in Nashville. Select to read our [press release](#) and select to read the [abstract](#) in PubMed®.

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## **2. AHRQ Annual Patient Safety/Health IT Conference Draws Nearly 1,000 Researchers and Stakeholders**

Nearly 1,000 AHRQ patient safety and health IT researchers, policymakers, and other stakeholders attended AHRQ's 2006 Patient Safety and Health IT Annual Conference in Washington, DC, June 4-7. Attendees heard from a wide range of experts during plenary sessions on June 5 and 6. National Health Day—AHRQ's collaboration with the Healthcare Information and Management Systems Society—on June 7 featured presentations by AHRQ Director Carolyn Clancy, M.D.; Newt Gingrich, Ph.D., former Speaker, U.S. House of Representatives, and founder, Center for Health Transformation; Mark McClellan, M.D., Ph.D., Administrator, CMS; and David Brailer, M.D., Ph.D., vice chair, American Health Information Community. Select to view the [video](#) of the National Health Day presentations and select to view the conference [presentations](#).

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## **3. AHRQ Released Chartbook on Outpatient Prescription Drug Data**

AHRQ released a new statistical report on expenditures for outpatient prescription drugs in 2003. The report, which uses data from AHRQ's Medical Expenditure Panel Survey, summarizes overall outpatient prescription medicine spending, presents data for various groups, including Medicare beneficiaries, and analyzes expenses for outpatient prescription drugs by therapeutic class. The report shows, for example, that overall outpatient prescription drug expenses for the U.S. civilian noninstitutionalized population grew from \$65.3 billion in 1996 to \$177.7 billion in 2003—a 172 percent increase—and that the share of all health care spending used for prescription drugs rose from 12 percent to 20 percent during the same period. Among other findings is that the top five classes of prescribed outpatient drugs, ranked by total expenses in 2003, were cardiovascular agents, hormones, central nervous system agents, psychotherapeutic drugs, and antihyperlipidemic medicines. Select to read the [chartbook](#).

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## **4. AHRQ Audio Newscast Highlights Studies on Drug Benefit Caps, ACE Inhibitors in Pregnancy, Uninsured Hospitalizations, and eGrants**

AHRQ's latest audio newscast features an interview with Dr. John Hsu discussing his AHRQ-funded research on the impact of caps on prescription drug benefits for Medicare beneficiaries. The study found that an annual \$1,000 drug benefit cap had consistent negative impact on patients' overall health, and that there was no overall monetary saving as a result of the cap. The 11-minute newscast also highlights a study finding that prenatal exposure to ACE inhibitors in the first trimester can cause birth defects; provides statistics about uninsured people in the hospital; and discusses the new online grant submission system. Select to listen to the [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. 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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#### **5. AHRQ Pediatric Quality Indicator Risk Adjustment Module Are Available**

AHRQ's Pediatric Quality Indicator (PedQI) risk adjustment module, SAS (Version 3.0b), software and documentation, are available for download or viewing on the AHRQ Quality Indicators [Web site](#). The Pediatric Quality Indicator module is the result of phase I of the pediatric indicator development. The module consists of 13 provider-level indicators and 5 area-level indicators from the current AHRQ Quality Indicator modules that were evaluated and reviewed for applicability to the pediatric population. The development process and results are detailed in the report, *Measures of Pediatric Health Care Quality Based on Hospital Administrative Data*, available on the [Web site](#). PedQI Version 3.0b is valid for use with discharges occurring in Fiscal Year 1995 through Fiscal Year 2006, or from October 1, 1994, through September 30, 2006. The PedQI Technical Specification includes the coding details and inclusion and exclusion criteria. The Windows version of the PedQI risk adjustment module will be made available as soon as possible. There is no SPSS version of the PedQI module. For questions, please contact [support@qualityindicators.ahrq.hhs.gov](mailto:support@qualityindicators.ahrq.hhs.gov).

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#### **6. MEPS Data Users' Workshop Set for July 24-25**

AHRQ is conducting a 2-day workshop to facilitate the use of the Medical Expenditure Panel Survey Household Component by the health services research community. The workshop, designed for those with an interest in using national health surveys, will be held at the Eisenberg Building, 540 Gaither Road, Rockville, MD. Participants will have the opportunity to bring up specific research questions. The focus of the workshop will be health care utilization, expenditures, and medical conditions. Select to [register](#) and more information. In addition, there will an overview presentation on [HCUP](#) (Healthcare Cost and Utilization Project) data.

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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 health care practice and policy. Select to [register](#) and for more information.

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#### **8. New AHRQ Evidence Reports on Cancer Care Quality Measures Are Available**

AHRQ released two new evidence reports on quality measures related to the diagnosis, treatment, and care of cancer patients. The systematic literature reviews were requested by NCI, CMS, and CDC to help inform the National Quality Forum's (NQF) consensus development process for quality measures. The reports are part of a three study series of cancer care quality developed by AHRQ for the NQF: A report on breast cancer care was published in September 2004.

*Cancer Care Quality Measures: Symptoms and End of Life Care* was prepared by AHRQ's Southern California Evidence-based Practice Center at RAND in Santa Monica, California, working with investigators from the U.S. Department of Veterans Affairs' VA Greater Los Angeles Healthcare System. The report identifies four areas in which patients are in particular need of support—pain, dyspnea or difficulty breathing, depression, and advance care planning—and concludes that, while there are numerous measures relevant to the supportive care of adults with cancer, few of these measures have been published or tested with cancer patients. The report also found that quality measures for supportive pediatric cancer care are entirely lacking. Select to read the [report](#).

*Cancer Care Quality Measures: Diagnosis and Management of Colorectal Cancer* was prepared by AHRQ's Evidence-based Practice Center at Duke University. This report concludes that general process measures provide extensive coverage of various "leverage" points in the sequence of care, and that attention should focus on refining existing measures. Technical measures seem less advanced than general process measures. Select to read the [report](#). Printed copies of the reports may be obtained by sending an e-mail to [ahrqpubs@ahrq.hhs.gov](mailto:ahrqpubs@ahrq.hhs.gov).

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

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Neumann PJ, Lin PJ, Greenberg D, et al. Do drug formulary policies reflect evidence of value? *Am J Manag Care* 2006 Jan; 12(1):30-36. Select to read the [abstract](#) in PubMed®.

Geppert CM, Arora S. Ethical issues in the treatment of hepatitis C. *Clin Gastroenterol Hepatol* 2005 Oct; 3(10):937-944. Select to read the [abstract](#) in PubMed®.

Fischer ID, Krauss MJ, Dunagan WC, et al. Patterns and predictors of inpatient falls and fall-related injuries in a large academic hospital. *Infect Control Hosp Epidemiol* 2005 Oct; 26(10):822-827. Select to read the [abstract](#) in PubMed®.

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