

August 4, 2006, Issue #206

AHRQ News and Numbers

Blacks are almost five times more likely than non-Hispanic whites, and Hispanics are almost four times more likely than non-Hispanic whites, to be hospitalized for uncontrolled diabetes and other conditions that good quality outpatient medical care can often prevent or control. [Agency for Healthcare Research and Quality, *HCUP Statistical Brief #10: Racial and Ethnic Disparities in Potentially Preventable Hospitalizations, 2003*, [statistical brief](#).]

Today's Headlines:

1. [Obesity surgery complication rates higher over time](#)
2. [AHRQ study finds harmful medication errors in children](#)
3. [Institute of Medicine releases a report on *Preventing Medication Errors*](#)
4. [Allowing case managers to adjust medications doubles the benefit of diabetes care](#)
5. [Task Force issues recommendation on hereditary hemochromatosis screening](#)
6. [Health care quality leaders join forces](#)
7. [AHRQ releases evaluation of military medical team training programs](#)
8. [AHRQ's Healthcare 411 features interview on secondhand smoke](#)
9. [AHRQ selects members for Quality Indicators Risk Adjustment Workgroup](#)
10. [AHRQ's HCUP/MEPS Data Users' Workshop set for September 6-8](#)
11. [New evidence report on *Management of Small Cell Lung Cancer*](#)
12. [Highlights from our most recent monthly newsletter](#)
13. [AHRQ in the professional literature](#)

1. Obesity Surgery Complication Rates Higher Over Time

Four of every 10 obesity surgery patients develop a complication, such as a hernia, within 6 months of leaving the hospital, according to a new AHRQ study. The study is the most extensive to date on post-surgical complications from obesity operations based on insurance claims data. The researchers found that the complication rate among non-elderly obesity surgery patients with private insurance increased by 81 percent following hospital discharge—from 22 percent while they were still hospitalized to 40 percent by the end of the 180-day study period. The study, *Healthcare Utilization and Outcomes after Bariatric Surgery*, was published in the August 2006 issue of *Medical Care*. Select to read our [press release](#) and select to read the [abstract](#) in PubMed®. A copy of the reprint is available by sending an e-mail to AHRQPubs@ahrq.hhs.gov.

[Back to Headlines](#)

2. AHRQ Study Finds Harmful Medication Errors in Children

Medication errors that harm hospitalized children are common, and the drugs involved in many of these mistakes tend to be some of the oldest and most commonly used painkillers and antibiotics, according to a new AHRQ-supported study. The study, published in the August 2006 issue of the *Journal of Pediatric Nursing*, found that from 1999 to 2003, 19,350 pediatric medication error reports were received by U.S. Pharmacopeia MEDMARX reporting system from 160 U.S. hospitals and health centers. In 4.2 percent of these cases, the records show that medication errors caused harm to the patient. Out of the 242 different medications involved in harmful outcomes, 11 drugs were involved in more than one-third of the errors. Most of the drugs involved in these errors were not new but were medications that have been in widespread clinical use for years. The study was conducted by Rodney W. Hicks, M.P.A., M.S.N., and his colleagues at the United States Pharmacopeia Center for the Advancement of Patient Safety, under a partnership with the AHRQ-sponsored University of North Carolina Center for Education and Research on Therapeutics in Chapel Hill. Select to read the [abstract](#) in PubMed®.

[Back to Headlines](#)

3. Institute of Medicine Releases a Report on Preventing Medication Errors

Preventing Medication Errors, a report issued by the IOM on July 20, puts forward a national agenda for reducing medication errors based on estimates of the incidence and cost of such errors and evidence on the efficacy of various prevention strategies. The report finds that an average of 1.5 million medication errors occur every year, costs the Nation an estimated \$3.5 billion. The report also outlines a comprehensive approach to decreasing the prevalence of these errors. This approach will require changes from doctors, nurses, pharmacists, and others in the health care industry, from the FDA and other government agencies, from hospitals and other health-care organizations, and from patients. Select to read the [IOM press release](#) and to order the report.

[Back to Headlines](#)

4. Allowing Case Managers to Adjust Medications Doubles the Benefit of Diabetes Care

Giving nurse or pharmacist case managers authority to adjust a patient's medications without waiting for a doctor's approval could improve care for people with diabetes, according to an AHRQ-sponsored study. Researchers from the Ottawa Health Research Institute in Ottawa, Canada, the University of California at San Francisco, Stanford University, and the VA Palo Alto Health Care System found that case management programs that allowed nurse or pharmacist case managers to make independent medication changes improved patients' blood-sugar levels more than twice as much as programs that required waiting for physician approval. Patients' average blood sugar control improved by 0.8 percent, compared with 0.3 percent, respectively. The researchers caution that these findings need to be confirmed by large prospective clinical trials. According to the CDC, more than 20 million Americans have diabetes, and this number continues to grow rapidly. The researchers point out that, despite this epidemic proportion, care for patients with diabetes frequently falls short of recommended guidelines and targets for disease control. The article, *Effects of Quality Improvement Strategies for Type 2 Diabetes on Glycemic Control: A Meta-Regression Analysis*, was published in the July 26 issue of the *Journal of the American Medical Association*. Select to read the [abstract](#) in PubMed®.

[Back to Headlines](#)

5. Task Force Issues Recommendation on Hereditary Hemochromatosis Screening

The U.S. Preventive Services Task Force has issued a new recommendation against routine genetic screening for hereditary hemochromatosis in the asymptomatic general population. (D

recommendation) This is the first time the Task Force has made a recommendation on hereditary hemochromatosis screening. The recommendation appears in the August 1 issue of the *Annals of Internal Medicine*. Select for a copy of the summary of screening [recommendations](#) and supporting documents.

[Back to Headlines](#)

6. Health Care Quality Leaders Join Forces

Two key health care quality alliances, the AQA Alliance and the Hospital Quality Alliance, have formed a new national Quality Alliance Steering Committee to better coordinate the promotion of quality measurement, transparency and improvement in care. Through the joint efforts of the AQA—an alliance of 135 physician organizations, consumers, employers and health plan representatives that makes available quality information about physician care—and the HQA—a coalition of hospitals, nurses, physician organizations, accrediting agencies, government, consumers and business that shares quality information about key aspects of hospital care—Americans will have helpful information on health care available through the Internet. The new steering committee will work closely with CMS and AHRQ, which are key members of both alliances. Select to read our [press release](#).

[Back to Headlines](#)

7. AHRQ Releases Evaluation of Military Medical Team Training Programs

AHRQ released a report evaluating three medical team training programs designed for military hospitals. Prepared by the American Institutes of Research at the request of AHRQ and the Department of Defense's TRICARE program, the report is part of an ongoing collaborative effort between AHRQ and DoD to promote patient safety based on principles of good communication and teamwork. The programs reviewed—MedTeams™, Medical Team Management, and Dynamics Outcomes Management©—are adapted from the U.S. Army's Crew Resource Management training system. Investigators reviewed student and instructor guides and other materials, attended classes, and collected pre- and post-training information on the students' expectations and post-training reactions to the programs. They found that the programs shared several desirable characteristics, notably their use of active learning techniques and interdisciplinary approaches. They suggested several needed improvements, including comprehensive pretraining needs analysis, opportunities for structured practice and feedback, and strategies for post-training reinforcement. *DoD Medical Team Training Programs: An Independent Case Study Analysis* is available on the [AHRQ Web site](#). Full copies may be obtained by sending an e-mail to AHRQPubs@ahrq.hhs.gov.

[Back to Headlines](#)

8. AHRQ's Healthcare 411 Features Interview on Secondhand Smoke

AHRQ's July 19 edition of Healthcare 411 features an interview with Michael Fiore, M.D., Professor of Medicine and Director of the Center for Tobacco Research and Intervention at the University of Wisconsin School of Medicine and Public Health, discussing the Surgeon General's June 27 report on secondhand smoke. He discusses the particular hazards for children and offers some new information about quitting. The audio newscast also includes data from AHRQ's Healthcare Cost & Utilization Project about hospital admissions for the elderly. The 12-minute [newscast](#) can be heard if your computer has a sound card and speakers and can play MP3 audio files, or you can download it to a portable audio device. In any case, you will be able to listen to the latest audio reports from AHRQ 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 automatically of all future AHRQ podcasts.

[Back to Headlines](#)

9. AHRQ Selects Members for Quality Indicators Risk Adjustment Workgroup

AHRQ has selected nine experts to serve on the AHRQ Quality Indicators Risk Adjustment Workgroup that will evaluate risk-adjustment and hierarchical modeling methodologies. Members include **Dan R. Berlowitz**, Bedford Veterans Affairs Medical Center, Bedford, MA; **Cheryl L. Damberg**, Pacific Business Group on Health, Santa Monica, CA; **R. Adams Dudley**, Institute for Health Policy Studies, University of California, San Francisco; **Marc Nathan Elliott**, RAND, Santa Monica, CA; **Byron J. Gajewski**, University of Kansas Medical Center, Kansas City, KS; **Andrew L. Kosseff**, SSM Health Care, Madison, WI; **John Muldoon**, National Association of Children's Hospitals and Related Institutions, Alexandria, VA; **Sharon-Lise Teresa Normand**, Department of Health Care Policy Harvard Medical School, Boston, MA; and **Richard J. Snow**, Doctors Hospital, OhioHealth, Worthington, Ohio. An additional six experts will serve as liaison members, and another five will serve as technical advisors. The workgroup will meet this summer to evaluate appropriate technical and methodological approaches and also will discuss and suggest strategies as to what risk adjustment approach(s) would best fit AHRQ QI user needs. A final report will be made publicly available in the fall. Select to read the [announcement](#).

[Back to Headlines](#)

10. AHRQ's HCUP/MEPS Data Users' Workshop Set for September 6-8

AHRQ is conducting a 3-day workshop to facilitate the health services research community in using data from two AHRQ databases: the Medical Expenditure Panel Survey and the Healthcare Cost and Utilization Project. The workshop will provide researchers with information on the components and capabilities of the two databases and will teach participants how to extract data for research projects. The workshop will be held at AHRQ's Eisenberg Building, 540 Gaither Road, Rockville, MD. Participants will have the opportunity to bring up specific research questions. This workshop combines lecture (1st day) and hands-on (2nd and 3rd days). Select for [registration](#) and more information.

[Back to Headlines](#)

11. New Evidence Report on the Management of Small Cell Lung Cancer

AHRQ released an evidence report on selected topics in the treatment of small cell lung cancer. The review was requested by the American College of Chest Physicians to support an update of its 2003 treatment guidelines. The report, *Management of Small Cell Lung Cancer*, concludes that important research gaps identified 3 years ago remain unfilled; in particular, uncertainties remain about the timing, the number of daily treatments, and the radiation dose per treatment, of thoracic radiotherapy in combination with chemotherapy. AHRQ's Evidence-based Practice Center at the Blue Cross and Blue Shield Association's Technology Evaluation Center in Chicago conducted the systematic literature review and prepared the report. Select to read the [report](#). A print copy is available by sending an e-mail to AHRQPubs@ahrq.hhs.gov.

[Back to Headlines](#)

12. Highlights From Our Most Recent Monthly Newsletter

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

- Insuring adults in late middle age may reduce the costs of paying for health problems later.

The lack of insurance is consistently associated with a higher risk of decline in overall health for adults in middle to late middle age. An AHRQ-supported study indicates that insuring this age group now could lead to improved health status and reduce costs later in life. Select to read this [article](#).

Other articles are:

- National survey of community pharmacies examines workload, available technology, and perceptions of drug alert systems.
- Half of postpartum depression cases are not recognized.
- Interventions for primary care providers improve management of diabetes.
- Diagnosis of a seriously ill patient misses the link between a type of hepatitis and Hodgkin's disease.

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

[Back to Headlines](#)

13. 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.

Barrett TW, Mower WR, Zucker MI, et al. Injuries missed by limited computed tomographic imaging of patients with cervical spine injuries. *Ann Emerg Med* 2006 Feb; 47(2):129-133. Select to read the [abstract](#) in PubMed®.

Brookhart MA, Solomon DH, Wang P, et al. Explained variation in a model of therapeutic decision making is partitioned across patient, physician, and clinic factors. *J Clin Epidemiol* 2006 Jan; 59(1):18-25. Select to read the [abstract](#) in PubMed®.

Tisnado DM, Adams JL, Liu H, et al. What is the concordance between the medical record and patient self-report as data sources for ambulatory care? *Med Care* 2006 Feb; 44(2):132-140. Select to read the [abstract](#) in PubMed®.

Bhattacharya J, Goldman D, McCaffrey D. Estimating probit models with self-selected treatments. *Stat Med* 2006 Feb 15; 25(3):389-413. Select to read the [abstract](#) in PubMed®.

Lindenauer PK, Behal R, Murray CK, et al. Volume, quality of care, and outcome in pneumonia. *Ann Intern Med* 2006 Feb 21; 144(4):262-269. Select to read the [abstract](#) in PubMed®.

[Back to Headlines](#)

Encourage Your Colleagues to Sign Up for This Electronic Newsletter

Please forward this to others who might be interested in receiving this publication. To subscribe:

1. Send an E-mail message to: listserv@list.ahrq.gov.
2. In the subject line type: Subscribe.
3. In the body of the message type: sub public_list-L and your full name.
4. You will receive an E-mail confirmation.

If you would like to receive the e-newsletter in text-only format:

1. Send an E-mail message to: listserv@list.ahrq.gov.
2. In the subject line type: Subscribe.
3. In the body of the message type: sub public_list-text and your full name.
4. You will receive an E-mail confirmation.

If you are a new subscriber or would like to reference information in a previous issue, an archive of this newsletter can be found on AHRQ's Web site at <http://www.ahrq.gov/news/enewsix.htm>.

To unsubscribe:

1. Send an E-mail message to: listserv@list.ahrq.gov.
2. In the subject line type: Signoff.
3. In the body of the message type: signoff public_list-L
4. You will receive an E-mail confirmation.

Contact Information:

Please address comments and questions to Nancy Comfort at Nancy.Comfort@ahrq.hhs.gov or (301) 427-1866.