

August 18, 2006, Issue #207

## AHRQ News and Numbers

More than one-quarter of all children born in the United States—over 1 million—are delivered by Cesarean section. The national bill for childbirth as a whole in 2003 totaled \$34 billion, with hospital stays for C-section delivery accounting for nearly half this amount—\$15 billion. Medicaid was billed for 43 percent of childbirths overall and 41 percent of those for C-section delivery. [Source: Agency for Healthcare Research and Quality, HCUP, *Statistical Brief #11: Hospitalizations Related to Childbirth, 2003*, [statistical brief](#).]

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### 1. New AHRQ Report Finds Anthrax in Children Difficult to Detect and Treat

Difficulties in diagnosing anthrax may lead to dangerous delays in caring for children infected with this often deadly disease, according to a new report from AHRQ. Treating pediatric anthrax is also a special challenge because most currently recommended therapies have not been widely used to treat children with the disease. The evidence report, *Pediatric Anthrax: Implications for Bioterrorism Preparedness*, was requested and funded by HRSA. Since anthrax exposure occurs rarely in the United States and most of the recent cases have been naturally occurring, clinicians may not have first-hand knowledge about the disease and might have difficulty diagnosing it. In addition, symptoms of pediatric anthrax can be easily confused with those of more common illnesses, for example, inhalational anthrax has symptoms similar to influenza. Also, there is little evidence about the effectiveness of interventions currently recommended for adults in children. Select to read our [press release](#) and select to read the [report](#). A print copy of the report is available by sending an e-mail to [AHRRQpubs@ahrq.hhs.gov](mailto:AHRRQpubs@ahrq.hhs.gov).

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## **2. Nurse-Led Care Improves Functioning in Heart Failure Patients in Minority Communities**

Patients with heart failure whose care is directed by nurse managers can perform everyday activities better and have fewer hospitalizations than patients who manage their own care, according to an AHRQ-funded study that appears in the August 15 *Annals of Internal Medicine*. Researchers led by Jane Sisk, Ph.D., of Mount Sinai School of Medicine and currently at the Centers for Disease Control and Prevention's National Center for Health Statistics, enrolled 406 heart failure patients, about one-half of whom were African American and one-third of whom were Hispanic, from ambulatory practices affiliated with Harlem, New York, hospitals. The patients were randomly assigned to a nurse-management group or a usual-care group. By 9 months, nurse-managed patients reported only slight limitations in their physical functioning, while self-managed patients reported marked limitations. This difference persisted through the 12-month intervention period. Also, the nurse-managed patients had fewer hospitalizations at 12 months: 143, as opposed to 180 for the self-managed patients. Select to read the [abstract](#) in PubMed®.

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## **3. Chemotherapy Complications Greater Than Previously Estimated**

Sixteen percent of women younger than age 65 who underwent chemotherapy for breast cancer experienced serious adverse effects requiring emergency care or hospitalization, according to a new AHRQ-supported study. Most of the adverse events were related to serious complications caused by the toxicity of the drugs. These complications, which included anemia, dehydration, and reduced production of white blood cells, also augmented the costs of care. Expenditures for the hospital and emergency room care of each of the women adversely affected by chemotherapy averaged \$10,000 more a year than expenditures for the same services for those women who underwent chemotherapy but did not have a serious complication. The researchers, led by Michael J. Hassett, M.D., with the Harvard-affiliated Dana-Farber Cancer Institute, are the first to analyze the risks of serious adverse effects resulting from intravenous chemotherapy in women younger than age 65 since medications to treat the complications of chemotherapy became more widely available. The study, *Frequency and Cost of Chemotherapy-Related Serious Adverse Effects in a Population Sample of Women with Breast Cancer*, is published in the August 16 issue of the *Journal of the National Cancer Institute*. Select to read the [abstract](#) in PubMed®.

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## **4. Majority of Physicians Would Disclose Medical Errors to Patients, but Struggle with What to Say**

Sixty-five percent of physicians would "definitely" disclose a harmful medical error to patients, and 29 percent would "probably" do so, according to one of two articles supported, in part, by AHRQ and published in the August 14 issue of the *Archives of Internal Medicine*. Four percent of doctors would disclose only if the patient asked, and 1 percent would definitely not disclose, according to the article, *Choosing Your Words Carefully: How Physicians Would Disclose Harmful Medical Errors to Patients*, which surveyed nearly 3,000 American and Canadian physicians. Researchers found that Canadian physicians and those who had positive attitudes or good prior experiences would be more likely to disclose more information to patients. The other article, *U.S. and Canadian Physicians' Attitudes and Experiences Regarding Disclosing Errors to Patients*, based on the same survey, found that despite different malpractice climates, physicians in both the U.S. and Canada have similar attitudes toward and experiences with error disclosure. Select to read the first [abstract](#) and select to read the [abstract](#) of the latter article in PubMed®.

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## **5. New AHRQ Evidence Report on Treatment Options to Repair Abdominal Aortic Aneurysm**

A new AHRQ evidence report on treatment options to repair abdominal aortic aneurysm finds that more research is needed to evaluate the long-term benefits and harms of endovascular repair versus open surgical repair. In patients medically fit for surgery and with an AAA of 5.5 cm or more, endovascular repair is a less invasive procedure, requires a shorter length of stay, and is associated with lower 30-day morbidity and mortality than open surgical repair. However, studies have not shown improved quality of life beyond 3 months or survival beyond 2 years, according to the report. Endovascular repair is associated with more complications, increased need for re-intervention, more long-term radiological monitoring, and greater costs when compared with open surgical repair. A 4-year study of 166 endovascular repair patients medically unfit for surgery found that endovascular repair did not confer any survival benefit compared with no intervention. Research is needed to evaluate the cost-effectiveness of endovascular repair in the United States. Research is also needed to evaluate whether the outcomes of endovascular repair procedures are influenced by either hospital volume or the surgeon's experience. The report, *Comparison of Endovascular and Open Surgical Repairs for Abdominal Aortic Aneurysm*, was requested by America's Health Insurance Plans, and research was conducted by AHRQ's Minnesota Evidence-based Practice Center in Minneapolis. Select to read the [report](#). A print copy is available by sending an e-mail to [AHRQPubs@ahrq.hhs.gov](mailto:AHRQPubs@ahrq.hhs.gov).

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## **6. AHRQ's Medical Expenditure Panel Survey and the American Public Health Association Continuing Education Institute Workshop Set for November 4**

The Continuing Education Institute (CEI) on the Medical Expenditure Panel Survey Household Component (MEPS HC) is sponsoring a 1-day workshop on November 4 in Boston, MA, to provide an in-depth learning experience concerning MEPS. The purpose of this workshop is to facilitate the use of the MEPS HC public use data files by the health services research community. To attend the CEI, a separate registration fee of \$225 is required. The MEPS workshop is approved for CME, CHES, and nursing contact hours credits. Select for [registration](#) and more information.

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## **7. AHRQ's Healthcare 411 Audio Newscast Highlights Studies on Heart Failure, Chemotherapy, and Diabetes**

AHRQ's latest audio newscast features an interview with Jane Sisk, Ph.D., of Mount Sinai School of Medicine and currently at the Centers for Disease Control and Prevention's National Center for Health Statistics, discussing her research on nurse-led care for patients with heart failure. The nurses used culturally sensitive messages with mostly African American and Hispanic patients in Harlem hospitals and found that this type of directed care improved recovery and functioning in patients with systolic heart failure. The 10-minute newscast also highlights a study that examined risks of complications from chemotherapy for breast cancer, and provides statistics about preventable hospitalizations for diabetes. 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 audio programs. Sign up for a free subscription to the series to receive notice of all future AHRQ podcasts automatically.

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## 8. Highlights From Our Most Recent Monthly Newsletter

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

- Collaboration of hospitalists/attending physicians and nurse practitioners can reduce hospital stays and increase profit.

A multidisciplinary team of hospitalist/nonhospitalist attending physicians and nurse practitioners can reduce hospital length of stay and increase hospital profits when compared with usual care only. This approach reduced the average length of stay from 6 to 5 days. By reducing the number of hospital days after the first 4 days, which are the most profitable ones, hospital profits increased by \$1,591 per day for each patient without increasing hospital readmission or mortality rates. Select to read this [article](#).

Other articles are:

- Doctors often fail to order laboratory monitoring when elderly HMO outpatients begin cardiovascular medications.
- Puerto Rican children are diagnosed with asthma more often than other children.
- Studies examine Federal support and ways to measure available resources for emergency medical services in rural areas.

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

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## 9. **AHRQ Annual Highlights 2005** Reflects Shift to Translating Research Into Practice

In 2005, the research agenda of the AHRQ reflected a shift to emphasize the translation of research into practice. This report presents key findings from AHRQ's 2005 research portfolio. It highlights advances and progress in moving from research to practice. Select to read the [highlights](#).

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## 10. New AHRQ Publications

1. [Cancer Screening and Treatment in Women](#) - program brief
2. [Health Care for Minority Women](#) - program brief
3. [Research on Cardiovascular Disease in Women](#) - program brief
4. [The High Concentration of U.S. Health Care Expenditures](#) - *Research in Action*, Issue 19

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## 11. 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.*

O'Malley AJ, Zou KH. Bayesian multivariate hierarchical transformation models for ROC analysis. *Stat Med* 2006 Feb 25; 25(3):459-479. Select to read the [abstract](#) in PubMed®.

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

Landon BE, Reschovsky JD, Pham HH, et al. Leaving medicine: the consequences of physician dissatisfaction. *Med Care* 2006 Mar; 44(3):234-242. Select to read the [abstract](#) in PubMed®.

Levine AM, Karim R, Mack W, et al. Neutropenia in human immunodeficiency virus infection: data from the women's interagency HIV study. *Arch Intern Med* 2006 Feb 27; 166(4):405-410. Select to read the [abstract](#) in PubMed®.

Phibbs CS, Schmitt SK. Estimates of the cost and length of stay changes that can be attributed to one-week increases in gestational age of premature infants. *Early Human Dev* 2006 Feb; 82(2):85-95. Select to read the [abstract](#) in PubMed®.

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