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## AHRQ News and Numbers

Hospital admissions for breast cancer fell by a third between 1997 and 2004, reflecting, in part, the shift to outpatient facilities for breast cancer surgeries plus the growing use of breast-conserving operations such as lumpectomies, which are typically performed on an outpatient basis. The hospitalization rate for women with breast cancer dropped from 90 per 100,000 women to slightly fewer than 61 per every 100,000 women during the period, and the number of hospital stays for the disease declined from about 125,000 to 90,000. [Source: Agency for Healthcare Research and Quality, *HCUP Statistical Brief #15: Hospital Stays for Breast Cancer, 2004*, [statistical brief](#).]

### Today's Headlines:

1. [AHRQ launches Electronic Preventive Services Selector \(ePSS\) tool for primary care clinicians](#)
2. [AHRQ and United Health Foundation team to distribute the latest clinical prevention recommendations to clinicians nationwide](#)
3. [AHRQ study finds "off-pump" bypass surgery associated with reduced occurrence of stroke and other complications](#)
4. [Scientific evidence lacking for patients choosing among treatments for narrowed kidney arteries](#)
5. [New disaster-preparedness resource provides valuable information for pediatricians and emergency response planners](#)
6. [AHRQ's Healthcare 411 highlights research related to surgery](#)
7. [AHRQ's CAHPS III Funding Opportunity Announcement published](#)
8. [AHRQ offers November 9 technical assistance call for CERTs program](#)
9. [AHRQ's MEPS and HCUP and the American Public Health Association Continuing Education Institute seminar set for November 4](#)
10. [AHRQ in the professional literature](#)

### **1. AHRQ Launches Electronic Preventive Services Selector (ePSS) Tool for Primary Care Clinicians**

A new Electronic Preventive Services Selector (ePSS) tool for primary care clinicians to use when recommending preventive services for their patients was launched at the National Prevention Summit in Washington, DC, on October 26. The interactive tool is designed for use on a personal digital assistant (PDA) or desktop computer to allow clinicians to access the latest recommendations from the AHRQ-sponsored U.S. Preventive Services Task Force. The ePSS is designed to serve as an aid to clinical decision-making at the point of care and contains 110 recommendations for specific populations covering 59 separate preventive services topics. The 'real time' search function allows a clinician to input a patient's age, gender, and selected behavioral risk factors, such as whether or not they smoke, in the appropriate fields. The software cross-references the patient characteristics entered with the applicable Task Force recommendations and generates a report specifically tailored for that patient. "This Electronic Preventive Services Selector will assist physicians in selecting the right preventive service for the right

patient in real time," said HHS Secretary Mike Leavitt in announcing the tool. "It will help us create a culture of wellness; a society that thinks of staying healthy rather than simply being treated after we're sick." Select to read our [press release](#) and select to view and download the [tool](#). Visit to read Secretary Leavitt's [speech](#) that prevention is the key to better health care.

[Back to Headlines](#)

## **2. AHRQ and United Health Foundation Team to Distribute the Latest Clinical Prevention Recommendations to Clinicians Nationwide**

AHRQ is partnering with United Health Foundation to distribute more than 400,000 copies of the 2006 *Guide to Clinical Preventive Services*, a new guide to evidence-based clinical preventive services recommendations, to clinicians nationwide. United Health Foundation is working with medical and nursing societies, including the American College of Physicians, the American Academy of Family Physicians, the American Academy of Pediatrics, the American Academy of Nurse Practitioners, and the American Osteopathic Association to provide free copies of the guide to their members. The guide contains 53 new or revised recommendations from the AHRQ-sponsored U.S. Preventive Services Task Force. Recommendations focus on screenings for obesity, breast cancer, abdominal aortic aneurysm, and HIV; hormone therapy for the prevention of chronic conditions in postmenopausal women; and diet and behavioral counseling. The recommendations are grouped by cancer; cardiovascular problems; infectious diseases; mental and substance abuse disorders; metabolic, nutritional, and endocrine disorders; musculoskeletal conditions; and obstetric and gynecological conditions. Select to read our [press release](#) and select to read the [guide](#). A print copy is available by sending an e-mail to [ahrqpubs@ahrq.hhs.gov](mailto:ahrqpubs@ahrq.hhs.gov).

[Back to Headlines](#)

## **3. AHRQ Study Finds "Off-Pump" Bypass Surgery Associated With Reduced Occurrence of Stroke and Other Complications**

Performing a common heart surgery without bypassing the cardiopulmonary system may cut down on the number of surgery-related strokes and other short-term complications, according to a new study led by AHRQ's Artyom Sedrakyan, M.D., Ph.D., a cardiothoracic surgeon and health services researcher. The findings of this study, released in the November issue of the journal *Stroke*, indicate that off-pump coronary artery bypass graft (CABG) is associated with lower incidence of stroke, atrial fibrillation, and health care-associated infection. Traditionally, CABG surgery has depended heavily on cardiopulmonary bypass (CPB), particularly as its harmful effects have been reduced. However, many cardiac surgeons have in the past few years become interested in avoiding CPB altogether, a procedure known as "off-pump" CABG surgery. The study is the first to document significant benefits of off-pump CABG in randomized trials. Specifically, they found that the off-pump procedure could prevent approximately 10 strokes per 1,000 CABGs, a 50-percent reduction in the risk faced by patients undergoing the surgery. Approximately 280,000 CABGs are performed in the United States each year. Select to read our [press release](#) and select to read the [abstract](#) in PubMed®. A reprint copy of the study is available to by sending an e-mail to [ahrqpubs@ahrq.hhs.gov](mailto:ahrqpubs@ahrq.hhs.gov).

[Back to Headlines](#)

## **4. Scientific Evidence Lacking for Patients Choosing Among Treatments for Narrowed Kidney Arteries**

Increasing numbers of patients with narrowed kidney arteries are undergoing vessel-widening angioplasty and placement of a tubular stent, but the latest scientific evidence does not show a clear advantage of that treatment over prescription drug therapy, according to a new review funded by AHRQ. The new review, titled *Comparative Effectiveness of Management Strategies for Renal Artery Stenosis*, was completed by the AHRQ's Tufts-New England Medical Center Evidence-based Practice Center. While

many renal artery stenosis (RAS) patients are treated with drugs, a growing number of RAS patients are opting for angioplasty. Medicare data show that angioplasty more than doubled from 7,660 in 1996 to 18,520 in 2000. The average charge of RAS angioplasty done in the hospital was \$27,800 in 2004, according to data from AHRQ's Healthcare Cost and Utilization Project. The procedure, like any surgery, carries risks of complications or even death. In addition, the durability of benefits of angioplasty with or without a stent is unclear. NIH has launched a large clinical trial to compare the benefits of angioplasty with stent placement versus drug treatment, but results are not expected until 2010. Select to read our [press release](#) and select to read the [executive summary](#) and full report. A print copy of the executive summary is available by sending an e-mail to [ahrqpubs@ahrq.hhs.gov](mailto:ahrqpubs@ahrq.hhs.gov).

[Back to Headlines](#)

#### **5. New Disaster-Preparedness Resource Provides Valuable Information for Pediatricians and Emergency Response Planners**

AHRQ, in partnership with the American Academy of Pediatrics (AAP), released *Pediatric Terrorism and Disaster Preparedness: A Resource for Pediatricians*. The resource is intended to increase awareness about the unique needs of children and encourage collaboration among pediatricians, other clinicians, State and local emergency response planners, and others involved in planning and response efforts for natural disasters and terrorism incidents. It provides an overview of the role of national, regional, and local emergency response systems before, during, and after disasters and terrorism events. The pediatrician's role in collaborating with this infrastructure is highlighted along with detailed information on the triage, supportive care, and referral of children affected by natural, biological, chemical, radiological, nuclear, and blast events. A summary provides an overview of the detailed resource. Select to read our [press release](#) and select to read the [summary and resources](#).

[Back to Headlines](#)

#### **6. AHRQ's Healthcare 411 Highlights Research Related to Surgery**

This week's AHRQ's audio newscast includes three stories related to surgery. The first provides statistics about women having inpatient surgery for breast cancer. The second discusses new research about off-pump coronary artery bypass graft surgery. And the third story is about a new effort called the Surgical Care Improvement Project (SCIP). With input from consumer groups, SCIP includes Federal government agencies, hospital, physician and nursing organizations, and private groups dedicated to improving health care safety. SCIP has set a goal of reducing surgical complications nationwide by 25 percent by 2010. Select to listen to this 6-minute [newscast](#). You can listen directly through your computer if it 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 at your convenience-whenver you have the time. Visit our [Healthcare 411](#) series main page 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.

[Back to Headlines](#)

#### **7. AHRQ's CAHPS III Funding Opportunity Announcement Published**

On October 4, AHRQ published a Funding Opportunity Announcement (FOA) seeking applications for CAHPS III to continue the work of the Consumer Assessment of Healthcare Providers and Systems® project (CAHPS). The FOA CAHPS III focuses on two areas: quality improvement and reporting survey results to consumers, purchasers, and other audiences. Developing new surveys and maintaining existing surveys continue to be a part of the work, as does disseminating and promoting CAHPS products. AHRQ intends to commit \$4.5 million annually to CAHPS III. AHRQ will award two or three grants. Letters of intent are requested by November 20. Deadline for submitting an application is December 18. Select to read the [announcement](#).

[Back to Headlines](#)

### **8. AHRQ Offers November 9 Technical Assistance Call for CERTs Program**

On November 9, AHRQ will hold a technical assistance conference call regarding two Funding Opportunity Announcements (FOAs) for eight Centers for Education and Research on Therapeutics (CERTs) and a Coordinating Center. This conference call, from 1:00 p.m. to 3:00 p.m. EST, will provide potential CERTs applicants an opportunity to ask questions about the preparation of applications. The conference call is open to any individual or organization intending to apply, but participation is not a prerequisite to applying. To ensure a sufficient number of phone lines, participants must pre-register. Select for additional [information](#).

[Back to Headlines](#)

### **9. AHRQ's MEPS and HCUP and the American Public Health Association Continuing Education Institute Seminar Set for November 4**

The American Public Health Association and AHRQ are sponsoring two free workshops on November 4 in Boston, MA. The Healthcare Cost and Utilization Project (HCUP) is sponsoring a half-day workshop to introduce health services and policy researchers to HCUP and provide them with the foundational resources to apply HCUP data to their research interests. The Medical Expenditure Panel Survey (MEPS) is sponsoring a 1-day workshop to provide an in-depth learning experience concerning MEPS' Household Component. Select for [registration](#) and more information.

[Back to Headlines](#)

### **10. 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.*

Simon SR, Smith DH, Feldstein AC, et al. Computerized prescribing alerts and group academic detailing to reduce the use of potentially inappropriate medications in older people. *J Am Geriatr Soc* 2006 June; 54(6):963-968.. Select to read the [abstract](#) in PubMed®.

Sussman AL, Williams RL, Leverence R, et al. The art and complexity of primary care clinicians' preventive counseling decisions: obesity as a case study. *Ann Fam Med* 2006 Jul-Aug; 4(4):327-333. Select to read the [abstract](#) in PubMed®.

Iezzoni LI, Kelleen MB, O'Day BL. Rural residents with disabilities confront substantial barriers to obtaining primary care. *Health Serv Res* 2006 Aug; 41(4 Pt 1):1258-1275. Select to read the [abstract](#) in PubMed®.

Jackson GL, Edelman D, Weinberger M. Simultaneous control of intermediate diabetes outcomes among Veterans Affairs primary care patients. *J Gen Intern Med* 2006 Oct; 21(10):1050-1056. Select to read the [abstract](#) in PubMed®.

Hollingsworth JM, Rogers MA, Kaufman SR, et al. Medical therapy to facilitate urinary stone passage: a meta-analysis. *Lancet* 2006 Sep 30; 368(9542):1171-1179. Select to read the [abstract](#) in PubMed®.

[Back to Headlines](#)

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## **Contact Information:**

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