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## AHRQ News and Numbers

Nearly 8 percent of patients age 85 and older who are hospitalized for influenza do not survive the disease, a death rate more than twice the 3 percent for hospitalized patients aged 65 to 84. Flu kills more than 36,000 Americans each year and afflicts between 5 percent and 20 percent of the U.S. population. [Source: Agency for Healthcare Research and Quality, HCUP, *Statistical Brief #16: Hospital Stays for Influenza, 2004*, [statistical brief](#).]

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### 1. [AHRQ Director Calls for Achieving Enhanced Quality and Care Through Health IT](#)

AHRQ Director Carolyn M. Clancy, M.D., gave the keynote address at the 2006 World Healthcare Innovation and Technology (WHIT) Congress on November 1 in Washington, DC. Dr. Clancy focused on patient safety and health information technology, including overcoming barriers and opportunities for advancement. "As the wiring of America's health care system continues, we need to find ways to integrate the principles and practice of evidence-based medicine across the full spectrum of care, particularly in areas including clinical decision support systems, payment systems, care coordination systems, and patient-provider communication systems," Dr. Clancy told the meeting participants. The WHIT Congress was co-sponsored by *The Wall Street Journal*. Select to read Dr. Clancy's [speech](#).

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### 2. [Evidence-Based Tips from AHRQ Help Hospitals Promote Patient Safety](#)

Practical tips for promoting a culture of patient safety, limiting shifts for medical residents and interns, and adopting interventions to reduce cases of ventilator-associated pneumonia and catheter-related urinary

tract infections are among the evidence-based research findings that AHRQ has compiled to help hospitals provide the highest quality care possible. A new tipsheet, *10 Patient Safety Tips for Hospitals*, covers a range of activities including how to reduce the likelihood of fatigue-related mistakes, ensuring safety in intensive care units (ICUs), using technology to improve clinical care, and more. Each tip provides a brief synopsis of key data or findings from AHRQ-supported research to help organizations recognize the benefit of changing their current practices. AHRQ is also working with hospitals, nurses, medical residency program directors, and others to disseminate these findings. Select to read our [press release](#) and select to read the [tipsheet](#). A print copy is available by sending an e-mail to [ahrqpubs@ahrq.hhs.gov](mailto:ahrqpubs@ahrq.hhs.gov).

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### **3. AHRQ Awards More Than \$5 Million to Study the Safe Delivery of Health Care Through Medical Simulation**

AHRQ has awarded more than \$5 million for 19 new grants under its "Improving Patient Safety Through Simulation Research" request for applications. The projects focus on assessing and evaluating the roles that simulation can play to improve the safe delivery of quality health care. Medical simulation involves scenarios in which real-life medical situations are re-created so that health care providers can practice new procedures and techniques before performing them on patients and potentially placing them at risk. These projects will inform providers, health educators, payers, policy makers, patients, and the public about the effective use of simulation in preventing medical errors and improving patient safety. The projects span a wide spectrum of settings and populations, in 16 states throughout the United States, including Children's Hospital of Philadelphia, Louisiana State University Health Sciences Center in New Orleans, and Scott and White Hospital in Temple, Texas. Select to read our [press release](#) and select for a complete listing of the 19 [projects](#).

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### **4. Tax Subsidies for Employer-Sponsored Health Insurance to Exceed \$200 Billion**

Total Federal and State tax subsidies for employer-sponsored health care coverage for active workers will exceed \$200 billion in 2006, an inflation-adjusted increase of more than 150 percent since 1987, according to a new AHRQ-sponsored study. The health insurance premiums that employers contribute to, as well as an increasing share of workers' premium contributions, are exempt from Federal and State income taxes, as well as from taxes for Medicare and Social Security - commonly called "FICA," for the Federal Insurance Contributions Act. The goal of these subsidies is to make job-related health insurance more available to workers. AHRQ's Thomas M. Selden, Ph.D., and Bradley M. Gray, Ph.D., of the CNA Corporation, a non-profit research institution based in Alexandria, VA, estimate that in 2006, the Federal and Social Security payroll tax components of the overall employment health insurance subsidy will total \$111.9 billion and \$73.3 billion, respectively, while the exemption from State income taxation will total \$23.4 billion. The authors further estimate that nearly 80 percent of the overall tax subsidy will go to private establishments and their workers, 17 percent will be for State and local public establishments, and the remaining 3 percent will be for coverage provided to Federal employees. The study, "Tax Subsidies for Employment-Related Health Insurance: Simulation Results for 2006 from the Medical Expenditure Panel Survey," is in the November-December 2006 issue of *Health Affairs*. Select to read our [press release](#) and select to read the [abstract](#) in PubMed®.

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### **5. AHRQ Announces Web Conference on Providing Mass Medical Care with Scarce Resources**

AHRQ is sponsoring a free 90-minute Web conference on November 29 from 2:00 p.m. to 3:30 p.m., EST. This Web conference, Public Health Emergency Preparedness: Providing Mass Medical Care with Scarce

Resources - Strategies and Tools for Community Planners, will provide planners at the institutional, State, and Federal levels with valuable insights and information that will help them plan for and respond to a mass casualty event. The Web conference will focus on the specific circumstances communities likely would face as a result of a mass casualty event and the key principles and critical organizational structures to be incorporated into mass casualty event planning. Select to [register](#).

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## **6. AHRQ and Department of Defense Release New Team Training Tool for Health Care Settings**

AHRQ has joined with the Department of Defense in releasing *TeamSTEPPS -Team Strategies and Tools to Enhance Performance and Patient Safety*, a new evidence-based team training and implementation toolkit that demonstrates techniques of effective communication and other teamwork skills. The new toolkit, which responds to the Institute of Medicine's call for "interdisciplinary team training programs that incorporate proven methods for team management" to prevent medical errors, is designed to optimize team performance and outcomes across the health care delivery system. *TeamSTEPPS* is presented in a multimedia format, with tools to help a health care organization plan, conduct, and evaluate its own team training program. It includes the following components:

- An *Instructor Guide* that explains how to conduct a pre-training assessment of an organization's training needs, how to present the information effectively, and how to manage organizational change. The Guide also provides an evidence base for each lesson.
- PowerPoint™ presentations that convey basic *TeamSTEPPS* principles.
- A DVD that contains nine video vignettes that show how failures in teamwork and communication can place patients in jeopardy and how successful teams can work to improve patient safety.
- A spiral-bound pocket guide that summarizes *TeamSTEPPS* principles in a portable, easy-to-use format.
- A CD-ROM that contains files of all print materials so that users of *TeamSTEPPS* can adapt the presentations to reflect their institutions' particular situations.
- A 17" x 22" poster to announce *TeamSTEPPS* activities in a health care organization.

Select to read our [press release](#) and select to access *TeamSTEPPS* [tools](#). Copies of the CD-ROM and DVD, the poster, and the pocket guide are available by sending an e-mail to [ahrqpubs@ahrq.hhs.gov](mailto:ahrqpubs@ahrq.hhs.gov).

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## **7. Pay-for-Performance Incentives Adopted by Half of U.S. HMOs, but Use Depends on Health Plan Type, Physician Payment Arrangements**

More than half of the nation's HMOs used pay-for-performance programs in their contracts with doctors and hospitals in 2005, according to a new AHRQ-supported study. The study found that nearly 90 percent of those included these arrangements as part of their physician compensation and more than one-third of HMOs with these programs included them in their hospital contracts. Pay-for-performance arrangements are an increasingly popular way for payers to reward doctors and hospitals for adhering to evidence-based standards of clinical care. According to the study findings, these arrangements are more often associated with HMOs that use primary care physicians as gatekeepers to specialty care, use "capitation" arrangements that give primary care doctors set payments each month based on the number of patients they have in a given health plan, or are themselves rewarded by performance-based incentives. The findings of the study, "Pay-for-Performance in Commercial HMOs," published in the November 2 issue of the *New England Journal of Medicine*, have significance outside the commercial HMO sector as the federal government looks to incorporate pay-for-performance into traditional Medicare by 2009, according to researchers. Select to read our [press release](#) and select to read the [abstract](#) in PubMed®.

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## **8. New Study Shows More Convenient HIV Treatment as Effective as More Complex Regimens**

Regimens to treat HIV infection that are based on a non-nucleoside reverse transcriptase inhibitor (NNRTI), which require patients to take fewer pills each day, are at least as effective as treatment with a protease inhibitor, according to a new AHRQ-funded study. The study, the first to review all published research that directly compares the two classes of antiretroviral drugs used in highly active antiretroviral therapy (HAART), found that disease progression was similar for both regimens. The percentage of patients who died or experienced disease progression were similar between the two treatments, and the number of patients who stopped taking the medications because of side effects or adverse events was also similar. NNRTI-based regimens were also found to be up to 60 percent more likely to suppress the amount of virus in patients' blood than protease inhibitor-based regimens. The simpler regimen may offer the potential of improved adherence and better patient outcomes, especially in places in this country and in regions of the world where access to medical care and treatment compliance can be challenging. The study, which was published in the October 28 online issue of *Lancet*, was completed as followup to an evidence review prepared by Roger Chou, M.D., and a team of researchers at AHRQ's Oregon Evidence-based Practice Center in Portland. Select to read our [press release](#) and select to read the [abstract](#) in PubMed®.

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## **9. AHRQ Announces ACTION Project Awards**

AHRQ has recently made awards for 13 new projects under its Accelerating Change and Transformation in Organizations and Networks (ACTION) program. ACTION, which is the successor to the Integrated Delivery System Research Network (IDSRN), fosters public-private collaboration in rapid-cycle, applied studies with a goal of turning research into practice. ACTION includes 15 large partnerships that link many of the nation's largest health care systems with top health researchers and span all 50 states. For example, some of the ACTION projects funded in FY 2006 will help develop data and measurement capacity in the AQA Alliance pilot projects sponsored by HHS' Centers for Medicare & Medicaid Services, evaluate rapid HIV testing in emergency departments, assess physician incentives in pay-for-performance programs, and develop and test a rapid response team training module within the *TeamSTEPPS* curriculum recently unveiled by AHRQ and the Department of Defense. Select for a complete listing of [project](#) descriptions.

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## **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.*

Ahles TA, Wasson JH, Seville JL, et al. A controlled trial of methods for managing pain in primary care patients with or without co-occurring psychosocial problems. *Ann Fam Med* 2006 Jul-Aug; 4(4):341-350. Select to read the [abstract](#) in PubMed®.

Resnik L, Feng Z, Hart DL. State regulation and the delivery of physical therapy services. *Health Serv Res* 2006 Aug; 41(4 Pt 1):1296-1316. Select to read the [abstract](#) in PubMed®.

Dobalian A. Advance care planning documents in nursing facilities: results from a nationally representative survey. *Arch Gerontol Geriatr* 2006 Sep-Oct; 43(2):193-212. Select to read the [abstract](#) in PubMed®.

Auerbach AD, Chlouber R, Singler J, et al. Trends in market demand for internal medicine 1999 to 2004: an analysis of physician job advertisements. *J Gen Intern Med* 2006 Oct; 21(10):1079-1085. Select to read the [abstract](#) in PubMed®.

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