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AHRQ News and Numbers

Hospital admissions for burns rose by nearly 22 percent between 2000 and 2004 - from 26,700 to 32,000. The rise follows a decline of 44 percent during the previous 7 years. The average hospital stay for burn care cost hospitals almost twice that for all other conditions as a whole (\$17,300 compared with \$9,000). Hospital costs for burn victims totaled \$573 million in 2004. [Source: Agency for Healthcare Research and Quality, HCUP, Statistical Brief #25, *Hospital Stays for Burns, 2004*, [statistical brief](#).]

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1. AHRQ Announces New Members of U.S. Preventive Services Task Force

New members of the AHRQ-supported U.S. Preventive Services Task Force were announced on January 31 by AHRQ Director Carolyn M. Clancy, M.D. Allen Dietrich, M.D., of Hanover, New Hampshire, and Rosanne Leipzig, M.D., Ph.D., of New York City, join the Task Force this year. George Isham, M.D., of Minneapolis, also joined the Task Force in 2006. Dr. Dietrich, a board-certified family physician, is a professor of community and family medicine at Dartmouth Medical School and a member of the Institute of Medicine of the National Academy of Sciences. Dr. Leipzig, a board-certified internist and geriatrician, is a professor in the departments of Geriatrics and Adult Development, Medicine, and Health Policy at Mount Sinai School of Medicine in New York. Dr. Isham is medical director and chief health officer for healthpartners, a large health care plan in Minnesota that provides care for nearly 800,000 members. Select to read our [press release](#) and select for more information about the [task force](#).

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2. AHRQ Director Participates on Panel on Reducing Racial and Ethnic Disparities

On January 29, AHRQ Director Carolyn M. Clancy, M.D., participated in a panel discussion sponsored by the Alliance for Health Reform and the National Academy of Social Insurance. Dr. Clancy discussed findings of AHRQ's *2006 National Healthcare Disparities Report* and joined the other panelists, Renee Landers of Suffolk University Law School, and Peter Bach, of Memorial Sloan-Kettering Cancer Center in

New York City, in discussing what the Medicare program can do to eliminate racial and ethnic disparities in health care. Select to read about the [event](#) and watch a Webcast.

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3. New Osteoarthritis Medication Guides Released

AHRQ released new consumer and clinician guides that summarize findings of an AHRQ comparative effectiveness review on osteoarthritis pain medications. The guides, which are the first ancillary products from the Effective Health Care program, are written in plain language and draw on a review of 360 published studies. The consumer guide, titled *Choosing Pain Medication for Osteoarthritis*, summarizes the evidence on both prescription and over-the-counter drugs. It includes information on effectiveness, cost, and potential side effects for non-steroidal anti-inflammatory drugs (NSAIDs), COX-2 inhibitors, Tylenol, and others. The guide for clinicians, *Choosing Non-Opioid Analgesics for Osteoarthritis*, provides similar information while evaluating the scientific evidence that applies to the drugs' benefits and risks. Select to access the [guides](#). Select to listen to a 90-second story created specifically for [radio stations](#). Select for the [radio transcript](#).

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4. AHRQ's Podcast Features Story on Off-Label Use of Atypical Antipsychotics

This week's Healthcare 411 audio podcast features an interview with Jean Slutsky, director of AHRQ's Center for Outcomes and Evidence, discussing new research on the use of atypical antipsychotics. The research found that many people who don't suffer from psychotic disorders are being prescribed these drugs even though they are not approved for other conditions. The 8½-minute podcast also includes stories about surgery to treat obesity and other hospitalizations related to obesity. Select to listen to the [audio podcast](#). You can listen to the audio program 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. To access any of AHRQ's podcasts and special reports or to sign up for a free subscription to the series to receive notice of all future AHRQ podcasts, visit our [Healthcare 411](#) series main page.

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5. New Evidence Report on Effectiveness of CME Available

AHRQ released a new evidence report that finds that there is little good-quality research evaluating the effectiveness of continuing medical education (CME), but most studies suggest that it does improve and maintain the knowledge, skills, and performance of physicians. The most effective CME may be live programs and those that require active participation by physicians, deliver content in multiple formats (e.g., live and video), and use more than one teaching method (e.g., lecture and case studies). Programs that provided repeated exposure to the content were usually more beneficial than programs that provided a single exposure. There is also some evidence supporting the effectiveness of simulation programs that use computers, models, or hands-on instruction to teach procedures, physical exam skills, or communication skills. Based on the available studies, it cannot be determined if physician characteristics (e.g., age or gender) and other factors (e.g., specialty or years in practice) influence the impact of CME. The report was prepared by AHRQ's Johns Hopkins University Evidence-based Practice Center in Baltimore. Select to review the [report](#). A print copy is available by sending an e-mail to ahrqpubs@ahrq.hhs.gov.

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6. New Evidence Report on Strategies to Prevent Health Care-Associated Infections Available

AHRQ released a new evidence report that finds several approaches and practices implemented to prevent health care-associated infections are promising and warrant additional research. However, there is insufficient evidence to recommend the best strategy or combination of strategies. The report evaluated published studies of strategies to improve the use of practices to prevent post-surgical infections, blood infections from central intravenous lines, pneumonia from ventilator use, and urinary tract infections from catheter use. Effective strategies include reducing inappropriate catheter use by using "stop orders" (which require that a catheter be removed after a certain period of time if it is no longer needed) and improving the use of proper infection control practices through clinician education and use of detailed guidelines. The reviewed studies were generally of suboptimal quality. Most studies: 1) included only one assessment before and after the strategy was used or 2) evaluated infection rates or adherence to the use of practices to prevent infection, but not both. Therefore, it was not possible to assess the impact these strategies had on infection rates. The report was prepared by AHRQ's Stanford University-UCSF Evidence-based Practice Center in California. Select to review the [report](#). A print copy is available by sending an e-mail to ahrqpubs@ahrq.hhs.gov.

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7. Call for Panels and Posters for the Child Health Services Researchers Meeting

A call for panels and posters has been issued for the 2007 Child Health Services Research Meeting to be held on June 2 in Orlando, FL. This meeting, now in its ninth year, features the latest results from the field of child health services research. Deadline to submit proposals online is February 5. Select for registration and more [information](#).

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8. Nominations for the Nemours Child Health Services Research Award

Nominate your colleagues for the Nemours Child Health Services Research Award! The award recognizes the scientific work of emerging scholars in the field of child health services research. The winner will receive \$1,000 in recognition of his/her contribution to child health services research, and the award will be presented at the 2007 Child Health Services Research Meeting on June 2 in Orlando, FL. Nominations must be received at AcademyHealth by March 30. Select for more information on the meeting and the [award](#).

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9. 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.

Raab SS, Grzybicki DM, Sudilovsky D, et al. Effectiveness of Toyota process redesign in reducing thyroid gland fine-needle aspiration error. *Am J Clin Pathol* 2006 Oct; 126(4):585-592. Select to read the [abstract](#) in PubMed®.

Yang Z, Olomu A, Corser W, et al. Outpatient medication use and health outcomes in post-acute coronary syndrome patients. *Am J Manag Care* 2006 Oct; 12(10)::581-587. Select to read the [abstract](#) in PubMed®.

Wisnivesky JP, Henschke CI, Yandelewitz DF. Diagnostic percutaneous transthoracic needle biopsy does not affect survival in stage 1 lung cancer. *Am J Respir Crit Care Med* 2006 Sep 15; 174(6):684-688. Select to read the [abstract](#) in PubMed®.

Cloutier MM, Wakefield DB, Sangeloty-Higgins P, et al. Asthma guideline use by pediatricians in private practices and asthma morbidity. *Pediatrics* 2006 Nov;118(5):1880-1887. Select to read the [abstract](#) in PubMed®.

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