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AHRQ News and Numbers

About one in three U.S. children age 18 or younger may face increased risk of respiratory and other conditions because they live with at least one smoker. [Source: Agency for Healthcare Research and Quality, MEPS, Statistical Brief #147: *Children Living with Adult Smokers, United States, 2004*, [statistical brief](#).]

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1. AHRQ Study Finds First-Generation Antipsychotics Associated with Increased Mortality Risk in Seniors

Elderly patients prescribed a first-generation antipsychotic are at increased risk of death compared with those who take a second-generation antipsychotic, according to an AHRQ-funded study. Published in the February 27 issue of the *Canadian Medical Association Journal*, the study concluded that elderly patients prescribed a first-generation antipsychotic had a 32 percent greater risk of death within the first 6 months of treatment compared with those prescribed a newer antipsychotic (known as atypical antipsychotics). Haloperidol carried the highest risk of all of the drugs studied—more than double the death risk of risperidone, a second-generation antipsychotic. The study was completed by researchers at the Brigham and Women's Hospital DEcIDE team in Boston. Select to read the [abstract](#) in PubMed®.

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2. Task Force Recommends Against Use of Aspirin and Non-Steroidal Anti-Inflammatory Drugs to Prevent Colorectal Cancer

People who are at average risk for colorectal cancer, including those with a family history of the disease, should not take aspirin or non-steroidal anti-inflammatory drugs to try to prevent the disease, according to a new recommendation from the U.S. Preventive Services Task Force. The recommendation was published in the March 6 issue of the *Annals of Internal Medicine*. This is the first time the Task Force has made a recommendation related to taking medicines to prevent colorectal cancer. After reviewing the latest evidence on the topic, the Task Force found that the potential harms of taking more than 300 mg per day of aspirin or non-steroidal anti-inflammatory drugs—harms which can include increased risks for stroke, intestinal bleeding or kidney failure—outweigh the potential benefits of colorectal cancer prevention. Meanwhile, patients taking aspirin to prevent other conditions such as heart disease should continue to discuss the benefits with their clinicians, according to Task Force Chair Ned Calonge, M.D. The Task Force found good evidence that taking low doses of aspirin (usually less than 100 mg) can reduce risk for heart disease but does not reduce the rate of colorectal cancer. In 2002, the Task Force strongly recommended that clinicians discuss the use of aspirin as a preventive medication with adults who are at increased risk for heart disease and that those discussions should address the potential benefits and harms of aspirin therapy. The Task Force based its conclusions on a report from a research team led by David Moher, M.D., at AHRQ's Evidence-based Practice Center at the University of Ottawa in Canada. Select to read our [press release](#) and select to read the [recommendation](#).

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3. Chronic Disease Management Quality Improvement Efforts Yield Better Care Delivery

A series of interventions designed to improve the quality of care in health centers for three prevalent chronic conditions has improved processes of care but did not improve intermediate clinical outcomes, according to results of a study supported by AHRQ, HRSA and a grant from The Commonwealth Fund. The study, led by Bruce E. Landon, M.D., M.B.A., of the Department of Health Care Policy at Harvard Medical School, was published in the March 1 *New England Journal of Medicine*. It focuses on the principal quality improvement efforts adopted by HRSA for 1,000 health centers nationally in its the Health Disparities Collaboratives. The collaborative improvement interventions focused on diabetes, asthma, and hypertension, which together affect more than 25 percent of the U.S. adult population. Health centers provide care for more than 14 million Americans, many of whom are uninsured or underinsured or are members of immigrant or minority groups. Select to read our [press release](#) and select to read the [abstract](#) in PubMed®.

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4. HHS Secretary Leavitt Unveils Plan for "Value Exchanges" to Report on Health Care Quality and Cost at Local Level

As part of his Value-Driven Health Care Initiative, HHS Secretary Mike Leavitt unveiled a plan for chartering local collaborative organizations that are working to improve quality and value in health care by assessing the performance of local health care providers and reporting these findings publicly. The plan would bring the local collaboratives into a nationwide system, and the collaboratives would use nationally recognized standards to measure and improve quality of care in their local areas. Under the plan, HHS would select qualified regional collaboratives to be chartered as Value Exchanges. In such collaboratives, local physicians, nurses, hospitals and other health care providers are working collaboratively with health plans, employers, unions and other health care purchasers to achieve reliable public reporting on quality and cost of care. As HHS-chartered Value Exchanges, they would continue to focus on quality improvement and would provide public reports on the performance of providers in their area. The Value-Driven Health Care Initiative is a public-private effort launched by Secretary Leavitt last year to improve quality and lower costs in health care delivery. The first element of this initiative aims at national coordination by calling on all health care stakeholders to commit to public reporting on quality and costs, including recognition of consensus standards of care. The initiative also supports interoperable health information technology and incentives for value purchasing in health care. Select to read the HHS [press release](#).

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5. AHRQ's Podcast Features Task Force Recommendation About Colorectal Cancer

This week's Healthcare 411 audio program features an interview with Ned Calonge, M.D., chair of the U.S. Preventive Services Task Force, discussing the Task Force's latest recommendation against the use of aspirin or non-steroidal anti-inflammatory drugs to prevent colorectal cancer. The Task Force found that the risks of aspirin and non-steroidal anti-inflammatory drugs outweighed any benefits for preventing colorectal cancer for those at average risk for the disease. The 9½-minute podcast also includes stories about hospitalizations for burns and the release of updated versions of the Men's and Women's Checklists. Both checklists contain screening recommendations from the Task Force. 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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6. AHRQ Study Finds that Intimate Partner Abuse Has No Age Limit

More than one-quarter of 370 elderly women enrolled in a large West Coast health care delivery system reported being physically or psychologically abused by intimate partners during their adult life. Some 4 percent of the women reported being abused within the previous 5 years, and just over 2 percent within the past year, according to a new AHRQ-funded study. The study highlights the fact that partner violence, which is typically thought to be a problem only in younger women, actually can happen to women at any age. Half the women were 65 to 74 years of age and half were age 75 and older. Intimate partners in the study included spouses, non-marital partners, former marital partners, and formal non-marital partners. About 18 percent said that they suffered sexual abuse or physical abuse, and 22 percent were victims of nonphysical abuse, including being threatened, called names, or having their behavior controlled by an intimate partner. The study, "Intimate Partner Violence in Older Women," led by Amy Bonomi, Ph.D., of Ohio State University appears in the February issue of *The Gerontologist*. It builds on three prior studies conducted by Dr. Bonomi and her colleagues on women under age 65, which were also funded by AHRQ and appeared in the *American Journal of Preventive Medicine*. The most recent of these studies showed that use of health care services was significantly higher for abused women compared with women who were not abused even 5 years after the abuse stopped. Select to read the [abstract](#) in PubMed®.

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7. New Report on Instruments Used to Evaluate Assisted Living Facilities

A new report, *Environmental Scan of Instruments to Inform Consumer Choice in Assisted Living Facilities*, is now available on the AHRQ Web site. The report presents an overview of assisted living, describes the ways that assisted living facilities are evaluated, and reviews the tools currently available to evaluate assisted living facilities and services, including consumer-reported instruments, expert observational instruments, and provider-reported tools. The instruments reviewed for this report were used in an array of assisted living settings and other long-term care facilities, such as nursing homes and residential settings. The instruments are being used to evaluate services offered in a particular facility, the physical and cultural environment, staff issues, activities, social support, and contractual issues. Lastly, the report describes the gaps in the instruments currently available—that is, important aspects of facility performance from the perspective of consumers and other stakeholders that are not being addressed. This report was prepared for AHRQ by Westat, Inc. Select to access the [report](#).

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8. CAHPS Program Releases New Ambulatory Care Survey Products

AHRQ's CAHPS Consortium has recently expanded the family of survey instruments that measure patients' experiences with ambulatory care. Questionnaires are now available for the CAHPS Dental Survey and the CAHPS American Indian Survey. New products in the pipeline include surveys and item sets that address patients' experiences with clinicians and medical groups, home health care, health literacy, health information technology, and care for people with mobility impairments. Select to access information on these [products](#).

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9. New Study Evaluates Patient Understanding of FDA-Required Printed Drug Information

Even when patients receive and read printed drug information, they may not understand it, according to a new study funded by AHRQ and FDA and published in the January 23 online issue of the *Journal of General Internal Medicine*. Nearly all patients (93 percent) using isotretinoin (sold as Accutane, Amnesteem and Sotret) and 86 percent of patients using the estrogen-containing drugs (sold as Premarin and Activella) reported that when they filled the prescription they received the mandatory medication guide or patient package insert approved for these drugs by FDA. In addition, the majority of these patients stated that they were confident in their knowledge of their medication. However, patients' answers to a short series of yes/no questions about potential adverse effects of the drugs scored only slightly better than scores they might get from guessing. The study was conducted by a team of researchers led by Nancy M. Allen LaPointe, Pharm.D., at AHRQ's Center for Education and Research on Therapeutics at the Duke Clinical Research Institute in Durham, North Carolina. The authors surveyed 500 of 3,568 English-speaking patients older than 18 years of age who received the medications during a 12-month period. Select to read the [abstract](#) in PubMed®.

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10. New Evidence Report on Nurse Staffing Is Available

Increased numbers of registered nurses in hospitals are associated with decreased patient deaths, shorter hospital stays, and fewer occurrences of complications such as pneumonia. However, a clear cause-and-effect link between staffing level and these reductions can not be established because most published studies do not adequately evaluate the effect of quality improvement strategies and other factors that could have contributed to the improved patient outcomes. Most studies found that a lower patient-to-nurse ratio was associated with better patient outcomes, with the greatest improvement seen in surgical patients and patients in intensive care units. Ratios of 2.5 surgical patients per nurse and 3.5 intensive care unit patients per nurse were associated with the largest decrease in poor outcomes. Each additional nurse decreased the risk of death by 9 percent for intensive care patients and 16 percent for surgical patients. In all nursing care units, each additional patient assigned to a nurse was associated with an increased risk of 7 percent for pneumonia, 53 percent for respiratory failure, 45 percent for accidental extubation, and 17 percent for complications. However, direct comparisons and the optimal nurse staffing level could not be determined because the studies used different methods to measure staffing (e.g., patient-to-nurse ratios versus the time nurses spent in direct patient care). There was insufficient evidence to determine the extent to which staffing policies (including shift length and the use of full-time, part-time or temporary staff) affect patient outcomes. There was strong evidence that health care-related deaths were lower when more of the nurses providing care had a Bachelor of Science in Nursing degree, but the effect of nursing skill mix and care provided by licensed practical nurses and licensed vocational nurses could not be determined based on the available studies. The report was prepared by AHRQ's Minnesota Evidence-based Practice Center in Minneapolis. Select to review the [report](#). A print copy is available by sending an e-mail to ahrqpubs@ahrq.hhs.gov.

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11. AHRQ Fact Book Shows Safety-Net Hospitals Struggling

The nation's safety-net hospitals suffered an average patient care margin loss of 3 percent compared with 1 percent for other hospitals in 2003, according to a new AHRQ fact book. Patient revenue margin is the net revenue that a hospital collects from billings of insurers and patients divided by its operating costs. Only 1 in 10 hospitals is in a safety-net facility, but they account for almost one-third of all uninsured hospital stays in the United States. Between 9 percent and 50 percent of patient stays in safety-net hospitals are uninsured. The study also found that after subsidies and government allocations were added to net patient revenue, safety-net facilities had a 20 percent lower total income margin than non-safety-net hospitals—2.4 percent compared with 3 percent. Total income margin is hospitals' net income divided by the total expenses. Select to read the [HCUP fact book: *Serving the Uninsured: Safety-Net Hospitals, 2003*](#) for more statistics.

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12. AHRQ in the Professional Literature

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Sterling R, Henderson GE, Corbi-Smith G. Public willingness to participate in and public opinions about genetic variation research: a review of the literature. *Am J Public Health* 2006 Nov; 96(11):1971-1978. Select to read the [abstract](#) in PubMed®.

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Schackman BR, Gebo KA, Walensky RP, et al. The lifetime cost of current human immunodeficiency virus care in the United States. *Med Care* 2006 Nov; 44(11):990-997. Select to read the [abstract](#) in PubMed®.

Gardiner JC, Luo Z, Bradley CJ, et al. A dynamic model for estimating changes in health status and costs. *Stat Med* 2006 Nov 15; 25(21):3648-3667. Select to read the [abstract](#) in PubMed®.

Cohen AE, Lautenbach E, Morales KH, et al. Fluoroquinolone-resistant *Escherichia coli* in the long-term care setting. *Am J Med* 2006 Nov; 119(11):958-963. Select to read the [abstract](#) in PubMed®.

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