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AHRQ News and Numbers

In 2004, 1.2 million hospitalized patients experienced an adverse drug event, 90 percent of which were due to a side effect from a medication that was properly administered. Average total hospital costs for patients who experienced drug side effects or other adverse drug events were \$10,100, compared with an average cost of \$7,600 for patients who didn't experience adverse drug events. [Source: Agency for Healthcare Research and Quality, HCUP, Statistical Brief #29: *Adverse Drug Events in U.S. Hospitals, 2004*, [statistical brief](#).]

Today's Headlines:

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1. One in Four Hospital Patients Is Admitted with a Mental Health or Substance Abuse Disorder

A new AHRQ report shows that almost one-fourth of all stays in U.S. community hospitals for patients age 18 and older—7.6 million of nearly 32 million stays—involved depressive, bipolar, schizophrenia and other mental health disorders or substance use related disorders in 2004. This study presents the first documentation of the full impact of mental health and substance abuse disorders on U.S. community hospitals. About 1.9 million of the 7.6 million stays were for patients who were hospitalized primarily because of a mental health or substance abuse problem. In the other 5.7 million stays, patients were admitted for another condition but they also were diagnosed as having a mental health or substance abuse disorder. Nearly two-thirds of costs were billed to the government: Medicare covered nearly half of the stays, and 18 percent were billed to Medicaid. Roughly 8 percent of the patients were uninsured. Private insurers were billed for the balance. The study also found that one of every three stays of uninsured patients was related to a mental health or substance abuse disorder. Select to read the [factbook](#), *Care of Adults with Mental Health and Substance Abuse Disorders in U.S. Community Hospitals, 2004*.

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2. HHS Secretary Appoints New Members to AHRQ National Advisory Council

HHS Secretary Mike Leavitt appointed six new members and reappointed two members to serve on AHRQ's National Advisory Council. The six new Council members are:

- **Jane F. Barlow, M.D., M.B.A.**, Well-being Director, IBM Corporation, Somers, NY
- **Timothy J. Brei, M.D.**, Clinical Assistant Professor of Pediatrics, the James Whitcomb Riley Hospital for Children, Indianapolis, IN
- **M. Carolina Hinestrosa, M.A., M.P.H.**, Executive Vice-President of Programs and Planning, National Breast Cancer Coalition, Washington, DC
- **Thomas P. Miller, J.D.**, Resident Scholar, American Enterprise Institute, Washington, DC
- **Neil R. Powe, M.D., M.P.H., M.B.A.**, Professor of Medicine, Epidemiology and Health Policy & Management, Johns Hopkins University School of Medicine, Baltimore, MD
- **Anthony C. Wisniewski, J.D.**, Executive Director of Health Policy, U.S. Chamber of Commerce, Washington, DC

Andrew J. Fishmann, M.D., Director, Intensive Care, Good Samaritan Hospital, Los Angeles, CA, has been reappointed to the Council as has **J. James Rohack, M.D.**, Senior Staff Cardiologist and Medical Director, Scott and White Health Plan, Scott and White Clinic, Temple, TX, who is the Council's new chair. An [overview](#) of the council is available on AHRQ's Web site.

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3. New AHRQ Audio Podcasts on Proper Use of Antibiotics and Research about Reducing Catheter-Related Bloodstream Infections

The rise of antibiotic-resistant bacteria and use of more broad-spectrum antibiotics is causing a closer look at the proper use of antibiotics. In this week's Healthcare 411 Quality Insider, AHRQ Director Carolyn M. Clancy, M.D., discusses the issue and provides valuable information for consumers about when to take, or not to take, an antibiotic. Select to listen to the [audio podcast](#) or read the transcript. A recent AHRQ Healthcare 411 audio program features an interview with Peter Pronovost, M.D., Ph.D., of The Johns Hopkins University School of Medicine in Baltimore, discussing his research about interventions to reduce bloodstream infections in hospital ICUs caused by central venous catheters. The study showed that the vast majority of the infections are preventable with simple and inexpensive measures. The 9-minute podcast also includes stories about surgeries performed at outpatient centers and about AHRQ's new "Questions are the Answer" public service campaign. 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 and receive notice of all future AHRQ podcasts, visit our [Healthcare 411](#) series main page.

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4. AHRQ's HCUP Has Injury Data Available Online

In collaboration with the Children's Safety Network's Economics and Data Analysis Resource Center and AHRQ's Healthcare Cost and Utilization Project, the West Virginia University Injury Control Research Center has State-specific injury data tables available. These tables are to help program planners and researchers assess the costs and incidence of injuries and violence and the potential return on investment from prevention. Injury incidence is based upon 2003 data obtained from the State Inpatient Databases. Select to review the [data](#).

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5. AHRQ's CAHPS® Webcast Set for May 8

AHRQ will hold a free Webcast on May 8 from 1:30 to 3:00 p.m. EDT to launch the new CAHPS® Clinician & Group Survey. This Webcast, "The Clinician & Group Survey: What You Need to Know About AHRQ's Newest CAHPS® Instrument," is designed to provide standardized information on patients' experiences with their physicians. Select to [register](#).

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6. 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.

Stroupe KT, Manheim LM, Luo P, et al. Tension-free repair versus watchful waiting for men with asymptomatic or minimally symptomatic inguinal hernias: a cost-effective analysis. *J Am Coll Surg* 2006 Oct; 203(4):458-468. Select to read the [abstract](#) in PubMed®.

Washington EL, Shen JJ, Kocher, J, et al. Care patterns for affective psychosis across diverse ethnicities: exploring potential contributors to complications and emergency room utilization. *Ethn Dis* 2006 Summer;16(3):712-7. Select to read the [abstract](#) in PubMed®.

Aragon SJ. The influence of patient-centeredness on minority and socioeconomically-disadvantaged patients' trust in their physicians. *J of Health Dispar Res & Pract* 2006; Fall 1(1) 63-74. Select to read the [article](#) online.

Ko Y, Coons SJ. Self-reported chronic conditions and EQ-5D index scores in the US adult population. *Curr Med Res Opin* 2006 Oct; 22(10):2065-2071. Select to read the [abstract](#) in PubMed®.

Turner BJ, Fleishman JA. Effect of dysthymia on receipt of HAART by minority HIV-infected women. *J Gen Intern Med* 2006 Dec; 21(2):1235-1241. Select to read the [abstract](#) in PubMed®.

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