

Latest update from the Agency for Healthcare Research and Quality (AHRQ) – August 2019

Inaccurate or Delayed Diagnoses Resulted in 34 Percent of Malpractice Cases Involving Serious Harm

Inaccurate or delayed diagnoses are the most common, most catastrophic and most costly of medical errors, according to new research funded by the Society for Diagnosis in Medicine (SIDM). The [study](#), published in the journal *Diagnosis*, found that 34 percent of malpractice cases resulting in serious harm are due to inaccurate or delayed diagnoses. Researchers also found that 74 percent of inaccurate or delayed diagnoses that result in permanent disability or death are attributable to three disease categories: cancer, vascular events and infections. Improving diagnosis in medicine is a priority for AHRQ, which is working with SIDM and others in the field to apply evidence-based patient safety strategies, predictive analytics, personalized and precision medicine and new technologies at the point of care. [AHRQ's research efforts](#) have led to the development of numerous practical tools and resources to improve diagnostic safety.

Monitoring of Low-Risk Prostate Cases Not Tracked on Timely Basis

Most studies examining outcomes of men with low-risk prostate cancer on active surveillance do not measure or report on adherence to monitoring protocols, according to a new AHRQ-funded systematic review. Researchers reviewed 45 qualifying studies from 1990 to 2019 that represented approximately 29,000 patients on “active surveillance,” which includes regular monitoring using PSA blood tests, digital rectal exams, and repeat biopsies. The authors noted that since the premise of active surveillance is to provide routine scheduled monitoring of the disease to assess disease progression, timely adherence is needed to retain the window of opportunity for cure. The authors recommended developing standard active surveillance adherence definitions and measures, making protocol adherence a quality improvement measure for active surveillance outcomes, and tracking factors for why some patients may not obtain regular follow-up. Access the [abstract](#) of the study, published in *European Urology*.

Tobacco Users in Medicaid Expansion States More Likely To Get Help To Quit

Tobacco users in states that expanded Medicaid had a one-third higher chance of quitting tobacco and a one-half greater chance of getting the medication they needed compared with tobacco users in states that didn't expand Medicaid, according to an AHRQ-funded study. Using electronic health record data from more than 300 community health centers (CHCs) in 10 states that expanded Medicaid in January 2014 and six states that did not, researchers found patients in expansion states were 35 percent more likely to quit, had a 53 percent greater chance of having a tobacco cessation medication ordered, and had 34 percent higher odds of having six or more follow-up CHC visits compared with patients in nonexpansion states. Increased access to insurance through the Medicaid expansion likely led to higher tobacco quit rates among patients who get their care through CHCs, according to the article. Access an [abstract](#) of the article, published in *Nicotine & Tobacco Research*.

AHRQ's Opioid Medication Management Program Yields Positive Results

An AHRQ-funded opioid medication management program known as the Six Building Blocks led to a decrease in opioid prescribing, according to a [study](#) in the *Annals of Family Medicine*. After Six Building Blocks was used to redesign opioid medication management at 20 rural primary care clinics, the number of patients prescribed a 100-milligram or greater morphine equivalent dose daily, which determines a patient's total intake of any opioid over 24 hours, decreased by 2 percent, and the number of patients on long-term opioid therapy fell by 14 percent during a 15-month period. Study authors noted that primary care health teams can use the Six Building Blocks framework to improve opioid-prescribing practices to be more consistent with current opioid guidelines.

AHRQ Primer on Maternal Safety Addresses Efforts To Combat Pregnancy-Related Mortality

A new AHRQ primer that looks at the significant risks associated with pregnancy and childbirth examines how those risks are being addressed nationally through the development of maternal care safety bundles and safety tools. Safety bundles are sets of evidence-based clinical practices developed to improve care. Pregnancy-related deaths have more than doubled in the United States, from 7.2 deaths per 100,000 live births in 1987 to 17.2 deaths per 100,000 live births between 2011 and 2015. AHRQ offers a perinatal safety toolkit from which two strategies—communication and teamwork—are currently being integrated with two maternal safety bundles and evaluated for effectiveness. Access the new [primer](#) from AHRQ's Patient Safety Network (PSNet).

Both Hysterectomies and Myomectomies for Fibroid Removal Improve Quality of Life

Women who underwent surgery to treat uterine fibroids showed improvements in their symptoms and quality of life six to 12 weeks after having either hysterectomies or myomectomies, according to a new AHRQ-funded [study](#) in *Obstetrics & Gynecology*. While hysterectomies to treat fibroids result in the removal of all or part of the uterus, and often other organs, myomectomies result in removal of fibroids without taking out the healthy tissue of the uterus. Researchers who surveyed nearly 1,300 women, ages 18 to 54, at eight clinical sites found that improvements in quality of life measures were similar for both procedures. Study results will allow providers to help their patients make decisions about their surgery options based on their personal preferences, researchers concluded. The study used data from "Comparing Options for Management: PATient-Centered REsults for Uterine Fibroids (COMPARE-UF), the largest multisite registry on fibroid procedures ever conducted in the United States. The registry was funded by AHRQ and the Patient-Centered Outcomes Research Institute.

New Report Measures Premium Increases, Declining Takeup Rates for Private-Sector Employer-Sponsored Insurance

Premiums for employer-sponsored health insurance from private-sector employers in the United States ranged from \$6,715 for single coverage to nearly \$20,000 for family coverage in 2018, an increase on average of about 5 percent from 2017 rates, according to an AHRQ [report](#). The analysis highlights data from AHRQ's Medical Expenditure Panel Survey—Insurance Component, which provides a detailed review of employer-sponsored health insurance in America. The new report also showed that among private-sector employees at establishments that offer insurance, the percent who were eligible increased from 77 to 78 percent from 2017 to 2018. Among those who were eligible, however, the percent who enrolled in health insurance fell from 74 to 72 percent. Employer-sponsored insurance is the primary source of health insurance coverage for individuals

under age 65. AHRQ surveys more than 42,000 business establishments across the country to make available national and state-level estimates of employer-sponsored health insurance, including offer rates, costs, employee eligibility and the number of enrollees.

AHRQ Study Identifies Nearly Two Dozen Measures for Improving Organizations' Health Literacy

An AHRQ-funded project recently identified 22 quality improvement measures to help healthcare organizations monitor strategies to improve patients' health literacy. Instead of developing new organizational health literacy measures, researchers sought to identify measures already shown to help patients understand health information, navigate the healthcare system, engage in the healthcare process and manage their health. A literature review, field interviews and other tactics helped researchers identify and evaluate 233 quality improvement measures overall. An expert panel found 22 measures were useful, meaningful, feasible and effective. Study authors concluded that future efforts should be aimed at generating measures for additional health literacy topics. Access the [abstract](#) for the study, published in *HLRP: Health Literacy Research and Practice*.

Clinicians With High Trust in Their Practice Are More Satisfied, Feel Less Stress and Are More Likely To Stay

Survey responses from 165 clinicians at 34 Midwest and East Coast primary care practices showed that clinicians with improved or stable high trust in their organizations reported higher satisfaction and less stress, and were less likely to think about leaving the practice compared with clinicians whose trust declined or remained low. Trust was higher in practices that, among other qualities, offered workload control, had cultures that encouraged cohesiveness, and emphasized quality versus productivity. Researchers also found that female clinicians were less likely than males to express a high level of trust in their organizations. The researchers concluded that trust can be improved and may lead to lower burnout rates, better patient outcomes and less turnover. Access the [abstract](#) of the study published in *JAMA Network Open*.

Additional information from the Agency for Healthcare Research and Quality (AHRQ):

AHRQ Statistical Briefs --

AHRQ Stats: Colon Cancer Screenings

Among women ages 50–64, 61.2 percent received colon cancer screening in 2015, compared with only 56.2 percent of men in the same age group. (Source: AHRQ, Research Findings #41: [Use of Clinical Preventive Services in the United States: Estimates from the Medical Expenditure Panel Survey \(MEPS\), 2015](#)).

AHRQ Stats: Common Mental and Substance Use Disorders

In 2016, one in five hospitalizations for mental and substance use disorders was for alcohol disorders and schizophrenia. (Source: AHRQ, Healthcare Cost and Utilization Project Statistical Brief #249: [Inpatient Stays Involving Mental and Substance Use Disorders, 2016](#).)