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Short Notes

Health Care Notes

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UT Health Care Program Leaders Meet to Discuss Collaboration in Education, Research and Public Service

Representatives of 11 programs based in different colleges and divisions of the University of Tennessee met in Memphis on September 13 and 14 to discuss opportunities for collaboration in research, education and public service. The meeting was hosted jointly by the Graduate Program in Health Science Administration and The Center for Health Services Research.

Academic programs that were represented included those focusing on epidemiology, health science administration, health services research, law, public administration, preventive medicine, public health, health communications, and programs of the Agricultural Institute, Community Health Research Group, and Social Science Research Institute. The goals of the conference, according to Dr. Dick Gourley, Dean of the College of Pharmacy, were to "identify areas of common interest among the programs and to develop agendas for capitalizing upon common strengths."

Specific initiatives for promoting collaboration that were identified by the group. These included: enhanced communication between groups with common interests by both electronic and direct meetings; developing inventories of resources available to promote research (such as databases) and education (for example, courses already taught or that could be taught by distance learning methods); and cataloging the skills of the faculty to identify collaborators for educational, research and public service initiatives.


Study Pinpoints Areas with High Air and Water Toxin Emissions; Tennessee Ranks Third Highest in Nation

Over one billion pounds of chemicals that can harm children were released into the air and water nationwide in 1998 according to a study reported by The National Environmental Trust, Physicians for Social Responsibility and the Learning Disabilities Association of America. The study, based on data collected by the Environmental Protection Agency, focused on chemicals such as methanol, ammonia and toluene that are known or suspected to cause developmental or neurological defects in children.

Tennessee ranked third in overall emissions, second in air emissions and fourth in water emissions of these toxins. Only Louisiana and Texas had more overall emissions than did Tennessee (Figure 1). Among the counties in the nation with the most toxic emissions, Hamblen County (TN) ranked fourth, Shelby County (TN) ranked eighth and Humphries

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“Now we know what we have suspected for years, that toxic chemicals are bringing anguish to thousands of families in this country”

*-Larry Silver
President, Learning Disabilities Assoc.*

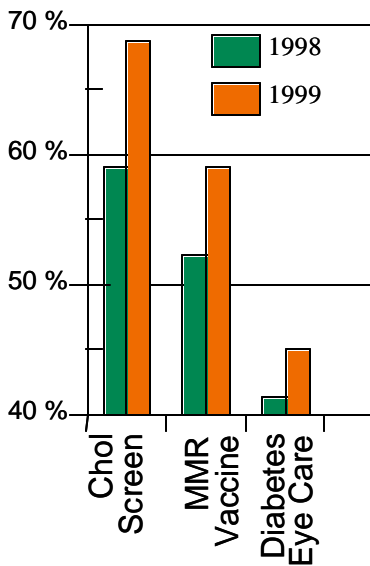


Figure 2: Performance of HMOs on 3 health care measures -- percent of enrollees screened for cholesterol, given measles-mumps-rubella vaccines, and diabetics given annual eye exams - in 1998 and 1999.

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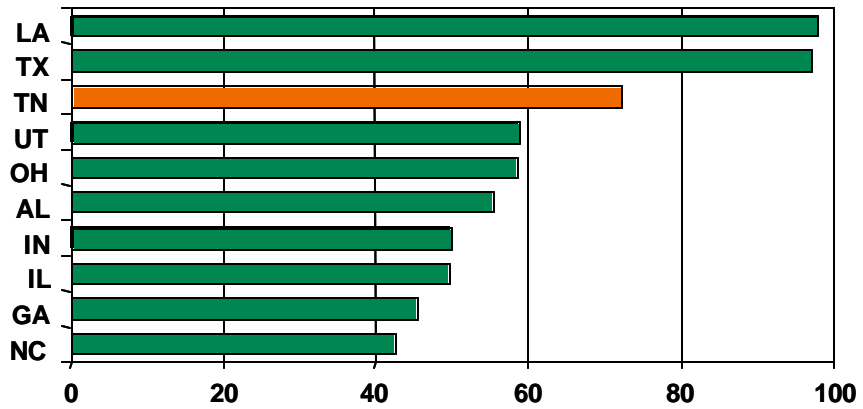


Figure 1: Emissions of neurological and fetal toxins into surface water and air by state, 1998.

County (TN) ranked twenty-third.

The toxins included in this report have been implicated in contributing to a wide range of physical and mental deficits in children. These include low birthweight and premature babies, cardiac and genitourinary defects, attention deficit hyperactivity disorder and autism. A National Academy of Sciences panel has concluded that 3% of known developmental and neurological deficits in children are caused by known toxins. This corresponds, according to the report, to 360,000 U.S. children - or to 1 in every 200 children. In addition, 25% of developmental or neurologic problems may be the result of the interaction of environmental and genetic factors. The full report is available on the internet in downloadable (PDF) format at www.safekidsinfo.org.

Health Care in Managed Care Organization Improving Says NCQA Report

The fourth annual report of the National Committee for Quality Assurance (NCQA) concludes that managed care plans achieved their greatest improvements in quality of care “across every single clinical quality measure NCQA examines.” The report covers 466 plans covering 51 million people.

The clinical measures that were studied included measures of preventive care (for example, immunizations and breast and cervical cancer screening), acute care (including control of high blood pressure and diabetes) and behavioral health (such as antidepressant management and follow-up after hospitalization for mental illness). Examples of selected measures are shown in Figure 2.

Results also demonstrated that substantial regional variations exist in quality of care. The New England region had, overall, the highest levels of quality, while the South Central zone (which includes Tennessee and neighboring states of Alabama, Arkansas, Mississippi and Kentucky) had the lowest quality scores. The full report can be found on the NCQA web site, www.ncqa.org.

UT Studies Demonstrate Limits of Reporting Adverse Drug Reactions

Studies by faculty members of the University of Tennessee College of Pharmacy have demonstrated important limits in the accuracy of report-

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ing complications of drug therapy. Adverse drug reactions occur in approximately 11% of all hospitalizations and 0.3% of these patients die from the events. The Institute of Medicine has identified medication errors as the major cause of mortality and morbidity from medical errors.

The UT research team, led by Peter Chyka, PharmD, reported substantial discrepancies in the number of deaths attributed to complications of drug therapy among various sources of information. For example, based upon causes of death listed on death certificates, only 206 deaths occurred in 1995 due to drug-related events; however, reports to the Food and Drug Administration (FDA) post-marketing surveillance system documented 6894 fatalities. Death rates calculated from studies in which adverse drug events in hospitalized patients were specifically sought suggested that 106,000 deaths - or 4.6% of deaths from all causes - resulted from these events in 1994. Thus, relying on different sets of data can result in a 34- to 100-fold variation in the prevalence of deaths due to drug complications.

According to the researchers, these differences may result from many factors. For example, death certificates commonly list the underlying disease (e.g., cancer) as the cause of death rather than a complication of drug therapy. And reporting to the FDA by health professions is voluntary (although mandatory for drug companies); the reporting rate in hospitals may be as low as 1% to 6% possibly because of fear of litigation, the time required to report or lack of awareness of the reporting procedures. Reporting by Poison Control Centers as well as individual practitioners is also low; in a survey by Dr. Chyka's group of 56 of all 72 centers, 30 had made no reports to the FDA.

These findings strongly support the call from the Institute of Medicine for a standardized, mandatory reporting system for complications of medical therapy. A call for such a system was a major recommendation of the Institute's report "To Err is Human" that focused on the high rates of mortality and morbidity caused by medical errors in the United States.

These and related reports have been published in Drug Therapy (vol. 23, 2000), Annals of Emergency Medicine (vol. 35, 2000) and the American Journal of Medicine (vol. 109, 2000). For more information, contact Dr. Chyka at pchyka@utm.edu.

Dr. Teresa Waters Named Center Associate Director for Health Services Research

Teresa Waters, PhD, has been appointed Associate Director for Health Services Research in The Center for Health Services Research. Dr. Waters received her doctoral degree in economics from Vanderbilt University. She subsequently served on the faculty of Northwestern University in Chicago, IL, most recently as Research Associate Professor and Interim Deputy Director of the Institute for Health Services Research and Policy.

Dr. Waters' research interests have centered on economic evaluation of medical care, access to and financing of care, and medical malpractice. Her most recent work has centered on various aspects of physician behavior, including the impacts of the National Practitioner Data Bank and financial incentives. Her work has been supported by grants from the Agency for Health Research and Quality, Health Resources and Services

“Reporting rates for adverse drug reactions are just the tip of iceberg; health policy development and patient safety demand better data.”

- Peter Chyka, Pharm.D.

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“Of the 11 million children who are uninsured, seven million of them could have health insurance. We must reach them.”

*- Steven A. Schroeder, MD
President, Robert Wood
Johnson Foundation*

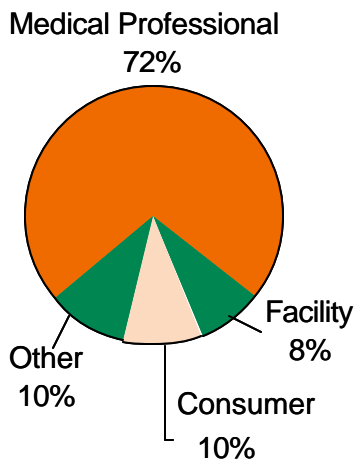


Figure 3: Suspected perpetrators of health insurance fraud in 1998

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Administration, the Department of Veterans Affairs, the Robert Wood Johnson Foundation and numerous other federal, private and industry sources.

At The Center, Dr. Waters will spearhead efforts to expand health services research throughout the university and will serve as a mentor to graduate students and junior faculty with interests in health economics and related fields. She will also serve as Associate Professor in the Department of Preventive Medicine and as a member of the graduate faculties in epidemiology and health sciences administration.

Short Notes

□ Six out of ten parents of children eligible for the State Children’s Health Insurance Program (SCHIP) do not believe these programs apply to them and 82% said that if they knew their children qualified they would apply, according to a survey by the Robert Wood Johnson Foundation.

□ Health care organizations ranked third in amount of charitable donations in 1999, according to a survey of the American Association of Fund-Raising Counsel Trust for Philanthropy. Health organizations received \$17.94 billion in donations (or 9.4% of all donations), while religious and educational institutions received \$81.78 billion and \$27.46 billion, respectively.

□ Over three-fourths (77%) of Americans correctly identified Africa as the part of the world with the largest number of people with AIDS/ HIV, according to a survey assessing understanding of health issues conducted by Kaiser/Harvard School of Public Health Program in the Public and Health Policy; 13% incorrectly identified the United States.

□ The financial outlook of not-for-profit hospitals declined substantially between 1997 and 2000, according to a Moody’s Investors Services survey. In the survey of over 500 not-for-profit hospitals and health care systems, 43% reported a loss from operations in 2000 compared to only 18% in 1997.

□ In 1998-1999, 36% of families offered employer-sponsored insurance had no choice of health plan and 51% did not have a choice between an HMO and a non-HMO-based plan according to results of the Community Tracking Study of the Center for Studying Health System Change.

□ The number of insurance fraud cases tripled between 1996 and 1998, according to reports summarized in Business Health. Perpetrators are most often providers, with 60% being physicians (Figure 3). Most common types of fraud committed by practitioners and consumers are billing for services not rendered (34%) and falsifying claims, respectively.

□ Health profiles of 3,082 counties in the nation are now available on the Internet. Among the measures that are included in the reports are health status, estimates of disparities among racial and ethnic groups, causes of death, and rates of infectious disease rates, homicide and vehicle accidents. The reports are available at www.communityhealth.hrsa.gov.

Health Care Quote:

“It is necessary for the physician to provide not only the needed treatment, but to provide for the patient himself, and those beside him, and for his outside affairs”

- Hippocrates, Aphorisms I