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Health Care

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General

America's Children: Key National Indicators of Well-Being, 2005

Federal Interagency Forum on Child and Family Statistics, Washington, DC. 2005, 206p. See also rept. for 2004, PB2004-106495. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-110183WHP Price code: PC A11/MF A03

Americas Children: Key National Indicators of Well-Being, 2005 is a compendium of indicators drawn from the most reliable official statistics illustrative of both the promises and the difficulties confronting our Nations young people. The report presents 25 key indicators on important aspects of childrens lives. These indicators are easy to understand by broad audiences, objectively based on substantial research connecting them to reliable data on child well-being, balanced so that no single area of childrens lives dominates the report, measured regularly so that they can be updated to show trends over time, and representative of large segments of the population rather than one particular group. As has been the case in previous volumes, this report includes a Population and Family Characteristics section that provides key contextual measures, followed by sections that present key indicators in four domains Economic Security, Health, Behavior and Social Environment, and Education. This years report reflects several significant improvements. First, the Forum staff has focused on improvements in consistency of layout and format across measures in the report. Second, a few data sources for particular indicators have been changed to provide more regularly updated data than in the past. And third, there are three special features and a special section. Two of the

special features percentage of children with asthma and percentage of children with specified blood lead levels update previous special features that were published several years ago. The third special feature is parental reports of childrens emotional and behavioral difficulties. This indicator seeks to address a data gap mental health of children noted in previous volumes of Americas Children. Last, this report includes a special section on family structure that highlights this important dimension in the well-being of children.

Income, Poverty, and Health Insurance Coverage in the United States: 2004

C. DeNavas-Walt, D. B. Proctor, and C. H. Lee. Bureau of the Census, Washington, DC. Economics and Statistics Administration. Aug 2005, 90p, P60-229.

Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109976WHP Price code: PC A06/MF A01

This report presents data on income, poverty, and health insurance coverage in the United States based on information collected in the 2005 and earlier Annual Social and Economic Supplements (ASEC) to the Current Population Survey (CPS) conducted by the U.S. Census Bureau.

Occurrence of Organic Wastewater Contaminants, Pharmaceuticals, and Personal Care Products in Selected Water Supplies, Cape Code, Massachusetts, June 2004

M. J. Zimmerman.

Geological Survey, Reston, VA. 2005, 24p, USGS-OFR-2005-1206. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109843WHP Price code: PC A03/MF A01

In June 2004, the U.S. Geological Survey, in cooperation with the Barnstable County Department of Health and Environment, sampled water from 14 wastewater sources and drinking-water supplies on Cape Cod, Massachusetts, for the presence of organic wastewater contaminants, pharmaceuticals, and personal care products. The geographic distribution of



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Prepared by the National Technical Information Service
U.S. Department of Commerce, Technology Administration, Springfield, VA 22161 (703) 605-6000

sampling locations does not represent the distribution of drinking-water supplies on Cape Cod. The environmental presence of the analyte compounds is mostly unregulated; many of the compounds are suspected of having adverse ecological and human health effects. Of the 85 different organic analyte compounds, 43 were detected, with 13 detected in low concentrations (less than 1 microgram per liter) from drinking-water supplies thought to be affected by wastewater because of previously detected high nitrate concentrations. (Phenol and d-limonene, detected in equipment blanks at unacceptably high concentrations, are not included in counts of detections in this report.) Compounds detected in the drinking-water supplies included the solvent, tetrachloroethylene; the analgesic, acetaminophen; the antibiotic, sulfamethoxazole; and the antidepressant, carbamazepine. Nitrate nitrogen, an indicator of wastewater, was detected in water supplies in concentrations ranging from 0.2 to 8.8 milligrams per liter.

Prescription Drugs: Price Trends for Frequently Used Brand and Generic Drugs from 2000 through 2004

Government Accountability Office, Washington, DC. Aug 2005, 34p, GAO-05-779. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109996WHP Price code: PC A04/MF A01

Prescription drug spending has been the fastest growing segment of national health expenditures. As the federal government assumes greater financial responsibility for prescription drug expenditures with the introduction of Medicare part D, federal policymakers are increasingly concerned about prescription drug prices. GAO was asked to examine the change in retail prices and other pricing benchmarks for drugs frequently used by Medicare beneficiaries and other individuals with health insurance from 2000 through 2004.

President's Emergency Plan for AIDS Relief. U.S. Five-Year Global HIV/AIDS Strategy

Department of State, Washington, DC. 2004, 108p. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109701WHP Price code: PC A07/MF A02

This is a comprehensive five-year global strategy for President Bush's Emergency Plan for AIDS Relief, as required by Section 101 of P.L. 108-25, The United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003. It is presented by the US Global AIDS Coordinator.

Qualitative Methods in Health Research: Opportunities and Considerations in Application and Review

National Institutes of Health, Bethesda, MD. 2005, 28p. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109208WHP Price code: PC A03/MF A01

The Office of Behavioral and Social Sciences Research

sponsored a workshop on September 30 and October 1, 1999, entitled *Qualitative Methods in Health Research: Opportunities and Considerations in Application and Review*. The workshop was organized by the National Institutes of Health (NIH) Culture and Qualitative Research Interest Group¹ and was supported by the National Institute of Mental Health and the National Institute on Alcohol Abuse and Alcoholism. The workshop brought together 12 researchers who served on NIH review committees or had been successful in obtaining funding from NIH. This document, a product of the NIH Culture and Qualitative Research Interest Group, is based on discussions and written comments from the expert working group. The purpose of this document is to assist investigators using qualitative methods in submitting competitive applications for support from NIH. The document is not intended to be comprehensive, but rather, to assist applicants in thinking about qualitative research issues to be addressed when applying for NIH funding. While the perspective is on qualitative research, many of the general issues discussed apply to both qualitative and quantitative methodologies.

Reaching Mothers Saving Children Building Healthy Families: The President's Emergency Plan for AIDS Relief. Annual Report on Prevention of Mother-To-Child Transmission of the HIV Infection, June 2004

Department of State, Washington, DC. Jun 2004, 34p. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109702WHP Price code: PC A04/MF A01

Since the launch of President George W. Bush's International Mother and Child HIV Prevention Initiative in 2002, the United States Government has focused significant resources on reaching HIV-positive, pregnant women with short-term antiretroviral (ARV) prophylaxis to prevent the transmission of HIV to their babies during delivery and in early infancy. The Initiative targeted fourteen countries in Africa and the Caribbean, and the Caribbean region, committing \$500 million over five years. The President's Initiative is focused on two areas: increasing the availability of HIV preventive care, including ARV prophylaxis and treatment, for pregnant women; and strengthening healthcare delivery systems to meet the needs of as many pregnant women as possible.

Revolutionizing Health Care Through Information Technology

President's Information Technology Advisory Committee, Washington, DC. Jun 2004, 64p. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109861WHP Price code: PC A05/MF A01

The U.S. health care system is acknowledged to be the world's most advanced scientifically and technologically. But amid multimillion-dollar diagnostic instruments, highly trained caregivers, and a vast facilities infrastructure, the most fundamental and pervasive basis on which Americans receive health care is the handwritten notation. Such notations not only form the record of a patient's interactions with a health care professional but also serve as the instructions for treatment, from prescriptions taken to a pharmacy to pre-

operative and post-operative surgical procedures. The paper-based techniques for record-keeping served caregivers and their patients well in earlier eras, when most people had a single physician over many years and much of their medical history resided in that physician's memory. In the modern era, however, the enormous complexity and sophistication of medical practice involving multiple care providers, the geographic mobility of citizens, and the critical requirement for adequate patient information in medical decision making have stressed the traditional modes to the breaking point. Indicators of distress in the health care delivery system have been visible for some time.

Agency Administrative & Financial Management

CARES Commission: Capital Asset Realignment for Enhanced Services

Department of Veterans Affairs, Washington, DC. Feb 2004, 624p. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-110426WHP Price code: PC A99

The Capital Asset Realignment for Enhanced Services (CARES) Commission is pleased to submit its report to the Secretary of Veterans Affairs. This report culminates a year of intensive review of the Department of Veterans Affairs (VA) plans to realign its infrastructure in order to enhance access to health care services for our nation's veterans. This review included 81 site visits to VA and Department of Defense (DoD) medical facilities and State Veterans Homes, 38 public hearings, 10 public meetings, and analysis of more than 212,000 comments received from veterans and stakeholders nationwide. The 16 Commissioners unanimously agree that the CARES process advances VA's efforts to provide quality health care for the veterans it serves. This report contains the Commission's perspective both on the major issues facing the health care system as a whole and on Veterans Integrated Service Network (VISN)-specific initiatives proposed as part of the Draft National CARES Plan (DNCP). In its Charter 2, the Commission was charged with providing an objective, external perspective to the CARES planning process. The Commission was asked to provide specific impartial and equitable recommendations for the realignment and allocation of capital assets to meet the demand for veteran health care services over the next 20 years.

Recommendations for a New Allocation System for 101 Funds

Health Economics Resource Center, Menlo Park, CA. 31 Oct 2002, 42p.

PB2005-109608WHP Price code: PC A04

For complete citation see Health-Related Costs

Community & Population Characteristics

Advance Data from Vital and Health Statistics, Number 328. National Ambulatory Medical Care Survey: 2000 Summary

D. K. Cherry, and D. A. Woodwell.

National Center for Health Statistics, Hyattsville, MD. Div.

of Health Care Statistics. Jun 2002, 36p. See also PB2004-500117. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-110763WHP Price code: PC A04

This report describes ambulatory care visits made to physician offices within the United States. Statistics are presented on selected characteristics of the physicians practice, the patient, and the visit. Highlights of trends in physician office visit utilization from 1997 through 2000 are also presented.

Assessing Health Care Quality for Minority and Other Disparity Populations

K. Fiscella.

Rochester Univ., NY. May 2003, 164p, AHRQ-PUB-03-0047-EF. Sponsored by Agency for Healthcare Research and Quality, Rockville, MD. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109671WHP Price code: PC A09/MF A02

Considerable progress has been made over the past decade in the provision of quality health care. However, health care quality is not equitably distributed throughout the general population. Health care consumers who are members of certain groups, termed 'disparity populations,' frequently confront disparities in health care quality relative to the general population. Members of these disparity populations include racial and ethnic minorities, low-income persons, children, women, the elderly, rural and urban residents, persons with disabilities and chronic illness, and persons near the end of life. In order to ensure the quality of care for members of these groups, quality measures relevant and/or specific to these populations are needed. This report describes the state-of-the-art quality measurements for disparity populations, identifies gaps in existing measures, and highlights critical areas for future research.

Dietary Intake and Health Outcomes

G. Colditz.

Harvard School of Public Health, Boston, MA. May 2005, 314p, ERS-CRR-6. Sponsored by Economic Research Service, Washington, DC. Food Assistance and Nutrition Research Program. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-110765WHP Price code: PC A15/MF A03

The Harvard Service Food Frequency Questionnaire (HSFFQ) has been used in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in North Dakota, Missouri, and Massachusetts. This project collaborated with those States to improve HSFFQ output to better facilitate nutrition education, food package decisions, and referrals; to design, implement, and evaluate the use of aggregate nutrition data for local and State practices and policy decisions; and to use prospective data to examine the relationships between diet and childhood obesity. The project

developed a standardized version of the HSFFQ to make collecting and compiling aggregate data easier and to make data reports more useful. The project demonstrated that aggregating nutrition data at the State level is feasible. The calibration studies uncovered the need for further analyses to explain the performance of the tool in the diet assessment of low-income Hispanic and African-American children. Prospective analysis of the influence of diet on overweight in low-income preschool children, while inconclusive, demonstrated the ability to use aggregate nutrition data to explore important epidemiological hypotheses.

Guide to Inpatient Quality Indicators: Quality of Care in Hospitals. Volume, Mortality, and Utilization.

(Revision 4, December 22, 2004)

Agency for Healthcare Research and Quality, Rockville, MD. 2004, 188p, AHRQ-PUB-02-RO204. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109676WHP Price code: PC A10/MF A02

In health care as in other arenas, that which cannot be measured is difficult to improve. Providers, consumers, policy makers, and others seeking to improve the quality of health care need accessible, reliable indicators of quality that they can use to flag potential problems or successes; follow trends over time; and identify disparities across regions, communities, and providers. The Agency for Healthcare Research and Quality (AHRQ) Quality Indicators (QIs) are one Agency response to this need for multidimensional, accessible quality indicators. They include a family of measures that providers, policy makers, and researchers can use with inpatient data to identify apparent variations in the quality of inpatient or outpatient care. AHRQ's Evidence-Based Practice Center (EPC) at the University of California San Francisco (UCSF) and Stanford University adapted, expanded, and refined these indicators based on the original Healthcare Cost and Utilization Project (HCUP) Quality Indicators developed in the early 1990s. The AHRQ QIs are organized into three modules: Prevention Quality Indicators, Inpatient Quality Indicators, and Patient Safety Indicators. This report focuses on health care provided within the inpatient hospital setting. The Inpatient Quality Indicators include three distinct types of measures. Volume measures examine the volume of inpatient procedures for which a link has been demonstrated between the number of procedures performed and outcomes such as mortality. In-hospital mortality measures examine outcomes following procedures and for common medical conditions. Utilization examines procedures for which questions have been raised about overuse, underuse, and misuse.

International Health Data Reference Guide, 2003

National Center for Health Statistics, Hyattsville, MD. Sep 2005, 174p, DHHS-PUB-2005-1007. See also PB2003-106792. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-110772WHP Price code: PC A09

This 11th edition of the International Health Data Reference Guide provides information collected in 2003 on the

availability of selected national vital, hospital, health personnel resources, and population-based health survey statistics. Information for the 40 nations included in this guide was obtained from the government and official agencies that are listed in the guide for further reference. The main purpose of the guide is to provide information not readily available in published form. It is not designed to provide information on the availability of measures such as crude birth and death rates or life expectancy at birth. A secondary purpose is to support the World Health Organizations goal of developing a common basis for international data comparison. The reader should carefully note the listed qualifications in the footnotes concerning the availability of data in several countries. The user of this guide is encouraged to contact the listed government and official agencies to obtain specific data.

Knowledge and Access to Information on Recruitment of Underrepresented Populations to Cancer Clinical Trials. Evidence Report/Technology Assessment No. 122

J. G. Ford, M. W. Howerton, S. Bolen, J. Tilburt, T. L. Gary, and G. Y. Lai.

Johns Hopkins Univ., Baltimore, MD. Johns Hopkins Evidence-Based Practice Center. Jun 2005, 234p, AHRQ-05-E01902. Sponsored by Agency for Healthcare Research and Quality, Rockville, MD. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109462WHP Price code: PC A12/MF A03

This report reviews evidence on the recruitment of underrepresented populations into cancer clinical trials. The authors examined methods used to study recruitment strategies, their efficacy and/or effectiveness, documented barriers to and promoters of participation in clinical trials, and the effects of the attitudes and perceptions of health care providers. The authors found that there is a need for greater consistency in the reporting of target population characteristics, and that success in recruitment of underrepresented populations is defined primarily by the goal of each study. There is little evidence in support of specific interventions to improve recruitment to cancer clinical trials and participation in trials varies by sociodemographic factors.

National Healthcare Disparities Report, July 2003

Agency for Healthcare Research and Quality, Rockville, MD. Jul 2003, 228p. See also report for 2004, PB2005-109611. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109669WHP Price code: PC A12/MF A03

This historic report, the first annual report on healthcare disparities, is intended to provide a balanced summary of the state of disparities in the United States. It will demonstrate that disparities exist for many Americans and improvement is possible. Rather than offer a series of snapshots of disparities from individual research studies, this report provides a comprehensive view of the scope and characteristics of differences in health care quality and access associated with patient race, ethnicity, income,

education, and place of residence. To date, no report has provided extensive cross-group comparisons that could provide a national roadmap to focused efforts to reduce disparities. Demographic trends indicate that the number of Americans who are vulnerable to suffering the effects of health care disparities will rise over the next half century. Current data show that some ethnic minorities, as well as low-income families of whatever race or ethnicity, tend to be in poorer health than other Americans. "The evidence of the damaging health consequences of racial and ethnic disparities in health care continues to be overwhelming" says John W. Rowe, M.D., Chairman, President and CEO of Aetna. 2 Gaps in income between the richest and poorest households in America are also widening. Additionally, some racial and ethnic minorities are growing at a much more rapid pace than the majority white population. Nearly 1 in 2 Americans will be a member of a racial or ethnic minority-i.e., black, Hispanic, Asian, or American Indian-by the year 2050. Clearly, these trends pose a daunting challenge for policymakers and the health care system.

National Vital Statistics Reports, Volume 53, Number 1. Births, Marriages, Divorces, and Deaths: Provisional Data for January 2005

National Center for Health Statistics, Hyattsville, MD. National Vital Statistics System. 24 Aug 2005, 10p. See also PB2005-102431. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-110779WHP Price code: PC A02/MF A01

Data shown here are provisional and include only events occurring within the United States (50 States and the District of Columbia). The provisional information in this report is based on a combination of counts of events (some of which may not have occurred in the specified month of this report) and registered vital events. Although monthly provisional data may be updated during the course of a data year, once the provisional data year has ended, updates cease. Thus, provisional data for a given year may not accurately reflect the final number of events registered.

National Vital Statistics Reports, Volume 53, Number 3. Births, Marriages, Divorces, and Deaths: Provisional Data for February 2005

National Center for Health Statistics, Hyattsville, MD. National Vital Statistics System. 13 Sep 2005, 10p. See also PB2005-110779. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-110781WHP Price code: PC A02/MF A01

Data shown here are provisional and include only events occurring within the United States (50 States and the District of Columbia). The provisional information in this report is based on a combination of counts of events (some of which may not have occurred in the specified month of this report) and registered vital events. Although monthly provisional data may be updated during the course of a data year, once the provisional data year has ended, updates cease. Thus, provisional data for a given year may not accurately reflect the final number of events registered.

Data & Information Systems

—*Proceedings, Symposia, Etc.*—

20th Convegno Annuale. European Working Group for Legionella Infections. Istituto Superiore di Sanita. Roma 16-17 Maggio 2005. Riassunti. (20th Annual Meeting. European Working Group for Legionella Infections. Istituto Superiore di Sanita. Rome, May 16-17, 2005. Abstract Book)

G. Mandarino. Istituto Superiore di Sanita, Roma (Italy). c2005, 98p, ISTISAN-C-05/C2. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109540WHP Price code: PC A06/MF A02

The European Working Group for Legionella Infections (EWGLI) was established in 1986. Members are scientists interested in improving knowledge and information on the clinical and environmental aspects of Legionnaires' disease through its diagnosis, management and treatment. In 1987, the Group established a surveillance scheme (EWGLINET) for the detection of the cases in people who traveled and stayed in hotels and resorts. EWGLI aims rapid identification of the outbreaks and investigations into the source(s) to prevent further cases and increasingly protect European citizens. Collaborators are national or regional representatives from the public health and microbiology institutes, appointed by their Ministry of Health. There are currently 36 countries in EWGLINET (17 EU and 19 non EU). EWGLI activities and updates on the pathogenesis, diagnosis and epidemiology of Legionella infections are presented in an annual workshop hosted every year by one of the 36 countries participating in the scheme.

Comparison between DSS National Data Extracts and HERC Average Costs: Aggregate and Person-Level Costs, FY2001

Health Economics Resource Center, Menlo Park, CA. May 2004, 28p.

PB2005-109624WHP Price code: PC A03/MF A01

For complete citation see Health-Related Costs

Comparison for Inpatient Costs from the HERC and DSS National Data Extract Datasets

Health Economics Resource Center, Menlo Park, CA. 26 Jan 2004, 38p.

PB2005-109620WHP Price code: PC A04/MF A01

For complete citation see Health-Related Costs

Comparison of the National VA Outpatient Database to Electronic Medical Records

L. Ayyangar, J. Trafton, and P. G. Barnett. Health Economics Resource Center, Menlo Park, CA. 26 Aug 2003, 12p. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109616WHP Price code: PC A03/MF A01

This technical report compares two sources of information on

ambulatory care provided by the U.S. Department of Veterans Affairs (VA). We compared the VA electronic medical record to the VA national outpatient utilization database. We wished to validate data to be used in the economic component of the Multisite Opioid Substitution Treatment (MOST) study. The MOST study is evaluating the effect of adherence to clinical practice guidelines on the cost and outcomes of patients being treated for opiate dependence at seven sites. We looked at a random sample of ambulatory care data for a small sample of patients. We compared the VA medical record, VISTA, to the outpatient events file, a SAS extract of the National Patient Care Database (NPCD).

Dialysis Treatment Use and Costs Reported in VA Administrative Databases

Health Economics Resource Center, Menlo Park, CA. Mar 2005, 42p.

PB2005-109621WHP Price code: PC A04/MF A01

For complete citation see Health-Related Costs

Dynamical Epidemic Suppression Using Stochastic Prediction and Control

I. B. Schwartz, L. Billings, and E. M. Bollt.
Naval Research Lab., Washington, DC. Plasma Physics Div. 28 Oct 2004, 18p. Pub. in Physical Review E, v70 n046220 p1-7, 2004. Prepared in collaboration with Montclair State University, Montclair, NJ, and Clarkson University, Potsdam, NY. Sponsored in part by the Office of Naval Research, Naval Research Laboratory, under contract N00173-04-1-G006; by the Army Research Office (ARO); by DARPA under contract DAAD19-03-1-0134; and by National Science Foundation (NSF) unde. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

ADA436522WHP Price code: PC A03/MF A01

We consider the effects of noise on a model of epidemic outbreaks, where the outbreaks appear randomly. Using a constructive transition approach that predicts large outbreaks prior to their occurrence, we derive an adaptive control scheme that prevents large outbreaks from occurring. The theory is applicable to a wide range of stochastic processes with underlying deterministic structure.

Effects on Measured Workload and Costs of Limiting CPT Codes in the NPCD SE File

Health Economics Resource Center, Menlo Park, CA. 18 Nov 2004, 18p.

PB2005-109623WHP Price code: PC A03/MF A01

For complete citation see Health-Related Costs

Guidebook for the HERC Person Level Cost Data Sets

Health Economics Resource Center, Menlo Park, CA. Dec 2004, 20p.

PB2005-109622WHP Price code: PC A03/MF A01

For complete citation see Health-Related Costs

HERC's Inpatient Average Cost Datasets for VA Care. Fiscal Years 1998-2003

Health Economics Resource Center, Menlo Park, CA. 7 Jun

2004, 78p.

PB2005-109607WHP Price code: PC A06

For complete citation see Health-Related Costs

HERC's Inpatient Average Cost Datasets for VA Care. Version 4. Fiscal Years 1998-2002

Health Economics Resource Center, Menlo Park, CA. 30 Jul 2003, 80p.

PB2005-109606WHP Price code: PC A06

For complete citation see Health-Related Costs

HERC's Outpatient Average Cost Dataset for VA Care: Fiscal Years 1998-2001

Health Economics Resource Center, Menlo Park, CA. Mar 2003, 70p.

PB2005-109633WHP Price code: PC A05/MF A01

For complete citation see Health-Related Costs

HERC's Outpatient Average Cost Dataset for VA Care: Fiscal Years 1999-2002. 3rd Edition

Health Economics Resource Center, Menlo Park, CA. 7 Aug 2003, 76p.

PB2005-109631WHP Price code: PC A06/MF A01

For complete citation see Health-Related Costs

HERC's Outpatient Average Cost Dataset for VA Care: Fiscal Years 2000-2003. 4th Edition

Health Economics Resource Center, Menlo Park, CA. 25 May 2004, 82p.

PB2005-109630WHP Price code: PC A06/MF A01

For complete citation see Health-Related Costs

Human Subjects Compliance Programs: Optimal Operating Costs in VA

Health Economics Resource Center, Menlo Park, CA. 25 Jan 2000, 26p.

PB2005-109628WHP Price code: PC A03/MF A01

For complete citation see Health-Related Costs

Indirect Costs of Specialized VA Inpatient Mental Health Treatment

Health Economics Resource Center, Menlo Park, CA. 10 Apr 2003, 14p.

PB2005-109629WHP Price code: PC A03/MF A01

For complete citation see Health-Related Costs

Micro-Cost Methods for Determining VA Healthcare Costs

Health Economics Resource Center, Menlo Park, CA. Apr 2003, 96p.

PB2005-109627WHP Price code: PC A06/MF A01

For complete citation see Health-Related Costs

Reconciliation of DSS Encounter-Level National Data Extracts and the VA National Patient Care Database: FY2001-FY2002

Health Economics Resource Center, Menlo Park, CA. 2 Dec 2003, 44p.

PB2005-109625WHP Price code: PC A04/MF A01

For complete citation see Health-Related Costs

Reconciliation of DSS Encounter-Level National Data Extracts with the VA National Patient Care Database, Fiscal Year 2001

Health Economics Resource Center, Menlo Park, CA. 1 Oct 2002, 32p.

PB2005-109632WHP Price code: PC A04/MF A01

For complete citation see Health-Related Costs

Report of the Health Economics Resource Center to the VA Cooperative Studies Program

Health Economics Resource Center, Menlo Park, CA. 29 Jun 2004, 74p.

PB2005-109634WHP Price code: PC A05/MF A01

For complete citation see Health-Related Costs

Research Guide to Decision Support System National Cost Extracts 1998-2001

Health Economics Resource Center, Menlo Park, CA. Jan 2002, 82p.

PB2005-109626WHP Price code: PC A06/MF A01

For complete citation see Health-Related Costs

—*Proceedings, Symposia, Etc.*—

Workshop Ipotiroidismo Congenito in Italia. Istituto Superiore di Sanita. Roma, 15 Luglio 2005. Riassunti (Workshop. Congenital Hypothyroidism in Italy. Istituto Superiore di Sanita. Rome 15 July 2005. Abstract Book)

Istituto Superiore di Sanita, Roma (Italy). c2005, 60p, ISTISAN-C-05/C7. Text in Italian; summary in English. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109537WHP Price code: PC A05/MF A01

This workshop is an annual meeting where emerging problems on Congenital Hypothyroidism (CH), one of the most frequent endocrine diseases in childhood, are presented and discussed. The main topics of the workshop are represented by iodine deficiency effects on CH incidence, auxological and neuropsychological follow-up of CH infants and genetic and molecular studies iodine deficiency effects of the Italian National Register for Congenital Hypothyroidism and the analysis of temporal trend of CH incidence in Italy are also discussed. The endocrinologists and pediatricians responsible for the Italian Screening and Follow-up Centers take part in a Round Table on emerging problems regarding diagnosis, treatment and follow-up of CH. Congenital hypothyroidism.

Economics & Sociology

Discrimination Against Persons with Disabilities: Testing Guidance for Practitioners

S. Pratt, C. Herbig, D. Levy, J. Fenderson, and M. A. Turner.

Urban Inst., Washington, DC. Jul 2005, 190p. See also PB2005-108678. Sponsored by Department of Housing and Urban Development, Washington, DC. Office of Policy

Development and Research. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-110484WHP Price code: PC A10/MF A02

Housing discrimination against persons with disabilities has become an increasingly important issue in fair housing enforcement. Since 1988, when disability was added to the Fair Housing Act as an illegal basis for housing discrimination, the percentage of complaints filed with the United States Department of Housing and Urban Development (HUD) alleging disability discrimination has steadily risen. Since 1993, complaints alleging disability discrimination have been the most or second most common type of fair housing complaint received by HUD. Although the percentage of fair housing complaints based on disability is increasing, only slightly more than half of Americans know that it is illegal for landlords to refuse to make reasonable accommodation for persons with disabilities or to permit reasonable modification to a housing unit. A number of fair housing and disability rights organizations have addressed disability discrimination by conducting investigations, filing complaints, and testing for violations of the Fair Housing Acts design and construction requirements on behalf of persons with disabilities. However, few organizations have conducted significant numbers of tests for other types of housing discrimination based on disability, and even fewer have used persons with disabilities as testers.

Greenbook Demonstration Initiative, Interim Evaluation Report

Caliber Associates, Washington, DC. May 2005, 180p, NCJ-209733. Sponsored by National Inst. of Justice, Washington, DC. Office of Justice Programs. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109638WHP Price code: PC A10/MF A02

The Greenbook Initiative provides a framework for a collaborative approach to working with families experiencing the co-occurrence of child maltreatment and domestic violence. The Greenbook's principles and recommendations serve as a guide for how communities and the three primary systems that serve such families-child welfare agencies, domestic violence service providers, and the dependency courts-identify and respond to those experiencing co-occurring issues. Six communities received Federal funding and other support to implement The Greenbook's recommendations over the course of a 5-year demonstration initiative. Through partnership with Federal agencies in the U.S. Departments of Justice and Health and Human Services, the communities have prioritized their activities relating to collaboration, identification of co-occurring issues, information sharing, batterer accountability, improved access to services, and improved advocacy. Collectively, these activities promote system integration and treat the entire family rather than focusing on isolated family issues or family members. This report describes the results of the national evaluation at the midpoint of the 5-year demonstration grant, including baseline outcome evaluation findings, Greenbook guidance, activities planned and implemented at the midpoint of the initiative, and lessons learned.

Environmental & Occupational Factors

Dangers of Entanglement during Lobstering

National Inst. for Occupational Safety and Health, Washington, DC. Aug 2005, 8p, NIOSH-2005-137. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109963WHP Price code: PC A02/MF A01

Lobster fishing is a hazardous occupation that has resulted in drownings from entanglement in trap line and being pulled overboard. A survey of 103 lobstermen developed recommended work practices and controls to (1) reduce entanglement; (2) escape entanglement; and (3) provide opportunities to reboard the vessel.

Final Environmental Assessment: Proposed Demolition of 12 Structures, Hill Air Force Base, Utah

R. Klein, and K. Winn.

STREAMLINE CONSULTING LLC FARMINGTON UT. 22 Aug 2005, 32p. The original document contains color images.

Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

ADA436603WHP Price code: PC A04/MF A01

Hill AFB proposes to accommodate current United States Air Force (USAF) missions by demolishing 12 structures on Hill AFB. All 12 buildings have both aged and deteriorated to the point they cannot be economically repaired or remodeled. Seven of the 12 buildings would be demolished without being replaced in kind. For five of the 12 buildings, military construction (MILCON) projects would provide new facilities to house the activities that are or were being performed in the deteriorated structures. The proposed action and the no action alternative were both considered in detail. Following the demolition phase, backfill and revegetation operations would prevent erosion of the site. The proposed action could be implemented with minor air emissions of short term duration. During demolition activities, solid wastes and wastes containing asbestos, lead-based paint, PCBs, mercury, asphalt, petroleum products, and any contaminated soils would all be stored, transported, disposed, and/or recycled properly. The proposed demolition projects would have an adverse effect on cultural resources, but mitigation efforts would be conducted according to an existing MOA with the Utah SHPO. No long-term environmental impacts are expected from either the proposed action or the no action alternative.

Health Hazard Evaluation Report: HETA 98-0096-2737, Exempla St. Joseph Hospital, Denver, Colorado, Revised October 2000

E. H. Page, and E. J. Esswein.

National Inst. for Occupational Safety and Health, Washington, DC. Oct 2000, 38p, HETA-98-0096-2737. See also PB2000-100206. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2002-108286WHP Price code: PC A04/MF A01

On January 23, 1998, the National Institute for Occupational

Safety and Health (NIOSH) received a confidential employee request for a health hazard evaluation (HHE) at Exempla Health Care Facility/St. Joseph's Hospital in Denver, Colorado. The request stated that hospital employees experienced facial flushing, rhinitis, sneezing, itching and watery eyes and fainting while at work. According to the request, the exposure thought to cause the employees' health problems was latex protein from powdered natural rubber latex (NRL) gloves. The NIOSH investigation consisted of concurrent medical and industrial hygiene evaluations during the weeks of July 13-16, 1998, and August 3-6, 1998. Additional medical evaluations were completed November 9-13, 1998. The medical evaluation included a self-administered questionnaire and blood tests for total IgE and latex-specific IgE. The industrial hygiene evaluation consisted of air, surface, and bulk dust sampling to evaluate the presence of latex proteins within the hospital environment.

OSHA: Derechos del Empleado en el Lugar de Trabajo. (OSHA: Employee Workplace Rights.)

Occupational Safety and Health Administration, Washington, DC. 2003, 22p, OSHA-3021-R. Text in Spanish. For english version, see PB2004-100796. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-108100WHP Price code: PC A03/MF A01

The Occupational Safety and Health (OSH) Act of 1970 created the Occupational Safety and Health Administration (OSHA) within the Department of Labor and encouraged employers and employees to reduce workplace hazards and to implement safety and health programs. The Act gave employees many new rights and responsibilities. This booklet discusses these rights and responsibilities and encourages employees to work cooperatively with employers to promote safe and healthful workplaces that add value to everyone: businesses, workplaces, and workers lives.

Public Health Assessment for Naval Weapons Industrial Reserve Plant Bedford, Bedford, Massachusetts, August 19, 2005. EPA Facility ID: MA6170023570

Agency for Toxic Substances and Disease Registry, Atlanta, GA. 19 Aug 2005, 116p. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109459WHP Price code: PC A07

The Agency for Toxic Substances and Disease Registry (ATSDR) prepared this public health assessment (PHA) to evaluate potential health hazards from past, current, and future exposures to contaminants originating from the Naval Weapons Industrial Reserve Plant (NWIRP)-Bedford. Our assessment indicates that people exposed to contaminants from the NWIRP Bedford site are unlikely to have harmful health effects. NWIRP Bedford is located on 46 acres in Bedford, Middlesex County, Massachusetts, about 14 miles northwest of Boston, Massachusetts. The U.S. Department of the Navy (Navy) owned the NWIRP Bedford property; beginning in 1952, the Raytheon Corporation used the property for missile and radar development. Operations were expanded to design, fabrication, and testing of prototype equipment, such as missile guidance and controls systems. The site consists of two sections divided by Hartwell Road.

Health Care Assessment & Quality Assurance

Emergency Severity Index, Version 4: Implementation Handbook

N. Gilboy, P. Tanabe, D. A. Travers, A. M. Rosenau, and D. R. Eitel.

Brigham and Women's Hospital, Boston, MA. May 2005, 100p, ISBN-1-58763-212-8, AHRQ-PUB-05-0046-2. Prepared in cooperation with Northwestern Univ., Chicago, IL., North Carolina Univ., Chapel Hill. and Lehigh Valley Hospital Center, Allentown, PA. Sponsored by Agency for Healthcare Research and Quality, Rockville, MD. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-110455WHP Price code: PC A06/MF A02

The Emergency Severity Index (ESI) is a tool for use in emergency department (ED) triage. The ESI triage algorithm yields rapid, reproducible, and clinically relevant stratification of patients into five groups, from level 1 (most urgent) to level 5 (least urgent). The ESI provides a method for categorizing ED patients by both acuity and resource needs. Emergency physicians Richard Wuerz and David Eitel developed the original ESI concept in 1998. After pilot testing of the ESI yielded promising results, they brought together a number of emergency professionals interested in triage and the further refinement of the algorithm. The ESI Triage Group included emergency nursing and medical clinicians, managers, educators, and researchers. The ESI was initially implemented in two university teaching hospitals in 1999, and then refined and implemented in five additional hospitals in 2000. The tool was refined further based on feedback from the seven sites. Several research studies have been conducted to evaluate the reliability, validity, and ease of use of the ESI. Since the publication of the first edition of this handbook, research has led to a further refinement in the algorithm.

Evaluation of the VA Nursing Home Resident Assessment Instrument Minimum Data Set: Resource Utilization Group III in FY2001 and FY2002

A. Hill, and W. Yu.

Health Economics Resource Center, Menlo Park, CA. Jan 2004, 22p. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109619WHP Price code: PC A03/MF A01

The Health Economics Resource Center (HERC) estimates the cost of every inpatient and outpatient encounter in the VA system. Known as the HERC Average Cost Data, they include all encounters from fiscal years 1998-2002 (FY98-FY02). One component of VA services is nursing home care. Because patient acuity affects the level of nurse staffing required, a fair comparison of costs across VA facilities requires adjustment for case mix. This adjustment also allows comparison of VA nursing home encounters to those funded by Medicaid and other payers. HERC staff earlier applied the Resource Utilization Group II (RUG II) system to the FY98-FY00 HERC Average Cost Data for nursing home care. Because of a change in the assessment instrument, VA data on nursing home care for FY01 and later were not available until

recently. HERC obtained the new FY01 and FY02 RUG III assessment data in April, 2003. Unfortunately, we found problems in the RUG III data that cause us considerable concern. This report summarizes our findings.

Guide to Inpatient Quality Indicators: Quality of Care in Hospitals. Volume, Mortality, and Utilization. (Revision 4, December 22, 2004)

Agency for Healthcare Research and Quality, Rockville, MD. 2004, 188p.

PB2005-109676WHP Price code: PC A10/MF A02

For complete citation see Community & Population Characteristics

Health Care Forecasting Methodology

Evaluation of the VA Nursing Home Resident Assessment Instrument Minimum Data Set: Resource Utilization Group III in FY2001 and FY2002

Health Economics Resource Center, Menlo Park, CA. Jan 2004, 22p.

PB2005-109619WHP Price code: PC A03/MF A01

For complete citation see Health Care Assessment & Quality Assurance

Health Care Needs & Demands

Preventing Homelessness Among People With Serious Mental Illnesses. A Guide for States

Policy Research Associates, Inc., Delmar, NY. National Resource Center on Homelessness and Mental Illness. Apr 1996, 62p.

PB2005-109673WHP Price code: PC A05/MF A01

For complete citation see Health Services

VA Long-Term Care: Oversight of Community Nursing Homes Needs Strengthening

General Accounting Office, Washington, DC. Jul 2001, 40p.

PB2005-110452WHP Price code: PC A04/MF A01

For complete citation see Health Services

Health Care Technology

Cost of Positron Emission Tomography: Method for Determining Indirect Cost

Health Economics Resource Center, Menlo Park, CA. 10 Apr 2003, 14p.

PB2005-109635WHP Price code: PC A03/MF A01

For complete citation see Health-Related Costs

—Proceedings, Symposia, Etc.—

Identifying Barriers to the Success of a Reporting System

M. L. Harper, and R. L. Helmreich.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY ROCKVILLE MD. 2005, 14p. Pub. in Advances in Patient Safety, v3 p168-179, 2005. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries);

fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

ADA436532WHP Price code: PC A03/MF A01

Spurred by a controversial report from the Institute of Medicine on the prevalence of medical error, *To Err Is Human*, the medical profession has seen an increase in event reporting systems at the international, national, and institutional levels. Aviation, with its long history of reporting systems, has shown that these systems can yield previously unknown, but safety-critical information for developing a proactive approach to managing human error. Despite many similarities between health care and aviation, event reporting systems have not been well received in health care. Studies have shown that many physicians are reluctant to participate in programs to report medical errors, and that underreporting of adverse events may be as high as 96 percent. These findings suggest that the success of a reporting system is determined by the attitudes and perceptions of frontline care providers. Therefore, prior to implementing an event reporting system, an assessment of the opinions of care providers should be conducted to identify critical barriers to reporting. The University of Texas Human Factors Research Project has developed a survey instrument designed to assess a wide array of attitudes deemed relevant to the implementation of reporting systems. This paper summarizes preliminary survey findings and recommendations for successful implementation of an event reporting system.

Phase II-SOF Knowledge Coupler-Based Phase I XML Schema

W. L. Whitlock.

SOUTHEASTERN REGIONAL MEDICAL COMMAND FORT GORDON GA. Mar 2005, 9p. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

ADA436520WHP Price code: PC A02/MF A01

The 2002 digital version of the Special Operations Forces Medical Handbook (SOFMH) includes a comprehensive, searchable database of injuries and illnesses. While it is a complete digital reference source, its utility would be greatly enhanced if a healthcare provider could enter a patient's signs and symptoms into the SOFMH search template and access a list of diagnostic choices in an XML-tagged database. An analysis of the search function indicates that the native search capability of the SOFMH does not inherently contain the requirements to sustain a diagnostic tool. Current search technologies can locate text or indexes, ranked by the frequency a term appears in a document, but not the term's relevance to a set of symptoms. Current search technologies operate by diagnosis category, key words, indices, and content text. The program ranks matches by frequency, index, and content. A medical knowledge coupler requires more sophisticated associations to link a diagnosis to the symptom. XML tagging was selected as the method to identify and assign significance to portions of text information. Initial tagging of the SOFMH did not enable the level of detail required for the diagnostic process. The next step towards a reliable diagnostic tool is establishing the relationships between the symptoms and the diagnosis. A diagnostic tool cannot automatically make these associations; it must be provided the information. Keywords will be used prescribe a certain intuitiveness in the application. A keyword can be significant in many different diagnoses, but

will have different weighted values depending on its association with other keywords in a symptom set. Further, the overall weight or ranking of a particular diagnosis in relation to other diagnoses may change or be thrown out completely due to other factors. Collaboration with the Stanford University School of Medicine Department of Medical Information on the Stanford XML Tagging Tool generated a web-based architecture, b7.

—Proceedings, Symposia, Etc.—

Workshop. Tecnologi Microarray in Oncologia Clinica: Potenziale e Prospettive. Istituto Superiore di Sanita. Roma 30 Guigno 2005. Riassunti (Workshop. Microarray Technologies in Clinical Oncology: Potential and Perspectives. Istituto Superiore di Sanita. Rome, June 30, 2005. Abstract Book)

L. Gabriele, F. Moretti, and F. Belardelli.

Istituto Superiore di Sanita, Roma (Italy). Lab. di Biologia Cellulare. c2005, 34p, ISTISAN-C-05/C6. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109536WHP Price code: PC A04/MF A01

The workshop gives special attention to the recent applications and challenges of DNA microarray technology in clinical oncology research. Microarray technology represents a powerful tool which has potentially an enormous impact on biomedical sciences and has significantly changed the way questions about diseases are addressed. DNA microarrays have yielded new insights into basic mechanisms of cancer. The current challenge to the scientific community is to carry these new insights further and to translate these into new diagnostic, prognostic and therapeutic applications in the field of clinical oncology. The major aims of the workshop are: (i) to illustrate the diagnostic and prognostic value of microarray technology in clinical oncology; (ii) to evaluate the application of microarrays for monitoring and predicting responses of cancer patients in clinical trials. Furthermore, special attention will be dedicated to discuss technological critical issues and prospects of implementation.

Health Care Utilization

Advance Data from Vital and Health Statistics, Number 328. National Ambulatory Medical Care Survey: 2000 Summary

National Center for Health Statistics, Hyattsville, MD. Div. of Health Care Statistics. Jun 2002, 36p.

PB2005-110763WHP Price code: PC A04

For complete citation see Community & Population Characteristics

Language and Access to Health Care: Easing Barriers in New Hampshire. Report From the New Hampshire Advisory Committee to the U.S. Commission on Civil Rights

Commission on Civil Rights, Washington, DC. Jun 2005, 40p. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-110190WHP Price code: PC A04/MF A01

The New Hampshire Advisory Committee submits this report as part of its responsibility to advise the Commission on civil rights issues within the state. The report was adopted by the Advisory Committee by a 10 to 1 vote (non-response). Agency regulations require that if a SAC member fails to respond to a request for a vote, that person's vote is counted as a 'no.' The Committee identified access to health care by limited-English-proficient, deaf, and hard-of-hearing persons as an important civil rights issue in New Hampshire and held a community forum in Manchester on December 4, 2003 to gather pertinent information and to hear testimony. Presentations were made to the Committee from 12 persons in three panels, which were designed to offer background information, health care provider perspectives, and client advocate perspectives related to language and communications issues affecting access to health care. This report is based on the panelists' statements and additional research. Federal law requires that health care providers accommodate limited-English-proficient, deaf and hard-of-hearing persons. This report looks at how some health care providers in New Hampshire have responded to this requirement and offers recommendations for improvements. The Advisory Committee trusts the Commission and the public will find the material in this report informative.

Health Delivery Plans, Projects & Studies

Federal Employees Health Benefits Program: Competition and Other Factors Linked to Wide Variation in Health Care Prices

Government Accountability Office, Washington, DC. Aug 2005, 84p, GAO-05-856. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-110000WHP Price code: PC A06

Congress is concerned about the health care spending burden facing the Federal Employees Health Benefits Program (FEHBP), the largest private health insurance program in the country. Health care spending per person varies geographically, and the underlying causes for the spending variation have not been fully explored. Understanding market forces and other factors that may influence health care spending may contribute to efforts to moderate health care spending. Health care spending varies across the country due to differences in its components, the utilization and price of health care services. A wide body of research describes extensive geographic variation in utilization. However, less is known about private sector geographic variation in prices. This report examined prices and spending in FEHBP Preferred Provider Organizations (PPOs) to determine (1) the extent to which hospital and physician prices varied geographically, (2) which factors were associated with geographic variation in hospital and physician prices, and (3) the extent to which hospital and physician price variation contributed to geographic variation in spending.

Health-Related Costs

Comparison between DSS National Data Extracts and HERC Average Costs: Aggregate and Person-Level Costs, FY2001

NTIS Alert

W. Yu, and M. Berger.

Health Economics Resource Center, Menlo Park, CA. May 2004, 28p. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109624WHP Price code: PC A03/MF A01

The Department of Veterans Affairs (VA) currently has two sets of health care cost data: those from the Decision Support System (DSS) and those from the Average Cost Database (ACD) created by the Health Economics Resource Center (HERC). Researchers often need to decide which dataset should be used for their studies. Understanding the purposes and methods used to create the two datasets will help researchers make this choice. This report is one of three comparisons of the two VA cost datasets at HERC. In this report we look at person-level annual costs; the other two reports compare inpatient and outpatient costs at the encounter level, respectively. We define person-level annual cost as the total VA health care cost incurred by one person within fiscal year 2001 (FY2001, the period October 1, 2000 - September 30, 2001). In Section 2, we describe the structural differences between the two datasets and the effects of these differences on cost estimates at various levels of cost aggregation. Section 3 addresses the difference between person-level and encounter-level costs, Section 4 provides methods, Section 5 reports the results, and section 6 provides recommendations for data selection.

Comparison for Inpatient Costs from the HERC and DSS National Data Extract Datasets

T. H. Wagner, and J. Velez.

Health Economics Resource Center, Menlo Park, CA. 26 Jan 2004, 38p. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109620WHP Price code: PC A04/MF A01

Until recently, researchers had no VA inpatient cost data to use in patient-level economic analyses. Now cost data from the Decision Support System (DSS) National Data Extracts and the Health Economics Resource Center (HERC) exist, creating questions about (1) which dataset should be used, and (2) whether the datasets can be used together to identify problems or outliers. This study had two objectives: to assess the financial information from which the DSS and HERC data are created, and to compare using bivariate and multivariate techniques encounter level inpatient costs from DSS and HERC for FY01 (fiscal year; October 1, 2000 - September 30, 2001). This report is organized as follows. Chapter 2 describes the HERC and DSS datasets in more detail, including the financial data from which these two datasets are built. We then conduct a statistical analysis of the HERC and DSS inpatient costs using 617,503 records. In chapter 3, we describe the methods for comparing the HERC and DSS inpatient data. Results are presented in chapter 4. Chapter 5 concludes. We find some important differences between the HERC and DSS inpatient costs. Thus, we have created recommendations for researchers conducting economic analyses with VA cost data.

Cost of Positron Emission Tomography: Method for Determining Indirect Cost

P. G. Barnett, and M. Berger.
Health Economics Resource Center, Menlo Park, CA. 10 Apr 2003, 14p. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109635WHP Price code: PC A03/MF A01

This paper describes methods of determining the indirect cost associated with Positron Emission Tomography (PET) scans and the manufacture of 18-F-Fluorodeoxyglucose (FDG), the radioactive isotope used in PET scans. We surveyed sites participating in the Veteran's Administration (VA) Cooperative Study 27, 'FDG- PET Imaging in Patients with Solitary Pulmonary Nodules.' Site managers were asked for information about the direct costs of operating their department, including the acquisition cost and expected lifetime of capital equipment, the amount of space occupied, the cost of supplies and repairs, and the number and type of staff involved in operating the PET scanner and FDG lab. We did not ask site managers to report the indirect costs associated with their department. Such costs include administrative support, utilities, engineering, housekeeping, and supply services. We estimated the indirect costs by analyzing VA and Medicare financial data to calculate an indirect cost ratio. We multiplied the direct cost estimate obtained from the survey times this ratio, to find the indirect costs associated with PET scanner operation and FDG synthesis.

Determining the Cost of VA Care with the Average Cost Method for the 1993-1997 Fiscal Years

P. G. Barnett, S. Chen, and T. H. Wagner.
Health Economics Resource Center, Menlo Park, CA. 3 Oct 2000, 40p. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109617WHP Price code: PC A04/MF A01

The U.S. Department of Veterans Affairs (VA) provides health care to veterans at some 150 medical centers. VA does not routinely bill patients for their care. As result, VA economics researchers have not had billing data to estimate the cost of health care encounters. This technical report describes a method of estimating the cost of health care encounters using centralized VA cost and utilization data bases and relative value units obtained from non-VA databases. We used VA cost and utilization data to estimate the cost of VA patient care encounters. Our estimates are based on the cost of patient care departments reported in the VA Cost Distribution Report (CDR) and the detailed utilization data reported in the Patient Treatment File (PTF) and the Outpatient Care File (OPC). This document describes methods we used for the federal fiscal years ending in 1993 through 1997.

Dialysis Treatment Use and Costs Reported in VA Administrative Databases

M. W. Smith, and S. S. Richardson.
Health Economics Resource Center, Menlo Park, CA. Mar 2005, 42p. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at

(703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109621WHP Price code: PC A04/MF A01

Kidney dialysis is performed roughly 300,000 times per year at VA facilities nationwide. Dialysis is provided by VA staff and by contractors in a series of arrangements that varies by location and year. If it were used consistently across sites, the Decision Support System (DSS) would yield reliable estimates of the frequency, type, and cost of dialysis procedures. In practice, however, there is considerable variation in how sites have tracked and assigned costs to dialysis. As a result, relatively little is known about the cost of providing dialysis to VA patients. There are several reasons to assess and validate the cost of dialysis. First, managers must understand operational unit costs in order to make decisions about whether to provide dialysis care directly or through contractors. Both arrangements are used in all VISNs and at many if not all VA acute-care hospitals. Increasing or decreasing reliance on contractors may be important policy options for senior managers. Second, VA researchers need to know the cost of dialysis in order to properly determine the cost of inpatient stays and outpatient encounters, such as those occurring within Cooperative Studies Program trials. Third, charting the availability of VA data on dialysis will facilitate comparisons across VA facilities in the use and cost of dialysis treatments. In this report we review current VA data on dialysis procedures. The report ends with recommendations for researchers and policymakers.

Effects on Measured Workload and Costs of Limiting CPT Codes in the NPCD SE File

C. S. Pibbs, P. Su, and P. G. Barnett.
Health Economics Resource Center, Menlo Park, CA. 18 Nov 2004, 18p. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109623WHP Price code: PC A03/MF A01

The current programming rules for the creation of the SAS SE extract of the National Patient Care Data (NPCD) outpatient encounters database allows no repetition of Common Procedural Terminology (CPT) codes and sets a maximum limit of 15 CPT codes per record. However, the source Oracle database in Austin, from which the SAS extracts are created, contains an array that has a maximum of 500 CPT occurrences and that imposes no restrictions on repetition of CPT codes. To address concerns about the data currently excluded from the NPCD SE SAS extract, a special 10% random sample of the NPCD outpatient encounters data was created that allowed repetition of CPT codes and up to 500 CPT codes per record. This file was used to examine the implications of the current limits and to recommend potential changes. The analysis found that the current programming rules for the NPCD SE SAS extract exclude about 12% of the CPT codes in the Oracle database. Further, very few of the repeat uses of CPT codes within clinical encounters appear to be inappropriate. As a result of these findings, we recommend that changes be made to the programming rules that create the NPCD SE SAS extract.

Guide to Estimating Wages of VHA Employees

M. W. Smith, and J. P. Velez.
Health Economics Resource Center, Menlo Park, CA. Jul

2004, 28p. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109618WHP Price code: PC A03/MF A01

Economic analyses of Veterans Health Administration (VHA) care often include estimation of the cost of VHA staff time. This report describes how to estimate average annual and hourly wages (including benefits) and presents these averages for fiscal years 2000-2003. Two sets of figures are presented, one based on data from the Financial Management System (FMS) and one based on data from the Decision Support System (DSS) Account-Level Budgeter Cost Center (ALBCC) datasets. The report also provides sample programs for calculating wage figures from each source. To increase comparability with ALBCC, we limited the FMS data to cost centers pertaining to direct medical care at VA facilities. For budget object codes (job categories) in the 1000-1099 range, FMS and ALBCC data files report nearly identical total expenditures. The distribution of dollars and hours across job categories was quite similar for common job categories, such as registered nurses and full-time physicians. There was considerable variation across data sources, however, in categories pertaining to trainees, temporary employees, and administrative staff.

Guidebook for the HERC Person Level Cost Data Sets

A. Hill, and W. Yu.

Health Economics Resource Center, Menlo Park, CA. Dec 2004, 20p. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109622WHP Price code: PC A03/MF A01

The person level cost data sets contain total annual costs for Department of Veterans Affairs (VA) care received by each individual who used the VA health care system. Currently spanning FY98-FY02, these data allow researchers to determine the annual costs of individual patients without needing to extract and summarize stay and visit level information from numerous VA databases. The person level cost data sets contain one record per individual, as identified by their scrambled social security number (SCRSSN), per fiscal year. They are sorted by SCRSSN. Each dataset contains detailed costs for five categories of inpatient care and four categories of outpatient care. Each also includes total pharmacy costs. Inpatient length of stay is detailed by category; outpatient visits are totaled for all categories together (not divided by category). The person level cost data sets are named PLCOSTXX (where the XX refers to the fiscal year of the data set). They can be found at Austin in the RMTPRD.HERC.SAS directory. Inpatient stays beginning in one fiscal year and ending in another have had their costs allocated between the fiscal years based on the proportion of days of stay in each fiscal year.

HERC's Inpatient Average Cost Datasets for VA Care: Fiscal Years 1998-2003

T. H. Wagner, J. Velez, S. Chen, W. Yu, and P. G. Barnett. Health Economics Resource Center, Menlo Park, CA. 7 Jun 2004, 78p. See also rept. for FY1998-2002, PB2005-109606. Order this product from NTIS by: phone at 1-800-

553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109607WHP Price code: PC A06

The U.S. Department of Veterans Affairs (VA) provided health care to veterans at 146 medical centers in 1998. Abstracts of all inpatient and outpatient utilization are centrally available at the Austin Automation Center. Tracked as part of these abstracts are the utilization data. However, no encounter level charge or cost information is present. This is because the VA does not routinely generate patient bills. Consequently, VA researchers have not had economic data to estimate the cost of health care encounters. In 1999, the VA funded the Health Economics Resource Center (HERC) to adapt existing cost methodologies (Paul G. Barnett, Shuo Chen, & Todd H. Wagner, 2000) and to expand methods where possible and necessary. The current methodology, described in detail in this manual, is evolving and continues to improve over time. Input from users is crucial so that improvements can be made. We welcome all suggestions. This report describes HERC's method for estimating the cost of VA inpatient stays in fiscal years 1998-2003. Our goal was to develop a set of long-term costs that could be used in cost-effectiveness analysis. By long-term we mean that all costs are variable.

HERC's Inpatient Average Cost Datasets for VA Care: Version 4. Fiscal Years 1998-2002

T. H. Wagner, S. Chen, W. Yu, and P. G. Barnett.

Health Economics Resource Center, Menlo Park, CA. 30 Jul 2003, 80p. See also rept. for FY1998-2003, PB2005-109607. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109606WHP Price code: PC A06

The U.S. Department of Veterans Affairs (VA) provided health care to veterans at 146 medical centers in 1998. Abstracts of all inpatient and outpatient utilization are centrally available at the Austin Automation Center. Tracked as part of these abstracts are the utilization data. However, no encounter-level charge or cost information is present. This is because the VA does not routinely generate patient bills. Consequently, VA researchers have not had economic data to estimate the cost of health care encounters. In 1999, the VA funded the Health Economics Resource Center (HERC) to adapt existing cost methodologies (Barnett, Chen, & Wagner, 2000) and expand methods where possible and necessary. The current methodology, described in detail in this paper, is evolving and continues to improve over time. Input from users is crucial so that improvements can be made. We welcome all suggestions. This report describes HERC's method for estimating the cost of VA health care encounters in fiscal years 1998-2001. Our goal was to develop a set of long-term costs that could be used in cost-effectiveness analysis. By long-term we mean that all costs are variable.

HERC's Outpatient Average Cost Dataset for VA Care: Fiscal Years 1998-2001

C. S. Phibbs, W. Yu, F. A. Lynn, and P. G. Barnett.

Health Economics Resource Center, Menlo Park, CA. Mar 2003, 70p. See also report for FY2000-2003, PB2005-109630. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at

(703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109633WHP Price code: PC A05/MF A01

This document describes the Health Economics Resource Center (HERC) Outpatient Cost Files. HERC produces a companion document for the HERC Inpatient Cost Files. These files contain our estimate of the cost of each outpatient encounter reported in the national Department of Veterans Affairs (VA) databases since October 1, 1997. The HERC files can be linked to VA utilization databases to find patient demographics, location of care, services provided, and patient diagnosis. These estimates are designed to be useful to researchers and VA managers who need to estimate the relative value of service units delivered by VA providers and programs. The HERC Outpatient Cost files include three different estimates of the resources used in each VA outpatient encounter.

HERC's Outpatient Average Cost Dataset for VA Care: Fiscal Years 1999-2002. 3rd Edition

C. S. Phibbs, W. Yu, and P. G. Barnett.

Health Economics Resource Center, Menlo Park, CA. 7 Aug 2003, 76p. See also report for FY 2000-2003 (4th Ed.), PB2005-109630. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109631WHP Price code: PC A06/MF A01

This document describes the Health Economics Resource Center (HERC) Outpatient Cost Files. HERC produces a companion document for the HERC Inpatient Cost Files. These files contain our estimate of the cost of each outpatient encounter reported in the national Department of Veterans Affairs (VA) databases since October 1, 1997. The HERC files can be linked to VA utilization databases to find patient demographics, location of care, services provided, and patient diagnosis. These estimates are designed to be useful to researchers and VA managers who need to estimate the relative value of service units delivered by VA providers and programs. The HERC Outpatient Cost files include three different estimates of the resources used in each VA outpatient encounter.

HERC's Outpatient Average Cost Dataset for VA Care: Fiscal Years 2000-2003. 4th Edition

C. S. Phibbs, J. Velez, W. Yu, and P. G. Barnett.

Health Economics Resource Center, Menlo Park, CA. 25 May 2004, 82p. See also report for FY 1999-2002 (3rd Ed.), PB2005-109631. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109630WHP Price code: PC A06/MF A01

This document describes the Health Economics Resource Center (HERC) Outpatient Cost Files. HERC produces a companion document for the HERC Inpatient Cost Files. These files contain our estimate of the cost of each outpatient encounter reported in the national Department of Veterans Affairs (VA) databases since October 1, 1997. The HERC files can be linked to VA utilization databases to find patient

demographics, location of care, services provided, and patient diagnosis. These estimates are designed to be useful to researchers and VA managers who need to estimate the relative value of service units delivered by VA providers and programs. The HERC Outpatient Cost files include three different estimates of the resources used in each VA outpatient encounter.

Human Subjects Compliance Programs: Optimal Operating Costs in VA

T. H. Wagner, and P. G. Barnett.

Health Economics Resource Center, Menlo Park, CA. 25 Jan 2000, 26p. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109628WHP Price code: PC A03/MF A01

To address the specific aims, we followed three consecutive steps. First, through open ended interviews with human subjects experts, we obtained information on the optimal allocation of professional staff and reimbursement for panel members. We also discussed with these experts how institutional review boards (IRBs) have changed in past years and their anticipated changes in the years to come. Second, to compare Department of Veterans Affairs (VA) medical centers by research revenues and type of fiscal support, we obtained data from the Research and Development Information System (RDIS). The information was from the 1998 fiscal year and was aggregated for each medical center. For each medical center we obtained the number of studies involving human subjects. Medical centers were ranked according to the number of studies in each category. We then separated the ranked list into tertiles and reported on the average for the high and medium volume medical centers. Lastly, using information from our expert interviews, data from a recent OPRR report, and data from RDIS, we estimated the costs of operating an optimally configured human subjects program in a medium and high volume VA. Volume was based on the number of human subjects studies conducted in 1998 (FY).

Indirect Costs of Specialized VA Inpatient Mental Health Treatment

P. G. Barnett, and M. Berger.

Health Economics Resource Center, Menlo Park, CA. 10 Apr 2003, 14p. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109629WHP Price code: PC A03/MF A01

This technical report describes the indirect cost of specialized inpatient mental health treatment programs of the U.S. Department of Veterans Affairs (VA). We defined the direct costs of treatment programs as the cost of the staff and supplies used by the treatment program. We surveyed directors of specialized substance use treatment programs and learned the number and type of staff employed. We used salary data from the VA Financial Management System (FMS) to estimate the cost of this staff. The program directors do not have information about other costs associated with treatment, however. These are indirect costs, such as the cost of space, utilities, housekeeping, meals provided to inpatients, the personnel office, supply service, and other hospital

administrative costs. This technical report describes how we estimated indirect costs using data from the national extracts of the Decision Support System (DSS). We used data for the 2000-2001 federal fiscal year (FY01).

Micro-Cost Methods for Determining VA Healthcare Costs

M. W. Smith, P. G. Barnett, C. S. Phibbs, T. H. Wagner, and W. Yu.

Health Economics Resource Center, Menlo Park, CA. Apr 2003, 96p. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109627WHP Price code: PC A06/MF A01

The purpose of this handbook is to introduce researchers to micro-costing, a set of related methods for determining the cost of healthcare. It explains micro-cost methods and provides guidance on using them with data produced by the Department of Veterans Affairs (VA), but many of the principles that are described apply to other healthcare systems. Researchers new to the VA or new to cost analyses often have many questions about institutional matters, and it is these readers we have kept in mind when writing the handbook. We hope it will be a useful reference for more experienced researchers as well. To that end, it will be updated as needed to stay abreast of development in VA data systems and advances in research. The handbook is organized as follows. Chapter 2 provides an overview of datasets that may be used to determine costs of VA care. Two important data sources, the Financial Management System (FMS) and the Cost Distribution Report (CDR), are explored at greater length in chapters 3 and 4, respectively. Chapters 5 through 8 describe three alternative methods of micro-costing: direct observation and measurement (chapter 5), creation of pseudo-bills (chapters 6-7), and statistical cost functions (chapter 8). Chapter 9 covers two topics that have received little attention heretofore: malpractice payments and the cost of capital.

Recommendations for a New Allocation System for 101 Funds

T. H. Wagner, and A. Stunz.

Health Economics Resource Center, Menlo Park, CA. 31 Oct 2002, 42p. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109608WHP Price code: PC A04

The Veterans Affairs Office of Research and Development (ORD) currently allocates approximately 7% of its budget to VA health care systems (VAHCS) to support their research administration activities. These allocations are known as 101 funds. This system is thought to be too inflexible and inadequate for research programs that are expanding and that are facing increasing regulatory demands, is overly dependent on a Medical Center's past performance, and is very difficult to update. We were asked by ORD to propose a new allocation method that addresses these limitations and is easy to calculate in terms of staff time and existing data sources.

Reconciliation of DSS Encounter-Level National Data Extracts and the VA National Patient Care Database: FY2001-FY2002

W. Yu, and P. G. Barnett.

Health Economics Resource Center, Menlo Park, CA. 2 Dec 2003, 44p. See also report for FY2001, PB2005-109632.

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PB2005-109625WHP Price code: PC A04/MF A01

Linking demographic and clinical information in Department of Veterans Affairs (VA) medical SAS files at Austin to cost information in the DSS National Data Extracts (NDEs) is useful for research and management. This report summarizes results of linking the DSS NDEs with the National Patient Care Database (NPCD) outpatient file and Patient Treatment files (PTF) in FY2002. Results of the FY2001 reconciliation are included for comparison. Detailed information on FY2001 data was reported in an earlier document.

Reconciliation of DSS Encounter-Level National Data Extracts with the VA National Patient Care Database, Fiscal Year 2001

W. Yu, and P. G. Barnett.

Health Economics Resource Center, Menlo Park, CA. 1 Oct 2002, 32p. See also report for FY2001-FY2002, PB2005-109625. Product reproduced from digital image.

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PB2005-109632WHP Price code: PC A04/MF A01

The Decision Support System (DSS) has been adopted by U.S. Department of Veterans Affairs to determine the cost of care provided in its nationwide network of hospitals and clinics. DSS cost data are produced by each medical center. To facilitate use of these data by headquarters staff, planners, and VA researchers, comprehensive encounter-level extracts of these DSS production data have been created and placed at the VA computer center in Austin, Texas. The computer files of these DSS extracts are quite large, with records representing each of the millions of patient care encounters provided each year to the nations veterans. Extracts from the VA National Patient Care Database (NPCD), also stored at the Austin computer center, include additional information about these encounters. This information includes patient characteristics, as well as the diagnoses and procedures associated with each encounter. These data are not repeated in the DSS extracts. In order to associate DSS cost estimates with clinical and demographic characteristics of care, users of the DSS extracts must link DSS files to NPCD files. This report explains how the two databases can be matched. This reconciliation also has the value of understanding if DSS and NPCD completely characterize the services provided in the VA health care system.

Report of the Health Economics Resource Center to the VA Cooperative Studies Program

Health Economics Resource Center, Menlo Park, CA. 29 Jun 2004, 74p. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at

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PB2005-109634WHP Price code: PC A05/MF A01

The Health Economics Resource Center (HERC) is a national resource center for Department of Veterans Affairs (VA) health economics research, providing support for the Cooperative Studies Programs (CSP) and the Health Services Research and Development Service. HERC is the Economics Coordinating Center for CSP and is involved in planning, implementation, and analysis of clinical trials coordinated by all five CSP coordinating centers. HERC is also making improvements to the VA economics infrastructure needed by CSP and is providing economics consulting services to CSP, the VA research service, VA managers and clinicians, and the scientific community.

Research Guide to Decision Support System National Cost Extracts 1998-2001

W. Yu, and P. G. Barnett.

Health Economics Resource Center, Menlo Park, CA. Jan 2002, 82p. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109626WHP Price code: PC A06/MF A01

The Decision Support System (DSS) is used by the U. S. Department of Veterans Affairs (VA) to manage its health care system and determine the cost of patient care. National Data Extracts (NDEs) have been created to facilitate access to the cost information. These extracts report costs of every inpatient and outpatient encounter provided by VA. The goal of this handbook is to describe the contents of the DSS NDEs and to provide instructions on how they may be used. Unlike a typical data dictionary or technical manual, this handbook provides task-oriented directions for using this DSS database. It focuses on four major topics: Accessing NDE data files, the types of cost data that are included, development of records, variables, and facilities that are included in the NDEs, and linking cost information in the DSS databases to clinical information in the VA utilization databases. This handbook documents all NDE files from FY98 through FY00, including the information in the FY00 NDE Treating Specialty file updated in July of 2001.

Health Services

Advance Data from Vital and Health Statistics, Number 328. National Ambulatory Medical Care Survey: 2000 Summary

National Center for Health Statistics, Hyattsville, MD. Div. of Health Care Statistics. Jun 2002, 36p.

PB2005-110763WHP Price code: PC A04

For complete citation see Community & Population Characteristics

Armed Forces Retirement Home Annual Performance and Accountability Report, 2004. Protecting a Promise, Renewing the Trust

Armed Forces Retirement Home, Washington, DC. 2004, 56p. See also Strategic Plan for FY2003-2008, PB2005-109732. Order this product from NTIS by: phone at 1-800-

553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109749WHP Price code: PC A05

This is the Annual Performance and Accountability Report, summarizing the achievements and progress made by the Armed Forces Retirement Home (AFRH) in Fiscal Year 2004. In a year capped by the arrival of Hurricane Ivan at the doorstep of the Gulfport, Mississippi campus, it is a pleasure to realize that the agency not only survived the various challenges faced, but truly thrived. That's good news for the agency, but its even better news for the brave men and women of the Armed Forces to whom we are proud to provide a home. As this report explains in more detail, change from a position of surviving to one of thriving has occurred on many fronts--from improvements in core business processes, to difficult decisions about staff size and strategic outsourcing, to reducing the footprint of campuses by selling portions of our underutilized acreage. In each of these areas, the objective is to better manage resources while continuing to provide the highest levels of care and services to AFRH residents.

Armed Forces Retirement Home Strategic Plan, Fiscal Years 2003-2008. Protecting a Promise, Renewing a Trust

Armed Forces Retirement Home, Washington, DC. 2003, 14p. See also Annual Performance Report for FY2004, PB2005-109749. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109732WHP Price code: PC A03/MF A01

The Armed Forces Retirement Home (AFRH) is proud to present this strategic plan for the years 2003 through 2008, a time that will present both significant challenges and opportunities for the organization. This plan communicates our intentions for managing the challenges and exploring the opportunities as we move into the future. The AFRH has a long and distinguished tradition of excellence in serving the veterans of the Armed Forces, and we will strive to continue that tradition in the coming years. During the past year, we have been moving to integrate and align the service delivery between the two campuses, (Gulfport, Mississippi and Washington, D.C.) to ensure that the AFRH service delivery model is both financially viable and achieves the high standard of performance that we strive to maintain. We are focusing on new business practices and implementing automated processes, especially in areas where such changes can improve resident service and organizational effectiveness. We are focusing on continuing to raise the bar on our customer satisfaction measures and build our capability to expand our future services and program offerings. We formulated an aggressive and proactive communications and marketing outreach program to ensure that the military communities are fully aware of the services we provide. We have also redesigned our website (www.afrh.gov) to provide information for current and prospective residents and their families and the personnel at AFRH. In performing its mission, the AFRH interacts with other Federal agencies and private organizations. Our primary public partnerships are with Department of Defense, Department of Treasury (Bureau of Public Debt), Department of Agriculture (National Finance Center), General Services Administration, and Office of Management and Budget. We have numerous initiatives and

ongoing programs involving these and other agencies, and plan to increase our outreach and partnerships with other public and private organizations. This plan describes the most important of these interactions in conjunction with the achievement of specific strategic goals and objectives.

CARES Commission: Capital Asset Realignment for Enhanced Services

Department of Veterans Affairs, Washington, DC. Feb 2004, 624p.

PB2005-110426WHP Price code: PC A99

For complete citation see Agency Administrative & Financial Management

Preventing Homelessness Among People With Serious Mental Illnesses. A Guide for States

A. D. Lezak, and E. Edgar.

Policy Research Associates, Inc., Delmar, NY. National Resource Center on Homelessness and Mental Illness. Apr 1996, 62p. Sponsored by Substance Abuse and Mental Health Services Administration, Rockville, MD. Center for Mental Health Services. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-109673WHP Price code: PC A05/MF A01

The contemporary focus on homelessness began some 15 years ago. Throughout the 1980's, this expanding and highly visible social problem received increasing attention, with growing numbers of task forces, conferences, legislation, research studies, and services devoted to homeless people and their problems. The first response of well-meaning government, private, and voluntary agencies was to treat homelessness as a short-term crisis. Emergency shelters and nutrition programs sprang up across the Nation, but they did not stem the tide of homeless people, especially for those with serious mental illnesses. In 1987, the Stewart B. McKinney Homeless Assistance Act provided the first significant Federal funding directed specifically to the needs of homeless people. As with other types of assistance, the McKinney Act initially funded primarily short-term help designed to tide people over until they could get back into the mainstream. McKinney funding provided important new resources to local programs for shelter, food, medical care, case management, and other services. But the number of people with serious mental illnesses entering or re-entering homelessness continued to eclipse those being helped into housing and stability. In recent years, research and practice have helped providers identify how to better assist different groups of homeless people and have pointed to the need for long-term solutions. As a result, proportionally more funding, from the McKinney Act and other sources, has gone toward efforts designed to help homeless people, including those who have mental illnesses, to break the cycle of homelessness. Among the initiatives targeted to homeless people with serious mental illnesses are intensive outreach programs to engage disenfranchised people, dual diagnosis treatment programs to help individuals with co-occurring mental illnesses and substance use disorders, and supported housing arrangements to help people with serious mental illnesses obtain and retain permanent housing. Increasing numbers of programs seek to identify the reasons that people with mental illnesses become homeless and to develop interventions that work to minimize the factors that

contribute to homelessness. This emphasis on prevention is being echoed in efforts as modest as a program to assist long-term residents of a State hospital to reenter the community, and as large as the Federal emphasis on prevention articulated in two key reports: Outcasts on Main Street, the 1992 report of the Federal Task Force on Homelessness and Severe Mental Illness, and Priority: Home. The Federal Plan to Break the Cycle of Homelessness, published by the Interagency Council on the Homeless in 1994. The Federal plan proposed a two-pronged approach to address homelessness--expanding services to help those who have become homeless and addressing structural inadequacies in housing and social services to help prevent people from becoming homeless. Both the Federal plan and the Task Force report focus on helping States and communities develop comprehensive systems of care to help homeless people become reintegrated in their communities. Although the Federal Government can provide support and direction, much of the work of addressing homelessness occurs at the State and local level, both reports note.

VA Long-Term Care: Oversight of Community Nursing Homes Needs Strengthening

General Accounting Office, Washington, DC. Jul 2001, 40p, GAO-01-768. Product reproduced from digital image. Order this product from NTIS by: phone at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other countries); fax at (703)605-6900; and email at orders@ntis.gov. NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.

PB2005-110452WHP Price code: PC A04/MF A01

In fiscal year 2000, the Department of Veterans Affairs (VA) spent about \$1.9 billion--or about 10 percent of its health care budget--to provide nursing home care to veterans. VA is likely to see an increase in demand for nursing home care over the next decade because the number of veterans age 85 and older is expected to triple--from 422,000 veterans in 2000 to nearly 1.3 million in 2010--and the prevalence of chronic health conditions and disabilities increases markedly at advanced age. In addition, as a result of the Veterans Millennium Health Care and Benefits Act (P.L. 106-117, Nov. 30, 1999) VA is required to provide long-term care to certain veterans, which may further increase veterans' demand for nursing home care.

NTIS Price Schedules

NTIS frequently uses price codes to indicate the cost of items sold. The following schedules convert these codes into actual prices.

For Customers within the U.S., Canada, and Mexico

Microfiche & Paper Copy Reports

Standard Prices		Archival Prices	Exception Prices	
A01*	\$ 9.50	\$ 12.00	E01	\$ 18.50
A02*	\$ 14.00	\$ 17.50	E02	\$ 23.00
A03	\$ 26.50	\$ 33.50	E03	\$ 25.50
A04	\$ 29.50	\$ 37.00	E04	\$ 30.00
A05	\$ 31.50	\$ 39.50	E05	\$ 33.50
A06	\$ 34.00	\$ 42.50	E06	\$ 37.00
A07	\$ 38.00	\$ 47.50	E07	\$ 41.50
A08	\$ 41.50	\$ 52.00	E08	\$ 46.00
A09	\$ 47.50	\$ 59.50	E09	\$ 51.00
A10	\$ 51.00	\$ 64.00	E10	\$ 55.50
A11	\$ 54.50	\$ 68.50	E11	\$ 60.00
A12	\$ 59.00	\$ 74.00	E12	\$ 66.00
A13	\$ 62.50	\$ 78.50	E13	\$ 70.50
A14	\$ 64.50	\$ 81.00	E14	\$ 76.00
A15	\$ 67.00	\$ 84.00	E15	\$ 82.00
A16	\$ 69.00	\$ 86.50	E16	\$ 90.00
A17	\$ 71.50	\$ 89.50	E17	\$ 98.00
A18	\$ 75.50	\$ 94.50	E18	\$ 105.00
A19	\$ 78.00	\$ 97.50	E19	\$ 116.50
A20	\$ 80.00	\$ 100.00	E20	\$ 133.50
A21	\$ 82.50	\$ 103.50		
A22	\$ 89.00	\$ 111.50		
A23	\$ 91.00	\$ 114.00		
A24	\$ 93.50	\$ 117.00		
A25	\$ 95.50	\$ 119.50		
A99		Contact NTIS		
			<u>"N" Codes</u>	
			N01	\$75.00
			N02	\$68.00
			N03	\$29.00

* A01 for standard microfiche is \$14.00; \$17.50 for out-of-print microfiche.

* A02 for standard microfiche is \$20.00; \$25.00 for out-of-print microfiche.

Computer Products

D01	\$79.00	T01	\$ 246.00
D02	\$129.00	T02	\$ 336.00
D03	\$201.00	T03	\$ 500.00
D04	\$281.00	T04	\$ 664.00
D05	\$360.00	T05	\$ 816.00
D06	\$426.00	T06	\$ 960.00
D07	\$519.00	T07	\$1,132.00
D08	\$584.00	T08	\$1,297.00
D09	\$651.00	T09	\$1,449.00
D10	\$743.00	T10	\$1,600.00
D11	\$810.00	T11	\$1,752.00
D12	\$902.00	T12	\$1,916.00
D13	\$981.00	T13	\$2,068.00
D14	\$1,060.00	T14	\$2,233.00
D15	\$1,127.00	T15	\$2,397.00
D16	\$1,193.00	T16	\$2,549.00
D17	\$1,272.00	T17	\$2,688.00
D18	\$1,351.00	T18	\$2,865.00
D19	\$1,431.00	T19	\$3,017.00
		T99	Contact NTIS

For Customers outside the U.S., Canada, and Mexico

Microfiche & Paper Copy Reports

Standard Prices		Archival Prices	Exception Prices	
A01*	\$ 19.00	\$ 24.00	E01	\$ 37.00
A02*	\$ 28.00	\$ 35.00	E02	\$ 46.00
A03	\$ 53.00	\$ 66.50	E03	\$ 51.00
A04	\$ 59.00	\$ 74.00	E04	\$ 60.00
A05	\$ 63.00	\$ 79.00	E05	\$ 67.00
A06	\$ 68.00	\$ 85.00	E06	\$ 74.00
A07	\$ 76.00	\$ 95.00	E07	\$ 83.00
A08	\$ 83.00	\$ 104.00	E08	\$ 92.00
A09	\$ 95.00	\$ 119.00	E09	\$ 102.00
A10	\$ 102.00	\$ 127.50	E10	\$ 111.00
A11	\$ 109.00	\$ 136.50	E11	\$ 120.00
A12	\$ 118.00	\$ 147.50	E12	\$ 132.00
A13	\$ 125.00	\$ 156.50	E13	\$ 141.00
A14	\$ 129.00	\$ 161.50	E14	\$ 152.00
A15	\$ 134.00	\$ 167.50	E15	\$ 164.00
A16	\$ 138.00	\$ 172.50	E16	\$ 180.00
A17	\$ 143.00	\$ 179.00	E17	\$ 196.00
A18	\$ 151.00	\$ 189.00	E18	\$ 210.00
A19	\$ 156.00	\$ 195.00	E19	\$ 233.00
A20	\$ 160.00	\$ 200.00	E20	\$ 267.00
A21	\$ 165.00	\$ 206.50		
A22	\$ 178.00	\$ 222.50		
A23	\$ 182.00	\$ 227.50		
A24	\$ 187.00	\$ 234.00		
A25	\$ 191.00	\$ 239.00		
A99		Contact NTIS		
			<u>"N" Codes</u>	
			N01	\$ 150.00
			N02	\$ 136.00
			N03	\$ 58.00

* A01 for standard microfiche is \$28.00; \$35.00 for out-of-print microfiche.

* A02 for standard microfiche is \$40.00; \$50.00 for out-of-print microfiche.

Computer Products

D01	\$159.00	T01	\$ 492.00
D02	\$258.00	T02	\$ 672.00
D03	\$403.00	T03	\$ 1,000.00
D04	\$561.00	T04	\$ 1,328.00
D05	\$720.00	T05	\$ 1,632.00
D06	\$851.00	T06	\$ 1,920.00
D07	\$1,037.00	T07	\$ 2,264.00
D08	\$1,168.00	T08	\$ 2,594.00
D09	\$1,302.00	T09	\$ 2,898.00
D10	\$1,486.00	T10	\$ 3,200.00
D11	\$1,619.00	T11	\$ 3,504.00
D12	\$1,803.00	T12	\$ 3,832.00
D13	\$1,962.00	T13	\$ 4,136.00
D14	\$2,121.00	T14	\$ 4,466.00
D15	\$2,254.00	T15	\$ 4,794.00
D16	\$2,385.00	T16	\$ 5,098.00
D17	\$2,544.00	T17	\$ 5,376.00
D18	\$2,703.00	T18	\$ 5,730.00
D19	\$2,861.00	T19	\$ 6,034.00
		T99	Contact NTIS

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