

FACT SHEET

Research on Child and Adolescent Health Care New Starts-Fiscal Year 2006

Agency for Healthcare Research and Quality

AHRQ's mission is to improve the quality, safety, efficiency, and effectiveness of health care by:

- Using evidence to improve health care.
- Improving health care outcomes through research.
- Transforming research into practice.

Introduction

This fact sheet summarizes new initiatives from the Agency for Healthcare Research and Quality (AHRQ) in child and adolescent health care, focusing on improving the quality, safety, efficiency, and effectiveness of health care. In fiscal year (FY) 2006, AHRQ committed more than \$7 million of total support over the lives of these projects for new intramural and extramural research, including grants and contracts. Of this amount, \$3 million was committed in FY 2006, with the remainder to be expended in the out years.

Improving Quality and Increasing Safety

Projects funded under AHRQ's RFA for Improving Patient Safety Through Simulation Research. *This program supports grants that will advance the*

knowledge of how simulation can improve patient safety across disciplines, settings, and populations; analyze the impact of different types of simulation; and inform providers, patients, health educators, payers, policymakers, the public, and AHRQ about successful simulation initiatives.

- **In Situ Teamwork Training and Detection of Safety Threats in High-Risk Settings.** Principal Investigator: Mary Patterson, Cincinnati Children's Hospital Medical Center, Cincinnati, OH. Grant No. U18 HS16615 (09/30/06-09/29/08). This study will identify the causes of medical errors and use multidisciplinary simulation-based teamwork training to decrease the numbers of and mitigate the effects of medical errors in high-risk clinical settings. The effectiveness of this training will be evaluated by assessing teamwork

* Projects that include children or children's health care issues but do not focus exclusively on children are marked with an asterisk (*).



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behaviors, errors, and time to intervention. Minorities will be included in this study.

- **Improving Patient Safety with Just-In-Time Pediatric Simulation Training.** Principal Investigator: Vinay Nadkarni, Children's Hospital of Philadelphia, Philadelphia, PA. Grant No. U18 HS16678 (09/30/06-09/29/08). This prospective study will randomize "sharp end" providers who manage airway emergencies in the pediatric ICU to either no overtraining vs. 20 minutes of either low-fidelity or high-fidelity simulation overtraining. Women and minorities will be included in this study.

Projects funded under AHRQ's Program Announcement (PA) for Practice-Based Research Networks (PBRNs) and Translating Research Into Practice (TRIP). *These programs build on earlier RFAs from AHRQ (TRIP I and II; Quality Improvement Strategies in Health Care; Partnerships for Quality) and NIH, and focus on approaches for translating research evidence into practice in ways that are effective in community-based primary care settings.*

- **Treatment of Children with Obesity in Primary Care.** Principal Investigator: Ellen Wald, University of Wisconsin, Madison, WI. Grant No. R21 HS14862 (11/01/05-10/31/07). This prospective, randomized, controlled clinical trial will take place in 5 of 22 practices comprising the Pediatric PitNet, a PBRN servicing 130,000 children and including 142 providers. The study will assess the effectiveness of teaching primary care providers to use specific communication strategies with parents of overweight children to help them take steps with their child toward healthy

behavior changes. This study will also offer core components of an efficacious, family-based behavioral weight management program within the pediatric primary care setting to determine whether participating children will change behaviors regarding dietary intake and physical activity to achieve clinically meaningful weight loss. Racial and ethnic minority children between the ages of 9 and 12, with at least one parent, will be included in this study.

- **Electronic Health Record (EHR) Decision Support To Improve Outpatient Asthma Care.** Principal Investigator: Louis Bell, Children's Hospital of Philadelphia, Philadelphia, PA. Grant No. R21 HS14873 (01/02/06-12/31/07). This intervention study will determine whether an active clinical decision support (CDS) intervention imbedded in an EHR improves adherence to National Asthma Education and Prevention Program (NAEPP) guidelines in the primary care setting. The intervention will offer a validated educational curriculum to the primary care providers that stresses the evidence-based components of effective asthma care management and provides an asthma control and symptom assessment tool. The study is intended to ensure portability to other institutions and EHR systems. This research will include urban and suburban children ages 6-18 years who make a clinic visit to one of the 10 primary care pediatric sites during the study period and meet the criteria for persistent asthma.

Projects funded under RFA for AHRQ's Small Research Grant

Program. *This program provides support to new investigators or researchers who will conduct exploratory/pilot projects or feasibility studies.*

- **The Feasibility of Assessing the Prevalence of Rickets.** Principal Investigator: James Taylor, University of Washington, Seattle, WA. Grant No. R03 HS16029 (05/01/06-10/31/07). The Puget Sound Pediatric Research Network (PSPRN) will conduct a preliminary study to determine the feasibility of a larger project that will examine the prevalence of rickets in breastfed infants and toddlers not receiving supplemental vitamin D. Minority children will be included in this study.
- **Parents and Health Care Professionals Working Together To Improve Adolescent Health.** Principal Investigator: Carol Ford, University of North Carolina at Chapel Hill, Chapel Hill, NC. Grant No. R03 HS16021 (06/01/06-05/31/07). The North Carolina Adolescent Research Consortium for Health is an emerging network focused on improving adolescent health and health care through collaborative research. In this study, focus groups will be conducted with parents of adolescents to increase researchers' understanding of parents' perceptions of adolescent health, the amount of discordance between perceptions of "ideal" and "actual" adolescent health during early, middle, and late adolescence, and perceived roles of parents and health care professionals in addressing areas of discordance. Health content areas include general health, obesity prevention, detection of

asymptomatic sexually transmitted infections, and prevention of alcohol-related injuries. Minorities, women, and adolescents will be included in this study.

Investigator-Initiated Research

Research project grants. AHRQ supports projects that focus on a wide range of topics that address the Agency's mission of improving quality, patient safety, efficiency, and effectiveness of health care.

Small grants. AHRQ's small research grant program provides support for new investigators or researchers new to health care service issues and encourages preliminary, exploratory, or innovative research in new or previously unexamined areas.

Dissertation awards. AHRQ's dissertation grant program supports research undertaken as part of an academic doctorate that focuses on areas relevant to health services research, with emphasis placed on methodological and research topics that address AHRQ's mission.

Career development awards. AHRQ provides an array of intramural and extramural predoctoral and postdoctoral educational and career development grants and opportunities in health services research.

Research infrastructure development awards. AHRQ supports two research initiatives designed to build and strengthen the Nation's research infrastructure, and support the planning and development of health services research (HSR) in traditionally minority-serving institutions and institutions in States that do not receive significant HSR funding. They are (1) the Minority Research Infrastructure

Support Program (M-RISP) and (2) the Building Research Infrastructure and Capacity (BRIC) Program, respectively.

Conference grants. AHRQ supports both large and small conferences that further its mission. The types of conferences eligible for support include: research development; study design and methodology; research dissemination; and research training, infrastructure, and career development.

Grants awarded in child health during fiscal year 2006 under these mechanisms are listed below.

Research Project Grant

- **Perinatal Regionalization and Quality of Care.** Principal Investigator: Scott Lorch, Children's Hospital of Philadelphia, Philadelphia, PA. Grant No. R01 HS15696 (09/30/06-09/29/09). This study will (1) evaluate differences in the quality of neonatal care between hospitals; (2) determine the effect of perinatal de-regionalization on rates of mortality, failure-to-rescue, complications, and 21-day readmission in very low-birth-weight (VLBW) infants; and (3) develop a predictive model that explains neonatal outcomes as a function of the quality of neonatal care and regionalization policy in a given geographical area. This project will use population data from 1992 to 2002 in three States (California, New York, and Pennsylvania) that have an estimated 12,800 VLBW births per year. Racial and ethnic minority infants will be included in this study.

Small Grants

- **Poisoning Incidence and Emergency Department Use/Misuse in Young Children.** Principal Investigator: Barbara Polivka, Ohio State University, Columbus, OH. Grant No. R03 HS15713 (02/15/06-05/15/07). This study will examine poison exposures where the poison control center (PCC) was contacted for advice and subsequently followed, versus those that were not followed, versus emergency department/urgent care (ED/UC) in lieu of initial PCC contact. This retrospective review of electronic records will link data from the PCC, the hospital ED/UC, and the institutional national electronic injury surveillance system. This study will develop a comprehensive age-specific poisoning incidence rate, determine rates of non-PCC compliance, and identify patterns in non-PCC use. Electronic record reviews will be limited to children younger than 6 years old from a Midwestern urban area. Records of racial/ethnic minority children will be included in this study.
- ***Opioid Prescribing Patterns in the United States.** Principal Investigator: Mark Pletcher, University of California-San Francisco, San Francisco, CA. Grant No. R03 HS16238. (03/01/06-02/28/08). This study will analyze (1) how many ambulatory care visits result in an opioid prescription every year in the United States; (2) how patient behavior (presenting with pain) and physician behavior (prescribing with pain) contribute to trends in opioid prescribing; (3) how choice of analgesic has changed over time (non-opioids vs. opioids, short- vs. long-acting opioids, high abuse potential and brand name

formulation); and (4) how opioid prescribing differs by clinical setting, physician type, and geographic area/U.S. State. The analysis uses 1993-2002 data from the National Ambulatory Medical Care Survey and the National Hospital Ambulatory Medical Care Survey. Youths age 12 to 17 years old and young adults of racial and ethnic minority populations (Hispanic, American Indian/Alaska Native, Asian, and African American), will be included in this study.

Dissertation Awards

- **Human-Computer Interaction (HCI) Evaluation of Medication Management Use of Health Information Technologies (HITs) in Pediatric Care.** Principal Investigator: Kevin Moloney, Georgia Tech Research Corporation, Atlanta, GA. Grant No. R36 HS 15682 (01/01/06-12/31/06). In collaboration with Children's Healthcare of Atlanta (CHOA), this dissertation research project will examine user-, device-, and context-based factors that affect user interaction with traditional and mobile computing technologies while performing medication management tasks in pediatric care. Minority undergraduate and graduate students from the Georgia Institute of Technology and minority healthcare staff (physicians, nurses, and pharmacy clinicians) from CHOA using HITs as part of their daily work will be included in this study.
- **Racial and Ethnic Variation in Adolescent Obesity: A Multilevel Study of Neighborhoods and Schools.** Principal Investigator: Lisa Nicholson, Ohio State University, Columbus, OH. Grant No. R36 HS16568 (09/01/06-06/30/07). This study will use longitudinal data from the National Longitudinal Study of Adolescent Health (ADD-Health), Waves I and III, to examine variation in young adult obesity, as predicted by adolescent neighborhood environments and school facilities, with a specific focus on poor neighborhoods and schools, Blacks, and Hispanics. This study will determine the (1) effect of race/ethnicity on the risk of obesity; (2) extent to which neighborhood disadvantage helps to explain racial and ethnic variation in obesity; and (3) extent to which disadvantaged schools explain racial and ethnic variations in obesity. This study will also explore the interactive effect of race and ethnicity with neighborhood disadvantage and school disadvantage.
- **The Economics of Mother's Milk Feedings in the Neonatal Intensive Care Unit.** Principal Investigator: Briana Jegier, Saint Louis University, Saint Louis, MO. Grant No. R36 HS16012 (09/01/06-06/30/07). This study will measure the doses of mothers' milk recorded daily for the entire hospital stay. This study will also estimate the maternal cost of producing mothers' milk for very-low-birth-weight (VLBW) infants in the neonatal intensive care unit (NICU), as well as quantify the impact of increasing doses and the exposure period of mothers' milk on hospital financial outcomes, specifically charges and length of stay. The study population is a cohort of 1,000 VLBW infants admitted to a NICU from 1997 to 2003, including racial and ethnic minority infants, low-income infants, and infants with special health care needs.

Career Development Awards

- **Prescribing Errors in Ambulatory Pediatric Care.** Principal Investigator: William Basco, Medical University of South Carolina, Charleston, SC. Grant No. K08 HS15679 (06/01/06-05/30/10). The aims of this Mentored Clinical Scientist Development Award are to (1) validate a method for imputing weights for determining overdose and underdose for pediatric medications; (2) define and determine the frequency of ambulatory pediatric prescribing errors; (3) identify provider and patient characteristics associated with pediatric prescribing errors; (4) evaluate whether electronic medical records that include a prescribing module reduce the rate of pediatric prescribing errors among trainees; and (5) determine the relative contributions of prescriber and pharmacy to pediatric ambulatory prescribing errors. This study will use prescription data from SC Medicaid enrollees ages 0-18 years old, including Hispanic and African-American children and youth of both genders.
- **Does Parental Health Insurance Loss Affect Children's Access to Care?** Principal Investigator: Jennifer Devoe, Oregon Health & Science University, Portland, OR. Grant No. K08 HS16181 (07/01/06-06/30/11). The aims of this Mentored Clinical Scientist Development Award are to (1) explore the potential barriers to children's health insurance and access to healthcare using a cross-sectional secondary analysis of the Medical Expenditure Panel Survey, and primary collection and analysis of the Oregon Children's Access to

Healthcare Study; and (2) conduct a longitudinal analysis of data from three survey waves of the Oregon Health Plan Prospective Cohort Study to determine how parental loss of health insurance is associated with changes in children's health insurance status over time. Women, racial/ethnic minority populations, and individuals with chronic conditions will be included in this study.

- **Disparities in Quality of Healthcare Affect Utilization.** Principal Investigator: David Brousseau, Medical College of Wisconsin, Milwaukee, WI. Grant No. K08 HS15482 (03/02/06-02/28/11). This Mentored Clinical Scientist Development Award will determine the impact of disparities in perception of primary care quality on healthcare utilization patterns for both a nationally representative population (from the Medical Expenditure Panel Survey) and a low-income, high-risk pediatric population (the Wisconsin Medicaid administrative database). The researcher will also define the parental perspective on non-urgent use of the emergency department (ED), and determine the effect of the parent/provider relationship on non-urgent ED utilization using focused interviews with parents who brought their children to the ED with non-urgent conditions. Finally, the project will also define the primary care provider perspective on non-urgent utilization of the ED and determine provider responses to the views expressed by parents from their practice. Low-income, inner-city, and minority (Hispanic or Latino, American Indian/Alaska Native, Asian, Native Hawaiian or other Pacific Islander, and African





American) children and parents will be included in the study.

- **Entry Into Adult Care for Youth with Chronic Conditions.**

Principal Investigator: Peter Scal, University of Minnesota Twin Cities, Minneapolis, MN. Grant No. K08 HS15511 (09/01/06-08/31/09).

This Mentored Clinical Scientist Development Award will compare (1) delays in care and unmet needs and their determinants between adolescents (ages 14-17 years) and young adults (ages 18-24 years) with chronic conditions using data from the National Health Interview Survey; and (2) factors associated with access to health care, specifically primary care services, between adolescents and young adults with chronic conditions using data from the Medical Expenditures Panel Survey (MEPS). Using MEPS, the researcher will also compare the health care utilization and expenditures of adolescents with young adults with chronic conditions, and evaluate the effect of loss of insurance coverage on health care access, utilization, and expenditures. Women, children, racial, and ethnic minority populations (Hispanic or Latino, American-Indian/Alaska Native, Asian, Native Hawaiian or other Pacific Islander, and Black or African American) will be included in this study.

- **Racial Stereotypes and the Recognition of Child Abuse.**

Principal Investigator: Antoinette Laskey, Indiana University-Purdue University, Indianapolis, IN. Grant No. K08 HS16564 (09/30/06-09/29/11). This Mentored Clinical Scientist Development Award will be used to develop and implement a Web-based tool to study the

influence of race on the diagnosis of abusive head trauma and physicians' recall of clinical information in cases of potential abusive head trauma. This researcher will also develop an educational intervention to decrease the effect of physicians' unconscious stereotypes on the decision to evaluate for abusive head trauma; and pilot test the educational intervention for reducing the role of unconscious racial stereotypes in the recognition of abusive head trauma. The study population in this research will be physicians, including Black pediatricians.

- ***Evaluating e-Prescribing in a Community-based, Integrated Health System.**

Principal Investigator: Emily Devine, University of Washington, Seattle, WA. Grant No. K08 HS14739 (08/01/06-07/31/11). This Mentored Clinical Scientist Development Award will be used to conduct an impact evaluation of the implementation of medication safety clinical decision support (CDS) alerts on medication errors and adverse drug events (ADEs) associated with generic and therapeutic drug duplications, appropriate drug-laboratory monitoring, appropriate prescribing in patients, drug-drug interactions, and appropriate prescribing in pregnancy. Using a longitudinal study design, this project will determine the incidence of serious medication errors and ADEs prior to, and after implementing CDS alerts in these specific categories. The representation of children should closely approximate that of the pediatric population cared for at pediatric clinics included in the work. This study will include racial and ethnic minority populations.

Research Infrastructure Development Awards

Grant funded under the Minority Research Infrastructure Support Program (M-RISP)

- ***San Antonio Health Services Research (HSR) Program.** Principal Investigator: Raymond Garza, University of Texas, San Antonio, San Antonio, TX. Grant No. R24 HS14064 (02/01/06-01/31/09). A study in this HSR capacity building program entitled “Enhancing Health-Conscious Attitudes and Behaviors among Hispanic Youth” will address major health issues that involve Hispanic children and youth. This project will focus on reducing the risk of chronic disease and promoting healthy attitudes and behaviors among preadolescent and adolescent Mexican-American children. Targeted behaviors include cigarette smoking, alcohol use, eating habits related to obesity and diabetes risk, and physical activity.

Grant funded under the Building Research Infrastructure and Capacity (BRIC) Program

- ***Arkansas Consortium for Health Services Research.** Principal Investigator: Bradley Martin, University of Arkansas Medical Sciences, Little Rock, AR. Grant No. P20 HS15878 (06/01/06-05/31/08). This project will expand and strengthen the capacity for health services research (HSR) within the State of Arkansas (AR) through creation of the AR Consortium for HSR. The consortium will (1) develop and maintain research-quality databases from several underutilized State data

sources including AR BlueCross/BlueShield enrollment and claims files, AR Medicaid enrollment and claims files, and AR hospital discharge data system; (2) develop multidisciplinary research mentorship, communication, and skill-building opportunities for health services researchers across the State; and (3) develop and administer an intramural HSR “seed grant” program that provides dedicated programming time and a limited amount of funding to allow researchers to conduct pilot studies using consortium data resources. The initial research project proposed for the consortium focusing on disparities in access to antipsychotic drug therapies will include a significant analytic component devoted specifically to disparities among children. Racial and ethnic minorities will be included in this research.

Conference Grants

- **Increasing the Impact of Maternal and Neonatal Health Systematic Reviews (2006-New Orleans).** Principal Investigator: Frederique Jacqueroz, Tulane University School of Public Health and Tropical Medicine, New Orleans, LA. Grant No. R13 HS16273 (07/01/06-06/30/07). The goal of this conference, to be held in March 2007, is to assess the barriers to conducting and implementing the results of systematic reviews in order to increase the impact of systematic reviews in maternal and neonatal health. The conference has three objectives: (1) to identify the needs for administrative and technical support to reviewers for the preparation of systematic reviews, including the development of



protocols and the identification of relevant topics on maternal and neonatal issues for the Americas; (2) to identify new ways to encourage and assist current reviewers in updating their reviews on a regular basis; and (3) to identify the best strategies to widely diffuse existing evidence from systematic reviews to health care professionals, stakeholders, policymakers, and health researchers and to encourage the use of evidence-based practices in the Americas.

- **Child Health Services Research (CHSR) Meeting (June 24, 2006-Seattle, WA).** Principal Investigator: Jennifer Muldoon, AcademyHealth, Washington, DC. Grant No. R13 HS16292 (05/12/06-05/11/07). The purpose of this eighth annual CHSR meeting was to bring together researchers, managers, and policy and clinical decisionmakers in child health services to learn first-hand from colleagues about the latest research, policy challenges, methods, and resources for the field. This conference provided a forum for the child health services community to (1) disseminate the results of child health services research; (2) inform policy and clinical decisionmaking on child health services; (3) build researchers' skills with new methods and data sources for child health services research; and (4) create networking opportunities for those interested in child health services. This meeting was the principal dissemination opportunity for health services research on a priority population—children.

- **Promoting Quality of Care for Publicly Insured Children. (August 17–18, 2006-Washington, D.C.)** Principal Investigator: Charles Homer, National Initiative for Children's Healthcare Quality, Cambridge, MA. Grant No. R13 HS16360 (07/21/06-02/20/07). The purpose of this conference was to improve the quality of care for children served by public programs by promoting the translation of recent research into practice and policy. The objectives of this dissemination conference were (1) summarize what is known from research and state experience about key aspects of the quality agenda, namely, quality measurement and improvement, health information technology, and pay for performance; (2) engage research users and stakeholders in a discussion of the next steps and strategies necessary to accelerate the diffusion and adoption of this research into policy and practice; (3) identify key research questions that remain unanswered; and (4) disseminate the results of this event broadly to stakeholders in the public and the private sectors as well as researchers. This conference included a specific emphasis on low-income children, racial/ethnic minority children, and children with special health care needs.
- **Asthma Education Conference for Tribal Health Officers Serving the Aberdeen Area (September 2006-Rapid City, SD).** Principal Investigator: David Osterberg, University of Iowa, Iowa City, IA. Grant No. R13 HS16435 (06/01/06-05/31/07). The goal of this conference was to advance the state of knowledge of asthma among tribal health representatives and

directors, Indian Health Service staff, emergency medical workers, nurses, and pediatricians working with 18 tribes in the region served by the Northern Plains Tribal Epidemiology Center so that they may transform this knowledge into better medical services and heightened understanding of this condition in their communities. This regional conference focused on childhood asthma among Native Americans in the Northern Plains region and was designed to inform representatives of the Northern Plains tribal health agencies about the current state of research and treatment of asthma, its potential environmental health triggers, prevention strategies, and environmental improvement measures. The conference addressed exposures to everyday types of indoor and outdoor contaminants, including, but not limited to environmental tobacco smoke, allergens and endotoxins; molds and insects; biological contaminants (e.g., dust mites); chemical contaminants (e.g., pesticides and formaldehyde); exhaust from wood-burning stoves; and motor vehicle exhaust.

- **Child Abuse Recognition, Research, Education Translation (CARRET) Conference (September 14–15, 2006-Elk Grove Village, IL).** Principal Investigator: Alison Baker, American Academy of Pediatrics, Elk Grove Village, IL. Grant No. R13 HS16359 (04/01/06-03/31/07). The purpose of this conference was to bring together a multidisciplinary group of 35-40 professionals who treat, manage, and advocate for children who have been maltreated to discuss the results of a recently completed study, entitled "Child

Abuse Recognition Experience Study,” and other studies that have examined health care provider decisionmaking regarding possible child abuse. The conference had three goals: (1) to understand the roles and relationships between healthcare professionals, investigative agencies, and the legal system; (2) to develop strategies to enhance physicians’ capabilities and confidence in reporting suspected child abuse and neglect; and (3) to enhance working relationships among multidisciplinary participants who will work toward implementation of strategies developed during this conference including dissemination of its results.

- **Conference To Improve Outcomes in Pediatric Trauma Care (2007-Seattle, WA).** Principal Investigator: Frederick Rivara, University of Washington, Seattle, WA. Grant No. R13 HS16431 (06/01/06-05/31/07). This conference will bring together experts and researchers from a variety of fields to develop a research agenda to address the limitations of prior studies of and provide definitive answers to the national questions on pediatric trauma care. Experts from across the country in a wide variety of specialties will review the current state of knowledge about pediatric trauma care and develop an innovative, collaborative research agenda for improvement. The agenda will be disseminated through a supplement to a peer-reviewed journal, presentations, and Web sites. “White papers” on the various aspects of key topics will be presented at the meeting. This conference will allow policymakers to better understand the strength, or

lack, of evidence for current trauma policy and how research might be used to guide future policy.

- **Improving Child Health: The Role of Policymakers in Prevention and Treatment of Birth Defects and Developmental Disabilities (August 2007-Boston, MA; July 2008-New Orleans, LA; and July 2009-Philadelphia, PA).** Principal Investigator: Alissa Johnson, National Conference of State Legislatures, Washington, D.C. Grant No. R13 HD54282 (10/1/06-09/30/09). The objectives of this multi-year conference are to (1) identify the range of policy approaches utilized by State and Federal policymakers to address the prevention and treatment of birth defects and developmental disabilities; (2) foster information sharing about new strategies to prevent and treat birth defects and developmental disabilities through public programs; and (3) develop new pathways for the translation of scientific research and technology into public health programs by informing policymakers about research activities. This conference is intended to better the lives of children through improved quality and access to birth defects and developmental disabilities prevention and treatment. AHRQ is co-funding this conference with the National Institute of Child Health and Human Development and other entities.
- ***Improving ICU Care and Safety through Evidence-Based Tools (June 16, 2006-Baltimore, MD).** Principal Investigator: Lisa Lubomski, Johns Hopkins University, Baltimore, MD. Grant No. R13 HS16216 (03/01/06-02/28/10). This conference will be

held annually over a 4-year period. The goal of this first conference was to disseminate tools and results from the AHRQ-sponsored project—Statewide Efforts To Improve Safety in Intensive Care Units (UC1 HS14246: Keystone ICU project). This conference addressed the following: (1) evidence-based tools to improve care and patient outcomes used during the Keystone ICU project; (2) results of improvements in patient outcomes from the use of project-developed tools; and (3) implementing the tools in the ICU to improve patient care and outcomes in other clinical settings. The conference focused on issues pertinent to all patient populations, including the elderly, women, children, racial and ethnic minority groups, low-income groups, rural populations, and persons with special health care needs.

- ***Medication Error Reporting Systems: Challenges, Lessons, Future Direction (November 2006-Rockville, MD).** Principal Investigator: Diane Cousins, U.S. Pharmacopeia, Rockville, MD. Grant No. R13 HS16515 (09/01/06-06/01/07). The purpose of this conference is to determine how hospitals have utilized medication error data to improve patient safety. The conference will convene participants from 20 hospitals that have participated in the MEDMARX medication error reporting program for at least 5 years, as well as other participants. Conference discussions will address safety issues for all patients, including minorities, women, children, and the elderly.



- ***Meeting the Nation's Needs for Personal Assistance Services Conference (April 2007-Washington, DC).** Principal Investigator: Charlene Harrington, University of California San Francisco, San Francisco, CA. Grant No. R13 HS16608 (09/30/06-09/29/07). This conference has two purposes: (1) summarize, synthesize, and disseminate current research findings on personal assistance services (PAS) to researchers, policymakers, advocates, and other stakeholder groups; and (2) develop a future research agenda for the study of PAS. The conference will focus on access, quality, and costs of PAS delivered in the home, the community, and the workplace as well as PAS workforce trends and future research needs. The conference will address the needs of individuals with disabilities, individuals from low-income groups, both genders, racial and ethnic minority groups and subgroups, and children who need and/or use PAS.
- ***1st National Summit on Primary Care Emergency Preparedness (February 2007-New York, NY).** Principal Investigator: Melissa Corrado, Primary Care Development Corporation, New York, NY. Grant No. R13 HS16593 (09/30/06-09/29/07). The goal of this summit is to increase the emergency preparedness level of primary care sites and facilitate their integration into local and regional emergency response planning. The conference will serve as a national forum to (1) discuss the preparedness level of primary care (PC) centers across the Nation; (2) share best practices and innovative strategies to improve the

preparedness level and response capabilities; (3) convene stakeholders to identify roles; and (4) set the agenda for preparedness on the local, State, and national levels. The participants include PC providers, hospital emergency planners, school-based emergency planners, ambulatory care network administrators, and others.

The Center for Education Research on Therapeutics. *This demonstration program is a national initiative designed to conduct research and provide education that advances the optimal use of therapeutics (i.e., drugs, medical devices, and biological products).*

- ***Center for Education and Research on Mental Health Therapeutics.** Principal Investigator: Stephen Crystal, Rutgers State University of New Jersey, New Brunswick, NJ. Grant No. U18 HS16097 (04/14/06-03/31/11). The first project of this study, "Use and Monitoring of Antidepressant Therapy among Youths," will describe rates, predictors, and trends in antidepressant use associated with treatment initiation among children and adolescents in multistate Medicaid and SCHIP populations. This study will also examine monitoring patterns following initiation of selective serotonin reuptake inhibitors (SSRIs), including frequency and timing of professional visits, provider specialty, receipt or non receipt of mental health specialty services, and procedure codes for type of visits (psychotherapy, diagnosis and evaluation, medication management).

The second project, “Assessing Quality of Antipsychotic Treatment of Medicaid Youth,” will examine variations in patterns of antipsychotic use for youth across eight states, including provider, beneficiary characteristics and diagnoses associated with treatment, treatment duration, and use of multiple medications. The project will also estimate how closely practice conforms to selected Treatment Recommendations for Atypical Aggressive Youth (TRAAY) guidelines, and identify physician and patient characteristics associated with low-conformance.

The third project, “Improving Prescriber Practices for Antidepressants and Atypical Antipsychotics in Children: The Texas-New York Medication Algorithm Project,” will adapt the TRAAY, originally intended for inpatient/residential settings, to outpatient settings. This study will also integrate and develop “cross-walks” between Texas- and New York-developed SSRI guidelines, so that both guidelines address the complementary roles of primary care providers and mental health specialists, and are applicable to both States. Moreover, this project will train samples of outpatient prescribers in Texas and New York to apply modified TRAAY and SSRI guidelines; and to evaluate program impact. Minorities (Hispanic/Latino, American Indian/Alaska Native, Asian, Native Hawaiian or other Pacific Islander, and Black) and children between 5 and 18 years will be included in these three projects.

Contracts

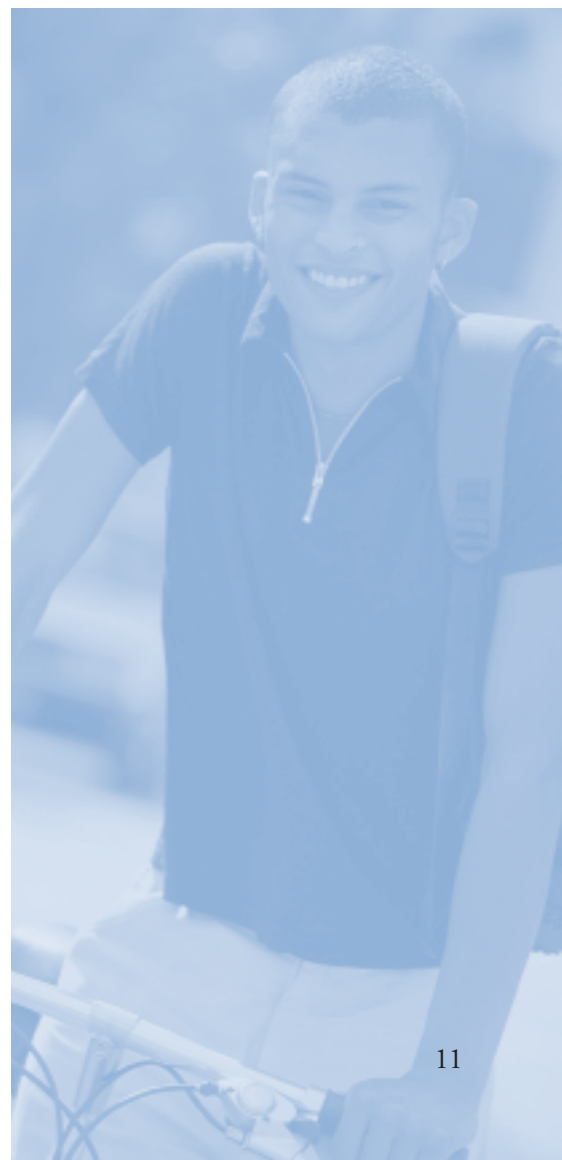
- **Development of a Resource Guide to Child-Relevant Measures and Other Features of AHRQ’s HCUP Databases including the KID and Pediatric Quality Indicators, MEPS Data Sets, and CAHPS CCC Measurement Tools.**

Principal Investigator: Christina Bethell, The Child and Adolescent Health Measurement Initiative, Oregon Health & Science University, Portland, OR. Contract No. HHSP233200600562P (08/01/06-02/28/07). This project will develop a resource guide that will facilitate research and publishable reports relevant to furthering knowledge on the health and health care quality of children and youth.

Projects funded under the Ambulatory Pediatric Association Young Investigator Awards.

AHRQ has supported this initiative of the Ambulatory Pediatric Association for several years. This competitive program provides support to new investigators in general pediatrics conducting child health services research.

- **Effect of a Clinical Practice Improvement Intervention on HIV Testing in Sexually Active Adolescents.** Principal Investigator: Renata Sanders, Johns Hopkins University School of Medicine, Baltimore, MD. Contract No. HHSP233200600468P (06/05/06-01/31/07). This study will (1) measure current HIV screening practices and the provider and patient attributes predictive of screening; (2) design and implement a quality improvement (QI) activity to increase screening by addressing



the malleable predictors in a Plan-Do-Study-Act (PDSA) framework; and (3) assess the impact of the QI program on HIV testing in adolescents ages 12-21 years in a high-prevalence community. The PDSA model incorporates planning for change, executing the plan, studying the outcomes of the executed plan, and acting on the results.

- **Is the Presence of a Mentor During Adolescence Associated with Improved Adult Outcomes in Special Populations of High-Risk Youth?** Principal Investigator: Kym Ahrens, University of Washington, Seattle, WA. Contract No. HHSP233200600468P (06/05/06-01/31/07). This study will use the National Longitudinal Study of Adolescent Health to investigate whether there are certain populations of high-risk adolescents in which mentoring relationships may be particularly beneficial

during the early adulthood years. The study will focus on four domains of adolescent and young adult well-being: education/employment, psychological well-being, physical health, and selected problem behaviors. The high-risk populations include: adolescents in foster care, pregnant and parenting youth, juvenile offenders, academically at-risk youth, and youth with disabilities.

- **Disparities in Medication Errors and Adverse Drug Events in Children.** Principal Investigator: Stephanie Zandieh, Weill Cornell Medical Center, New York, NY. Contract No. HHSP233200600468P (06/05/06-01/31/07). This study will determine whether there are ethnic/racial socioeconomic, linguistic, or educational disparities in rates of medication errors, near misses, and preventable adverse drug events (ADEs) in the pediatric ambulatory care setting. This study will use a subset of data that was collected

by a research group at the Brigham and Women's Hospital for a larger study that describes the epidemiology and prevention of medication errors and ADEs in the pediatric ambulatory care setting.

For More Information

The AHRQ Web site provides information on the Agency's agenda in children's health services research, including funding opportunities, at www.ahrq.gov. For further details on AHRQ's programs in child health, contact:

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