Register Now: Sept. 10 and Sept. 17 Webinars on Using AHRQ's Healthcare Cost and Utilization Project

Registration is open for two Healthcare Cost and Utilization Project (HCUP) webinars for health services and policy researchers and other users interested in hospital inpatient and outpatient use and cost data.

A webinar on Sept. 10 from 2 to 3 p.m. ET will provide an HCUP project overview, explain the HCUP Partnership, discuss the making of the HCUP State and Nationwide databases, and review how to obtain and access the data as well as other HCUP resources.

A webinar on Sept. 17 from 2 to 3 p.m. ET will introduce attendees to HCUP products and tools, including the free online query tools HCUPnet and Fast Stats, explain how to add value to data with HCUP supplemental files and software, and provide an overview of our publications and associated resources.

Access more information on the HCUP-US website. For questions, please contact hcup@ahrq.gov.

AHRQ Views Blog Post: Facilitating Transformational Change in Primary Care

Lessons learned from AHRQ's EvidenceNOW primary care transformation initiative are included in a recent *Annals of Family Medicine* supplement and also highlighted in a new AHRQ Views blog post by Bob McNellis, M.P.H., P.A., senior advisor for primary care. EvidenceNow helped primary care practices implement evidence to improve healthcare delivery with a focus on heart health. The initiative not only helped practices expand their capacity to receive and incorporate evidence, it also developed a model to support primary care transformation using practice facilitators, expert consultation, electronic health record support and other resources. Articles in the supplement summarize lessons learned via EvidenceNow and other transformation initiatives. Access the blog post. To receive all blog posts, submit your email address and select "AHRQ Views Blog."

Trauma Registries Ineffective for Capturing Data To Evaluate Care of Injured Older Adults

Nearly 80 percent of registry-eligible serious injuries among adults ages 65 years or older were not recorded in two state trauma registries commonly used for evaluating and improving patient care, according to an AHRQ-funded study in *JAMA Surgery*. Researchers who examined the medical records for 51 medical centers in Washington and Oregon during 2011 identified about 8,200 older patients with serious injuries that required surgery or resulted in death. Although these patients' injuries were qualified to be recorded in trauma registries, only about 21 percent had a matching trauma registry record. Researchers discovered that registries missed 93 of 188 in-hospital deaths and 178 of 553 major eligible injuries. Researchers concluded that high-risk injured older adults are not included in registries because of care in nontrauma hospitals, restrictive registry inclusion criteria, and being missed by registries in trauma centers. Access the abstract.

No Difference in Outcomes for Patients with Complex Medical Needs Across Medicare ACOs

Accountable care organization (ACO)-reported care management and coordination activities were not associated with improved outcomes among patients who were frail or had multiple chronic conditions, according to an AHRQ-funded study in *JAMA Network Open*. ACOs give health organizations and providers financial incentives to improve care coordination. Researchers who reviewed survey responses from 244 ACOs with claims data from 1.4 million Medicare patients found patients in the best-performing ACOs for care management and coordination activities did not have different outcomes as measured by hospital readmissions, hospital or emergency department visits, visits for evaluation and management services in outpatient settings, or healthcare spending compared with patients in lower-performing ACOs. Study findings suggest that health organizations should consider the effectiveness of investing heavily in care coordination activities that are difficult to implement, according to researchers. Access the [abstract](#) to the study, which was part of AHRQ's [Comparative Health System Performance Initiative](#).