

Public Health Projects in Emergency Medicine, 2000-2005

A project initiated by the SAEM Public Health Interest Group (<http://www.saem.org/inform/public.htm>) and managed by the Emergency Medicine Network (www.emnet-usa.org)

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Focus Area 1: Access to Quality Health Services										
ObjA 1-1	ObjB	Project Title Insurance and Quality of Care for Patients with Acute Asthma								
		<table border="1"> <tr> <td>Name Timothy D. Ferris, MD, MPH Other Key Personnel Sunday Clark, MPH; Carlos A. Camargo, MD, DrPH</td> <td>Start Date 2000 Stop Date 2001</td> </tr> <tr> <td>Hospital/Organization (City, State) Massachusetts General Hospital (Boston, MA)</td> <td>Funding Source NIH HL063253</td> </tr> <tr> <td>Project Type Research</td> <td>For More Info emnet@partners.org</td> </tr> <tr> <td colspan="2"> <p>Short Description Increasing attention has been paid to the role of insurance in determining quality and outcomes of care. Pressures to reduce health costs and to improve quality have prompted attempts by managed care organizations to decrease the use of the emergency department (ED) for acute asthma, but performance comparisons between insurance types remain rare. Two separate prospective studies characterized the relationship between insurance status and quality of care in children and adults with asthma. In both cases, lack of health insurance was associated with poorer quality of care in asthma patients</p> <p>Primary Citations</p> <ul style="list-style-type: none"> Ferris TG, Crain EF, Oken E, Wang L, Clark S, Camargo CA Jr. Insurance and quality of care for children with acute asthma. <i>Ambul Pediatr</i> 2001; 1: 267-274 Ferris TG, Blumenthal D, Woodruff PG, Clark S, Camargo CA Jr. Insurance and quality of care for adults with acute asthma. <i>J Gen Int Med</i> 2002; 17: 905-913. </td> </tr> </table>	Name Timothy D. Ferris, MD, MPH Other Key Personnel Sunday Clark, MPH; Carlos A. Camargo, MD, DrPH	Start Date 2000 Stop Date 2001	Hospital/Organization (City, State) Massachusetts General Hospital (Boston, MA)	Funding Source NIH HL063253	Project Type Research	For More Info emnet@partners.org	<p>Short Description Increasing attention has been paid to the role of insurance in determining quality and outcomes of care. Pressures to reduce health costs and to improve quality have prompted attempts by managed care organizations to decrease the use of the emergency department (ED) for acute asthma, but performance comparisons between insurance types remain rare. Two separate prospective studies characterized the relationship between insurance status and quality of care in children and adults with asthma. In both cases, lack of health insurance was associated with poorer quality of care in asthma patients</p> <p>Primary Citations</p> <ul style="list-style-type: none"> Ferris TG, Crain EF, Oken E, Wang L, Clark S, Camargo CA Jr. Insurance and quality of care for children with acute asthma. <i>Ambul Pediatr</i> 2001; 1: 267-274 Ferris TG, Blumenthal D, Woodruff PG, Clark S, Camargo CA Jr. Insurance and quality of care for adults with acute asthma. <i>J Gen Int Med</i> 2002; 17: 905-913. 	
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ObjA 1-1	ObjB 1-2	Project Title CHIP Outreach Trial								
		<table border="1"> <tr> <td>Name James A. Gordon, MD, MPA Other Key Personnel Carlos A. Camargo, MD, DrPH</td> <td>Start Date 2000 Stop Date 2002</td> </tr> <tr> <td>Hospital/Institution (City, State) Massachusetts General Hospital (Boston, MA)</td> <td>Funding Source Robert Wood Johnson Foundation</td> </tr> <tr> <td>Project Type Research</td> <td>For More Info jgordon3@partners.org</td> </tr> </table>	Name James A. Gordon, MD, MPA Other Key Personnel Carlos A. Camargo, MD, DrPH	Start Date 2000 Stop Date 2002	Hospital/Institution (City, State) Massachusetts General Hospital (Boston, MA)	Funding Source Robert Wood Johnson Foundation	Project Type Research	For More Info jgordon3@partners.org		
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Hospital/Institution (City, State) Massachusetts General Hospital (Boston, MA)	Funding Source Robert Wood Johnson Foundation									
Project Type Research	For More Info jgordon3@partners.org									

		<p>Short Description This study was a before-after trial to evaluate effectiveness of CHIP outreach in EDs. The specific aims of the study were 1. To evaluate the effectiveness of Children's Health Insurance Program (CHIP) outreach through the nation's emergency departments (EDs). 2. More specifically, to determine whether simple outreach (displaying the national toll-free CHIP outreach phone number on discharge paperwork and wall posters; handing out CHIP application materials) will significantly increase insurance enrollment among uninsured children presenting to the ED.</p> <p>Primary Citation Gordon JA, Emond JA, Camargo CA Jr. The State Children's Health Insurance Program (SCHIP): A multicenter trial of outreach through the emergency department. <i>Am J Public Health</i> 2005; 95: 250-253.</p>								
ObjA 1-5	ObjB	Project Title National Study of the Relation of Primary Care Shortages to ED Utilization								
		<table border="1"> <tr> <td> <p>Name Carlos A. Camargo, MD, DrPH Other Key Personnel Sunday Clark, MPH; Ilana B. Richman</p> </td> <td> <p>Start Date 2004 Stop Date 2005</p> </td> </tr> <tr> <td> <p>Hospital/Institution (City, State) Massachusetts General Hospital (Boston, MA)</p> </td> <td> <p>Funding Source AHRQ HS013099, EMF</p> </td> </tr> <tr> <td> <p>Project Type Research</p> </td> <td> <p>For More Info emnet@partners.org</p> </td> </tr> <tr> <td colspan="2"> <p>Short Description This study examined the relationship between access to primary care and ED visit volumes. Annual ED visit volume for every ED in the US for 2001 was available from the National Emergency Department Inventory (based on American Hospital Association and Verispan databases, and data gathered by EMNet staff). Primary care shortage area population estimates were abstracted from the HRSA Geospatial Database. Sociodemographic data were provided by the 2000 Decennial Census. Data on health insurance coverage were obtained from the 2001 Behavioral Risk Factor Surveillance Study. Primary care shortage density was positively associated with ED visit density ($\beta=0.48$; 95% confidence interval [CI], 0.13 – 0.82; $p=0.008$). The association remained after controlling for age, sex, race, per capita income, education, and health insurance coverage ($\beta=0.45$; 95% CI, 0.10 - 0.79; $p=0.01$).</p> <p>Primary Citation Richman IB, Clark S, Sullivan AF, Camargo CA Jr. National study of the relation of primary care shortages to ED utilization [abstract]. <i>Acad Emerg Med</i> 2005; 12 (5 suppl): 149-150.</p> </td> </tr> </table>	<p>Name Carlos A. Camargo, MD, DrPH Other Key Personnel Sunday Clark, MPH; Ilana B. Richman</p>	<p>Start Date 2004 Stop Date 2005</p>	<p>Hospital/Institution (City, State) Massachusetts General Hospital (Boston, MA)</p>	<p>Funding Source AHRQ HS013099, EMF</p>	<p>Project Type Research</p>	<p>For More Info emnet@partners.org</p>	<p>Short Description This study examined the relationship between access to primary care and ED visit volumes. Annual ED visit volume for every ED in the US for 2001 was available from the National Emergency Department Inventory (based on American Hospital Association and Verispan databases, and data gathered by EMNet staff). Primary care shortage area population estimates were abstracted from the HRSA Geospatial Database. Sociodemographic data were provided by the 2000 Decennial Census. Data on health insurance coverage were obtained from the 2001 Behavioral Risk Factor Surveillance Study. Primary care shortage density was positively associated with ED visit density ($\beta=0.48$; 95% confidence interval [CI], 0.13 – 0.82; $p=0.008$). The association remained after controlling for age, sex, race, per capita income, education, and health insurance coverage ($\beta=0.45$; 95% CI, 0.10 - 0.79; $p=0.01$).</p> <p>Primary Citation Richman IB, Clark S, Sullivan AF, Camargo CA Jr. National study of the relation of primary care shortages to ED utilization [abstract]. <i>Acad Emerg Med</i> 2005; 12 (5 suppl): 149-150.</p>	
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ObjA 1-6	ObjB	Project Title Access After ED Visit for Acute Asthma								
		<table border="1"> <tr> <td> <p>Name Barry E. Brenner, MD, PhD Other Key Personnel Eliezer Muller</p> </td> <td> <p>Start Date 2000 Stop Date 2002</p> </td> </tr> <tr> <td> <p>Hospital/Institution (City, State) University of Arkansas Medical School (Little Rock, AR)</p> </td> <td> <p>Funding Source None</p> </td> </tr> <tr> <td> <p>Project Type Research</p> </td> <td> <p>For More Info brennerbarry@uams.edu</p> </td> </tr> </table>	<p>Name Barry E. Brenner, MD, PhD Other Key Personnel Eliezer Muller</p>	<p>Start Date 2000 Stop Date 2002</p>	<p>Hospital/Institution (City, State) University of Arkansas Medical School (Little Rock, AR)</p>	<p>Funding Source None</p>	<p>Project Type Research</p>	<p>For More Info brennerbarry@uams.edu</p>		
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<p>Hospital/Institution (City, State) University of Arkansas Medical School (Little Rock, AR)</p>	<p>Funding Source None</p>									
<p>Project Type Research</p>	<p>For More Info brennerbarry@uams.edu</p>									

	<p>Short Description OBJECTIVE: To determine if perceived access to primary care affects whether a patient will follow-up with a primary care provider (PCP) during 2 weeks after an ED visit for acute asthma. METHODS: Consecutive patients presenting to an urban ED from June 20, 2000, to November 7, 2000, with physician-diagnosed acute asthma were interviewed about demographic information (including insurance status), asthma history, and symptoms. Patients were also asked how readily their PCP could be accessed and the length of time since their last PCP visit. Patients were contacted two weeks later to determine if follow-up had occurred; self-reports were verified by calling the PCP's office. Only initial ED visits were included. Independent T and chi-square tests was used. RESULTS: Of 441 patient visits, 56 (13%) were admitted, 48 (11%) either refused or were too ill to interview, and 119 (27%) were repeat visitors to the ED. Among 218 enrolled subjects, 151 (65%) were contacted at 2 weeks (67 were unreachable). Forty-two had confirmed follow-up with PCP, 18 unconfirmed follow-up, and 91 did not follow-up. Thus, 40% (60/151) followed-up with their PCP within 2 weeks. Neither insurance status, reports of prolonged waiting time on the phone or in the office, appointment delays, nor perceived brevity of office visits affected follow-up. Follow-up was associated with female gender (47% among females vs 19% among males, $p = 0.01$), having seen the PCP in the past year ($p = 0.04$), number of ED visits or hospitalizations in the past year ($p = 0.05$ and 0.007, respectively), and symptoms of dyspnea during the 2 weeks before the ED visit ($p = 0.01$). CONCLUSIONS: Perceived access to primary care does not affect whether a patient will follow-up with a PCP two weeks after an ED visit for acute asthma. Asthma severity, both chronic and acute, and female gender increase the likelihood of PCP follow-up among patients with acute asthma.</p> <p>Primary Citation Brenner BE, Balasubramanya S, Kamarthi GS, Mendes ML, Camargo CA Jr. Does Perceived Access to Primary Care Affect ED Follow-up Rates? [abstract] <i>Acad Emerg Med</i> 2001; 8: 532.</p>		
ObjA 1-6	ObjB 1-10	Project Title The Emergency Department Access Study: Insurance Status as a Barrier to Acute Outpatient Follow-up Care	
		Name Brent Asplin, MD, MPH Other Key Personnel Karin V. Rhodes, MD, MS	Start Date 2001 Stop Date 2004
		Hospital/Institution (City, State) Regions Hospital (St. Paul, MN)	Funding Source Kaiser Family Foundation
		Project Type Research	For More Info brent.asplin@healthpartners.com
		<p>Short Description We conducted a prospective national telephone survey of ambulatory clinics in 9 US cities to determine the availability and timing of outpatient appointments for medical and surgical conditions requiring urgent ED follow-up care using a deceptive 'pseudo-patients' design, varying insurance type (Medicaid, private insurance, uninsured). The goal of the study is to inform the clinical practice of emergency medicine and assess capacity of the ambulatory care system to provide follow-up care.</p> <p>Primary Citation Asplin BR, Rhodes KV, Crain L, Kellermann AL, Lurie N. Insurance Without Care: Unreliable Access to ED Follow up Care [abstract]. <i>Acad Emerg Med</i> 2003; 10: 546.</p>	

ObjA 1-9	ObjB 1-10	Project Title Regional Variation in ED Use	
		Name Robert A. Lowe, MD, MPH Other Key Personnel John McConnell, PhD; Rochelle Fu, PhD; Annette Adams, MPH	Start Date 2003 Stop Date Ongoing
		Hospital/Institution (City, State) Center for Policy and Research in Emergency Medicine, Oregon Health & Science University (Portland, OR)	Funding Source Collins Medical Trust
		Project Type Research	For More Info N/A
		Short Description We are studying regional variation in case-mix adjusted ED use by enrollees in the Oregon Health Plan. Primary Citation Lowe RA, Regional Variation in Emergency Department Utilization by Oregon Health Plan Enrollees [abstract]. <i>Acad Emerg Med</i> 2005; in press.	
ObjA 1-9	ObjB 1-10	Project Title Impacts of Oregon Health Plan Cutbacks on ED Use	
		Name Robert A. Lowe, MD, MPH Other Key Personnel John McConnell, PhD; Rochelle Fu, PhD; Annette Adams, MPH	Start Date 2004 Stop Date Ongoing
		Hospital/Institution (City, State) Center for Policy and Research in Emergency Medicine, Oregon Health & Science University (Portland, OR)	Funding Source Robert Wood Johnson Foundation
		Project Type Research	For More Info N/A
		Short Description This line of research represents several projects using data from a consortium of Oregon EDs and using data from the state Office of Medical Assistance Programs to look at changes in ED use after the March 2003 cutbacks in the Oregon Health Plan (Oregon's expanded Medicaid program). Primary Citation None	
ObjA 1-10	ObjB	Project Title Emergency Department Crowding: Definitions, Causes, and Consequences	
		Name Brent Asplin, MD, MPH Other Key Personnel Karin V. Rhodes, MD, MS	Start Date 2001 Stop Date 2003
		Hospital/Institution (City, State) Regions Hospital (St. Paul, MN)	Funding Source Kaiser Family Foundation
		Project Type Research	For More Info brent.asplin@healthpartners.com

		<p>Short Description This is a prospective multi-center observational study with derivation and validation phases. The research goal is to assess the effects of crowding on ED access and quality of care. We hypothesized that patients with increased resources would more likely leave without being seen (LWBS) because these patients have greater access to other sources of care. In addition, we are testing whether ED provider ratings of crowding are associated with rates of patients who LWBS.</p> <p>Primary Citation Asplin BR, Magid DJ, Rhodes KV, Solberg, LI, Lurie N, Camargo CA. Conceptual model of emergency department crowding. <i>Ann Emerg Med</i> 2003; 42:173-180.</p>										
ObjA 1-10	ObjB	Project Title Studies of Emergency Department Crowding										
		<table border="1"> <tr> <td>Name Kenneth J. McConnell, PhD Other Key Personnel</td> <td>Start Date 2003 Stop Date 2005</td> </tr> <tr> <td>Hospital/Institution (City, State) Oregon Health & Science University (Portland, OR)</td> <td>Funding Source EMF</td> </tr> <tr> <td>Project Type Research</td> <td>For More Info mcconnjo@ohsu.edu</td> </tr> <tr> <td colspan="2">Short Description This project assess the effect of hospital capacity on emergency department crowding and ambulance diversion as well as the economic impacts of reductions in ambulance diversion.</td> </tr> <tr> <td colspan="2">Primary Citation None</td> </tr> </table>	Name Kenneth J. McConnell, PhD Other Key Personnel	Start Date 2003 Stop Date 2005	Hospital/Institution (City, State) Oregon Health & Science University (Portland, OR)	Funding Source EMF	Project Type Research	For More Info mcconnjo@ohsu.edu	Short Description This project assess the effect of hospital capacity on emergency department crowding and ambulance diversion as well as the economic impacts of reductions in ambulance diversion.		Primary Citation None	
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Hospital/Institution (City, State) Oregon Health & Science University (Portland, OR)	Funding Source EMF											
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Short Description This project assess the effect of hospital capacity on emergency department crowding and ambulance diversion as well as the economic impacts of reductions in ambulance diversion.												
Primary Citation None												
ObjA 1-10	ObjB 1-11	Project Title Determinants of Physician Reluctance to Perform Mouth-to-Mouth Resuscitation										
		<table border="1"> <tr> <td>Name Barry A. Brenner, MD Other Key Personnel Carlos A. Camargo, MD, DrPH</td> <td>Start Date 1999 Stop Date 2000</td> </tr> <tr> <td>Hospital/Institution (City, State) University of Arkansas for Medical Sciences (Little Rock, AR)</td> <td>Funding Source None</td> </tr> <tr> <td>Project Type Research</td> <td>For More Info BrennerBarry@uams.edu</td> </tr> </table>	Name Barry A. Brenner, MD Other Key Personnel Carlos A. Camargo, MD, DrPH	Start Date 1999 Stop Date 2000	Hospital/Institution (City, State) University of Arkansas for Medical Sciences (Little Rock, AR)	Funding Source None	Project Type Research	For More Info BrennerBarry@uams.edu				
Name Barry A. Brenner, MD Other Key Personnel Carlos A. Camargo, MD, DrPH	Start Date 1999 Stop Date 2000											
Hospital/Institution (City, State) University of Arkansas for Medical Sciences (Little Rock, AR)	Funding Source None											
Project Type Research	For More Info BrennerBarry@uams.edu											

		<p>Short Description OBJECTIVES: Mouth-to-mouth resuscitation (MMR) is widely taught and promoted. The purpose of this study was to better characterize the observation that health professionals are reluctant to perform MMR and to identify determinants of this reluctance. METHODS: 324 residents and faculty at a New York City teaching hospital were anonymously surveyed regarding their reluctance to perform MMR. One year later, medical staff were resurveyed. RESULTS: Reluctance varied across scenarios: 70–80% of physicians were willing to perform MMR on a newborn or child, 40–50% for an unknown man, and 20–30% for a trauma victim or potentially gay man. Physicians reported very similar percentages for each scenario in the two surveys. Factors associated with MMR reluctance were female gender (OR = 2), resident physician (OR = 2), and higher perceived risk of contracting HIV from MMR (OR = 1.4 per unit on 5-point scale). In the year before the survey, 30% of all respondents witnessed an apneic patient who required MMR for whom ventilation was not provided for at least 2 minutes. CONCLUSIONS: Many physicians are reluctant to perform MMR. Marked delays in ventilation of apneic patients are occurring.</p> <p>Primary Citation Brenner BE, Van DC, Lazar EJ, Camargo CA Jr. Determinants of physician reluctance to perform mouth-to-mouth resuscitation. <i>J Clin Epidemiol</i> 2000; 53: 1054-1061.</p>	
ObjA 1-13	ObjB 15-15	Project Title Injury Research Center at the Medical College of Wisconsin	
		<p>Name Stephen W. Hargarten, MD, MPH Other Key Personnel</p>	<p>Start Date 2002 Stop Date Ongoing</p>
		<p>Hospital/Institution (City, State) Medical College of Wisconsin (Milwaukee, WI)</p>	<p>Funding Source CDC</p>
		<p>Project Type Research</p>	<p>For More Info hargart@mcw.edu</p>
		<p>Short Description We are one of 12 federally funded (CDC) injury research centers that is dedicated to reducing the burden of injuries. We address all phases of injury control and prevention. We seek to reduce the burden of injury through primary, secondary and tertiary prevention. We seek to inform injury control through our acute care leadership. We have multiple research and educational efforts that address a diversity of injury problems.</p> <p>Primary Citation None</p>	
ObjA 1-10	ObjB	Project Title Changing Epidemiology of Elderly ED Visits	
		<p>Name Mary Pat McKay, MD, MPH Other Key Personnel</p>	<p>Start Date 2005 Stop Date Ongoing</p>
		<p>Hospital/Institution (City, State) The George Washington University (Washington, DC)</p>	<p>Funding Source None</p>
		<p>Project Type Research</p>	<p>For More Info mmckay@mfa.gwu.edu</p>

		<p>Short Description Evaluate NHAMCS to better understand the epidemiology of elderly visits to US EDs over the years from 1993-2003 when the visit rate for individuals over age 65 increased by 26%.</p> <p>Primary Citation None</p>	
ObjA 1-10	ObjB	<p>Project Title National Study of ED Patients who “Left Before Being Seen” (LBBS) by a Physician</p>	
		<p>Name Benjamin C. Sun, MD Other Key Personnel Elizabeth E. Spilseth, MD; Carlos A. Camargo, MD, DrPH</p>	<p>Start Date 2003 Stop Date 2005</p>
		<p>Hospital/Institution (City, State) UCLA Medical Center (Los Angeles, CA)</p>	<p>Funding Source None</p>
		<p>Project Type Research</p>	<p>For More Info bsun@mednet.ucla.edu</p>
<p>Short Description OBJECTIVE: To describe nationally representative characteristics and temporal trends in “left before being seen”(LBBS) visits in US emergency departments (EDs). METHODS: The ED portion of the federal National Hospital Ambulatory Medical Care Survey, 1995-2002, was analyzed. RESULTS: Of the 810.6 million ED visits during the eight-year study period, an estimated 11.4 million (1.17%, 95%CI 1.08-1.26) had an LBBS disposition. The number and proportion of LBBS visits have increased over time, from 1.1 million visits in 1995 (1.15%,95%CI 0.95-1.35) to 2.1 million visits in 2002 (1.92%,95%CI 1.67-2.17). LBBS patients were more likely to be non-White, Hispanic, urban, and uninsured. CONCLUSIONS. The number and proportion of LBBS visits have increased over time. LBBS visits disproportionately affect vulnerable populations. These findings suggest that recent strains on the US ED system are adversely affecting healthcare quality and access.</p> <p>Primary Citation Spilseth EE, Wang N, Camargo CA Jr. National study of ED patients who “left before being seen” by a physician, 1992-2000 [abstract]. <i>Acad Emerg Med</i> 2003; 10: 575.</p>			

Focus Area 8: Environmental Health												
ObjA 8-1	ObjB 1	Project Title Evaluation of a Lead Hazard Abatement Program										
		<table border="1"> <tr> <td>Name Lowell W. Gerson, PhD Other Key Personnel</td> <td>Start Date 2002 Stop Date 2005</td> </tr> <tr> <td>Hospital/Institution (City, State) Northeastern Ohio Universities College of Medicine (Rootstown, OH)</td> <td>Funding Source US Department of Housing and Urban Development (HUD)</td> </tr> <tr> <td>Project Type Research, Service</td> <td>For More Info lgerson@neoucom.edu</td> </tr> <tr> <td colspan="2">Short Description This project evaluates a community effort to reduce children's exposure to lead hazards through testing and home lead abatement.</td> </tr> <tr> <td colspan="2">Primary Citation None</td> </tr> </table>	Name Lowell W. Gerson, PhD Other Key Personnel	Start Date 2002 Stop Date 2005	Hospital/Institution (City, State) Northeastern Ohio Universities College of Medicine (Rootstown, OH)	Funding Source US Department of Housing and Urban Development (HUD)	Project Type Research, Service	For More Info lgerson@neoucom.edu	Short Description This project evaluates a community effort to reduce children's exposure to lead hazards through testing and home lead abatement.		Primary Citation None	
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Project Type Research, Service	For More Info lgerson@neoucom.edu											
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Primary Citation None												

Focus Area 10: Food Safety								
ObjA 10-2	ObjB	Project Title Diarrhea in Baltimore: Surveillance & Pathogen Detection						
		<table border="1"> <tr> <td>Name Jon Mark Hirshon, MD, MPH Other Key Personnel</td> <td>Start Date 2004 Stop Date Ongoing</td> </tr> <tr> <td>Hospital/Institution (City, State) University of Maryland (Baltimore, MD)</td> <td>Funding Source NIH CI000296</td> </tr> <tr> <td>Project Type Research</td> <td>For More Info jhirs001@umaryland.edu</td> </tr> </table>	Name Jon Mark Hirshon, MD, MPH Other Key Personnel	Start Date 2004 Stop Date Ongoing	Hospital/Institution (City, State) University of Maryland (Baltimore, MD)	Funding Source NIH CI000296	Project Type Research	For More Info jhirs001@umaryland.edu
Name Jon Mark Hirshon, MD, MPH Other Key Personnel	Start Date 2004 Stop Date Ongoing							
Hospital/Institution (City, State) University of Maryland (Baltimore, MD)	Funding Source NIH CI000296							
Project Type Research	For More Info jhirs001@umaryland.edu							
		<p>Short Description There are an estimated 76 million illnesses, 325,000 hospitalizations, and 5,000 deaths per year due to food-related pathogens in the United States. Of these food related illnesses, approximately 62 million are due to undetermined pathogens. Considering this burden of disease, there is a critical need to improve our understanding of the causes of foodborne illnesses. Thus, this proposal is in response to a request for proposals from the National Center for Infectious Diseases. As a continuation of our previous work in exploring the causes of unexplained diarrhea through prior grants and through the Emerging Infections Program Sentinel Site Grant (aka: FoodNet), our goals for this work fall into three areas. First, we will continue to use the most sophisticated, currently available methodologies to define the causes of infectious diarrhea in patients seeking medical attention; second, we will determine the prevalence of antibiotic resistant enteric bacteria in the community; and third we will employ advanced molecular techniques to screen for novel pathogens. This research will allow us to increase our understanding of the causes of foodborne illnesses. Additionally, it has the potential for translation into public health practice in order to decrease the significant morbidity and mortality caused by these diseases. Considering the depth of expertise available at the University of Maryland, especially as it relates to enteric pathogens, we have an ideal environment to conduct these studies. Our three specific aims are: 1) Identify causes of diarrhea from known enteric pathogens in pediatric and adult populations presenting to the EDs and clinics within the University of Maryland Medical System, 2) Undertake antibiotic susceptibility determinations on selected enteric isolates from individuals with and without complaints of diarrhea, 3) Identify new pathogens by utilizing novel molecular methods (specifically denaturing gradient gel electrophoresis (DGGE), fluorescent in situ hybridization (FISH), and microarrays). The combination of sophisticated microbiologic techniques, antibiotic resistance determinations, and molecular methods provides an innovative approach to discovering the causes of gastroenteritis. Through this work, we expect to not only better define the causes of diarrheal illnesses in the Baltimore Metropolitan area, but to identify other pathogens that contribute to foodborne illnesses.</p> <p>Primary Citation None</p>						
ObjA 10-4	ObjB	Project Title Food Allergy Management (MARC-8)						
		<table border="1"> <tr> <td>Name Sunday Clark, MPH Other Key Personnel Carlos A. Camargo, MD, DrPH</td> <td>Start Date 2000 Stop Date 2001</td> </tr> </table>	Name Sunday Clark, MPH Other Key Personnel Carlos A. Camargo, MD, DrPH	Start Date 2000 Stop Date 2001				
Name Sunday Clark, MPH Other Key Personnel Carlos A. Camargo, MD, DrPH	Start Date 2000 Stop Date 2001							

	Hospital/Institution (City, State) Massachusetts General Hospital (Boston, MA)	Funding Source Food Allergy and Anaphylaxis Network (FAAN), Industry
	Project Type Research	For More Info emnet@partners.org
<p>Short Description The main objective of the study is to describe management of food allergy in participating EDs. The main outcomes of interest are: (1) the prevalence of food allergy in the ED, (2) the percentage of patients receiving epinephrine in the prehospital setting and in the ED, (3) the percentage of patients with shortness of breath or treated with inhaled bronchodilators in the ED, and (4) the percentage of patients discharged to home with a prescription for epinephrine.</p> <p>Primary Citation Clark S, Bock SA, Gaeta TJ, Brenner BE, Cydulka RK, Camargo CA Jr. Multicenter study of emergency department visits for food allergies. <i>J Allergy Clin Immunol</i> 2004; 113: 347-352.</p>		

Focus Area 11: Health Communication								
ObjA 11-3	ObjB 11-2	Project Title Health Education in the Emergency Department						
		<table border="1"> <tr> <td>Name Carlos A. Camargo, MD, DrPH Other Key Personnel</td> <td>Start Date 2003 Stop Date 2003</td> </tr> <tr> <td>Hospital/Institution (City, State) Massachusetts General Hospital (Boston, MA)</td> <td>Funding Source None</td> </tr> <tr> <td>Project Type Research</td> <td>For More Info emnet@partners.org</td> </tr> </table>	Name Carlos A. Camargo, MD, DrPH Other Key Personnel	Start Date 2003 Stop Date 2003	Hospital/Institution (City, State) Massachusetts General Hospital (Boston, MA)	Funding Source None	Project Type Research	For More Info emnet@partners.org
Name Carlos A. Camargo, MD, DrPH Other Key Personnel	Start Date 2003 Stop Date 2003							
Hospital/Institution (City, State) Massachusetts General Hospital (Boston, MA)	Funding Source None							
Project Type Research	For More Info emnet@partners.org							
		<p>Short Description Visitors to the emergency department (ED) often spend several hours waiting in the ED. Our goal was to assess visitors' interests in learning about public health topics in the ED setting. Anonymous, self-administered surveys were distributed to all eligible subjects at 4 Boston-area hospitals during the summer of 2003. Enrollment was conducted over two 24-hour periods (one weekday and one weekend day) at each hospital, for a total of eight days of 24-hour enrollment. Eligible patients were enrolled consecutively, while samples of waiting room populations were surveyed every three hours. Inclusion criteria were: 18 or older, able to read/write or answer questions verbally, English or Spanish speaking. Exclusion criteria were: under 18 years of age, acute illness or distress, contact precautions, potential victims of sexual assault, emotionally disturbed persons, or previously completed the survey. Surveys presented subjects with a list of health conditions and general public health topics, and assessed subjects' interest in learning more about these topics. Subjects were then asked to choose the one topic they found most interesting and to specify their preferred mode of learning about this topic (e.g., reading materials, TV program, speaking with an expert). Socio-demographic data were also collected, as well as data on smoking habits and cessation attitudes among current smokers. The overarching goal of this study is to use these data to create appropriate educational materials and resources so that patients and their visitors may learn about health issues that interest them while waiting in the ED. In this manner, time spent waiting in the ED can be utilized to educate especially vulnerable populations on important public health topics and focus on prevention.</p> <p>Primary Citation Bos KJ, Hunter GC, Camargo CA Jr. Multicenter study of health education in the emergency department [abstract]. <i>Ann Emerg Med</i> 2004; 44: S25-S26.</p>						

Focus Area 12: Heart Disease and Stroke										
ObjA 12	ObjB	Project Title Electrocardiogram Testing for Syncope in United States Emergency Departments								
		<table border="1"> <tr> <td>Name Benjamin C. Sun, MD, MPP Other Key Personnel Carlos A. Camargo, MD, DrPH</td> <td>Start Date 2003 Stop Date 2003</td> </tr> <tr> <td>Hospital/Institution (City, State) Massachusetts General Hospital, Boston MA</td> <td>Funding Source Richard C. Wuerz Scholarship, EMF</td> </tr> <tr> <td>Project Type Research</td> <td>For More Info bsun1@partners.org</td> </tr> <tr> <td colspan="2"> <p>Short Description The electrocardiogram has diagnostic and prognostic value in the evaluation of syncope, and consensus guidelines suggest routine electrocardiographic testing. An analysis of a nationally representative survey suggests that electrocardiographic testing is performed inconsistently in patients presenting with syncope to United States EDs, even in high-risk patients, such as the elderly and hospitalized. Variation in electrocardiographic testing represents an opportunity to improve the care of patients presenting with syncope to EDs.</p> <p>Primary Citations</p> <ul style="list-style-type: none"> • Sun BC, Emond JA, Camargo CA Jr. Inconsistent electrocardiogram testing for syncope in United States emergency departments. <i>Am J Cardiol</i> 2004; 93: 1306-1308. • Sun BC, Emond JA, Camargo CA Jr. Characteristics and admission patterns of patients presenting with syncope to US emergency departments, 1992-2000. <i>Acad Emerg Med</i> 2004; 11: 1029-1034 • Sun BC, Emond JA, Camargo CA Jr. Costs and characteristics of US hospitalizations for syncope. <i>Am J Cardiol.</i> 2005; 95:668-71. </td> </tr> </table>	Name Benjamin C. Sun, MD, MPP Other Key Personnel Carlos A. Camargo, MD, DrPH	Start Date 2003 Stop Date 2003	Hospital/Institution (City, State) Massachusetts General Hospital, Boston MA	Funding Source Richard C. Wuerz Scholarship, EMF	Project Type Research	For More Info bsun1@partners.org	<p>Short Description The electrocardiogram has diagnostic and prognostic value in the evaluation of syncope, and consensus guidelines suggest routine electrocardiographic testing. An analysis of a nationally representative survey suggests that electrocardiographic testing is performed inconsistently in patients presenting with syncope to United States EDs, even in high-risk patients, such as the elderly and hospitalized. Variation in electrocardiographic testing represents an opportunity to improve the care of patients presenting with syncope to EDs.</p> <p>Primary Citations</p> <ul style="list-style-type: none"> • Sun BC, Emond JA, Camargo CA Jr. Inconsistent electrocardiogram testing for syncope in United States emergency departments. <i>Am J Cardiol</i> 2004; 93: 1306-1308. • Sun BC, Emond JA, Camargo CA Jr. Characteristics and admission patterns of patients presenting with syncope to US emergency departments, 1992-2000. <i>Acad Emerg Med</i> 2004; 11: 1029-1034 • Sun BC, Emond JA, Camargo CA Jr. Costs and characteristics of US hospitalizations for syncope. <i>Am J Cardiol.</i> 2005; 95:668-71. 	
Name Benjamin C. Sun, MD, MPP Other Key Personnel Carlos A. Camargo, MD, DrPH	Start Date 2003 Stop Date 2003									
Hospital/Institution (City, State) Massachusetts General Hospital, Boston MA	Funding Source Richard C. Wuerz Scholarship, EMF									
Project Type Research	For More Info bsun1@partners.org									
<p>Short Description The electrocardiogram has diagnostic and prognostic value in the evaluation of syncope, and consensus guidelines suggest routine electrocardiographic testing. An analysis of a nationally representative survey suggests that electrocardiographic testing is performed inconsistently in patients presenting with syncope to United States EDs, even in high-risk patients, such as the elderly and hospitalized. Variation in electrocardiographic testing represents an opportunity to improve the care of patients presenting with syncope to EDs.</p> <p>Primary Citations</p> <ul style="list-style-type: none"> • Sun BC, Emond JA, Camargo CA Jr. Inconsistent electrocardiogram testing for syncope in United States emergency departments. <i>Am J Cardiol</i> 2004; 93: 1306-1308. • Sun BC, Emond JA, Camargo CA Jr. Characteristics and admission patterns of patients presenting with syncope to US emergency departments, 1992-2000. <i>Acad Emerg Med</i> 2004; 11: 1029-1034 • Sun BC, Emond JA, Camargo CA Jr. Costs and characteristics of US hospitalizations for syncope. <i>Am J Cardiol.</i> 2005; 95:668-71. 										
ObjA 12-10	ObjB 12-11	Project Title THyperNet: Multicenter Study of Elevated Blood Pressure in ED Patients								
		<table border="1"> <tr> <td>Name David J. Karras, MD Other Key Personnel</td> <td>Start Date 2001 Stop Date 2005</td> </tr> <tr> <td>Hospital/Institution (City, State) Temple University School of Medicine (Philadelphia, PA)</td> <td>Funding Source Industry</td> </tr> <tr> <td>Project Type Research</td> <td>For More Info dkarras@temple.edu</td> </tr> </table>	Name David J. Karras, MD Other Key Personnel	Start Date 2001 Stop Date 2005	Hospital/Institution (City, State) Temple University School of Medicine (Philadelphia, PA)	Funding Source Industry	Project Type Research	For More Info dkarras@temple.edu		
Name David J. Karras, MD Other Key Personnel	Start Date 2001 Stop Date 2005									
Hospital/Institution (City, State) Temple University School of Medicine (Philadelphia, PA)	Funding Source Industry									
Project Type Research	For More Info dkarras@temple.edu									

		<p>Short Description There has been little systematic study of emergency department (ED) patients with elevated blood pressure (BP) values. The authors sought to characterize ED patients with elevated BP values, assess presenting symptoms, and determine the prevalence of elevated BP after discharge. METHODS: This was a cross-sectional study performed in four academic EDs. Adults presenting with systolic BP \geq140 mm Hg or diastolic BP \geq90 mm Hg were enrolled over a one-week equivalent period. Demographics, medical history, and symptoms were obtained by chart abstraction and structured interview. A random patient subset underwent a three-week follow-up interview. BP measurements were staged, using Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC-VI) criteria, according to the greatest value noted in the ED. RESULTS: A total of 1,396 patients were enrolled. Stage 1 BP values were noted in 44.3%, stage 2 in 25.3%, and stage 3 in 30.3%. African American patients more frequently had stage 2 and 3 BP values than other ethnic groups. BP measurements were repeated in 61.1% of patients and were the same or greater in 51.3% of patients. Dyspnea was associated with greater BP values. Among the 63.9% of patients who were interviewed, 52.7% were not being treated for hypertension, and 42.1% of those with hypertension had recently missed a medication dose. Follow-up was obtained in 74.7% of those targeted. A visit to a medical practitioner since discharge was reported by 63.2%; of these, 26.1% reported that their BP remained elevated. CONCLUSIONS: Elevated BP is common among ED patients. African American patients are more likely than those of other ethnic groups to have greater BP values. The ED visit may be a good opportunity to identify patients with unrecognized or poorly controlled hypertension.</p> <p>Primary Citation Karras DJ, Ufberg JW, Heilpern KL, Cienki JJ, Chiang WK, Wald MM, Harrigan RA, Wald DA, Shayne P, Gaughan J, Kruus LK. Elevated blood pressure in urban emergency department patients. <i>Acad Emerg Med.</i> 2005;12: 835-43.</p>	
ObjA 12-9	ObjB 12-10	Project Title TS-0769 Cardiovascular Surveillance Via a Hypertension Registry	
		<p>Name David M. Kline, MD Other Key Personnel Carlos Ferrario</p>	<p>Start Date 2002 Stop Date Ongoing</p>
		<p>Hospital/Institution (City, State) Wake Forest University Health Sciences (Winston-Salem, NC)</p>	<p>Funding Source Centers of Disease Control and Prevention/Association for Preventive Medicine Collaborative Agreement</p>
		<p>Project Type Research</p>	<p>For More Info dcline@wfubmc.edu</p>
		<p>Short Description The specific aims are to: 1) To establish a reliable, fully functional database for the initiation of a hypertension registry that could serve as a prototype for other hypertension registries; 2) To initiate the database for the hypertension registry and test its function with real data; 3) To characterize the current status of diagnosis and treatment of hypertension in the Emergency Department; 4) To demonstrate that hypertensive patients identified in the emergency department can be successfully treated, referred with a measurable improvement in blood pressure control; 5) To improve the care of hypertensive patients identified in the Emergency Department.</p> <p>Primary Citation None</p>	

ObjA 12-6	ObjB	Project Title Heart Failure in US Emergency Departments	
		Name Olivier W. Hugli, MD Other Key Personnel Carlos A. Camargo, MD, DrPH	Start Date 2004 Stop Date 2005
		Hospital/Institution (City, State) Massachusetts General Hospital (Boston, MA) and University of Lausanne (Switzerland)	Funding Source None
		Project Type Research	For More Info ohugli@partners.org
		<p>Short Description Heart failure is a significant public health problem. The epidemiology and practice pattern of emergency department (ED) visits for acute decompensated heart failure (ADHF) have not been well characterized. A better description is essential to highlight areas where improvements or additional research are needed. We analyzed all visits for ADHF of patients 40 years and older using the data of the National Hospital Ambulatory Medical Care Survey (NHAMCS) from the years 1992 to 2001. Over this 10-year period, there were an estimated 10.5 million ED visits for ADHF, representing 2.9 % of all ED visits. Number of ADHF visits increased in average by 18,500 per year, or a 19.4% absolute increase. Rate per 1000 US population was unchanged. The average patient was 74 years old, and patients 65 years and older accounted for 79 % of visits. Loop diuretics were administered in 63%, and vasodilators in 29% of visits. ED visit rate per 1000 US population was 53% higher in blacks than whites (14.2 vs.9.3). In a multivariate model, white race was a significant predictor of hospitalization. We conclude that over the last decade, the absolute number of ED visits for ADHF increased due the aging population. Diuretics remain the most common treatment. Race-related differences in hospitalization merit further study.</p> <p>Primary Citation Hugli O, Braun JE, Kim S, Pelletier AJ, Camargo CA Jr. U.S. emergency department visits for congestive heart failure, 1992-2001. <i>Am J Cardiol</i> 2005; in press.</p>	
ObjA 12-8	ObjB	Project Title Neurologic Emergencies in US Emergency Departments	
		Name Jonathan A. Edlow, MD Other Key Personnel Joshua N. Goldstein, MD; Carlos A. Camargo, MD, DrPH	Start Date 2003 Stop Date Ongoing
		Hospital/Institution (City, State) Beth Israel Deaconess Medical Center (Boston, MA)	Funding Source None
		Project Type Research	For More Info jedlow@bidmc.harvard.edu

Short Description Headache is a relatively common complaint in the emergency department (ED). In order to evaluate the range of workups performed and diagnoses made across the United States, in rural as well as academic centers, we queried a large representative sample of all adult ED visits in the United States (the National Hospital Ambulatory Medical Care Survey) for the years 1992-2001. We found that headache accounted for 2.1 million ED visits per year, or 2.2% of total visits. Of the 14% of patients who underwent neuroimaging, 5.5% received a pathologic diagnosis. Of the 2% of patients who underwent a lumbar puncture (LP), 11% received a pathologic diagnosis. On multivariable analysis, a decreased rate of imaging was noted for patients without private insurance (OR 0.61, CI 0.44-0.86) and for those presenting off-hours (OR 0.55, CI 0.39-0.77). The odds ratio of a patient over 50 receiving a pathologic diagnosis was 3.3 (95% CI, 1.2-9.3). In conclusion, clinicians should be particularly vigilant in the evaluation of older patients, and ensure that appropriate workups are performed regardless of time of day or insurance status.

Primary Citation

- Edlow JA, Kim S, Emond JA, Camargo CA Jr. US emergency department visits for transient ischemic attack, 1992-2000 [abstract]. *Acad Emerg Med* 2003; 10: 432.
- Goldstein JN, Camargo CA Jr, Pelletier AJ, Edlow JA. Headache evaluation in United States emergency departments: Demographics, workup, and frequency of pathologic diagnoses. *Cephalalgia* 2005; in press.

Focus Area 13: HIV		
ObjA 13-6	ObjB	Project Title Project SAFE: Reducing STDs among Cocaine and Heroin Users
	Name Edward A. Bernstein, MD Other Key Personnel Judith A. Bernstein RNC, PhD; Supriya Mehta, PhD	Start Date 2004 Stop Date Ongoing
	Hospital/Institution (City, State) Boston Medical Center (Boston, MA)	Funding Source NIH DA-010792
	Project Type Research	For More Info ebernste@bu.edu
	<p>Short Description: Barriers to health care utilization limit drug users' interaction with the primary health care system, resulting in episodic health care received through Emergency Departments (ED) and Urgent Care Centers (UCC). Since 1994, the BMC ED and UCC have provided substance abuse screening as standard of care. This program employs the Brief Negotiated Interview (BNI) to assess readiness to change and offer intervention alternatives and referrals to substance abusing patients. Drug users' high rates of STDs, HIV, and Hepatitis C (HCV) and utilization of EDs and UCCs as usual sources of health care support the introduction of sexual behavior intervention in the ED and UCC setting. The proposed study will apply existing BNI theory and research to a new behavioral context. The proposed project is a collaborative effort to adapt the BNI to encourage safe sex behaviors to prevent gonorrhea, chlamydia, and HIV among male and female ED and UCC patients age 18-44 years who use heroin and/or crack/cocaine and are not in treatment. We will enroll and 1:1 randomize 3,340 patients to intervention (safe sex BNI) or control (standard counseling) over a 4-year period, with 6-month and 12-month follow-up. The goal of the proposed project is to determine the effectiveness of safe sex BNI counseling to prevent STDs and HIV by comparing cumulative STD incidence and frequency of safe sex behavior between intervention and standard counseling (control) groups over a one year follow-up period. STD and HIV will be diagnosed by specific laboratory assay at baseline, 6-month, and 12-month follow-up. Sexual and drug using behavior will be by participant self-report at baseline, 6-month, and 12-month follow-up, with biochemical testing of hair samples for opiates and cocaine at enrollment and 12-month follow-up. Sexual behavior risk will be measured in terms of proportion of vaginal and anal sex acts protected by condom use and condom use at last sexual act, by sexual partner type. Stage of change will be assessed by the Readiness Ruler. Differences in cumulative incidence between intervention and control groups will be evaluated using Poisson regression with random effects modeling if needed. Differences in safe sex behavior between intervention and control groups will be evaluated using logistic regression. An effective, brief intervention for safe sex behaviors to reduce STDs and HIV among drug users in ED and UCC settings may provide a sustainable intervention opportunity for drug users who are otherwise difficult to access.</p> <p>Primary Citation None</p>	

Focus Area 14: Immunization and Infectious Disease								
ObjA 14	ObjB	Project Title Antibiotic Use in Acute Care Settings (MARC-17)						
		<table border="1"> <tr> <td>Name Ralph Gonzales, MD, MSPH Other Key Personnel Joshua P. Metlay, MD, PhD; Carlos A. Camargo, MD, DrPH</td> <td>Start Date 2003 Stop Date 2007</td> </tr> <tr> <td>Hospital/Institution (City, State) UCSF Medical Center (San Francisco, CA)</td> <td>Funding Source AHRQ HS013915</td> </tr> <tr> <td>Project Type Research</td> <td>For More Info emnet@partners.org</td> </tr> </table>	Name Ralph Gonzales, MD, MSPH Other Key Personnel Joshua P. Metlay, MD, PhD; Carlos A. Camargo, MD, DrPH	Start Date 2003 Stop Date 2007	Hospital/Institution (City, State) UCSF Medical Center (San Francisco, CA)	Funding Source AHRQ HS013915	Project Type Research	For More Info emnet@partners.org
Name Ralph Gonzales, MD, MSPH Other Key Personnel Joshua P. Metlay, MD, PhD; Carlos A. Camargo, MD, DrPH	Start Date 2003 Stop Date 2007							
Hospital/Institution (City, State) UCSF Medical Center (San Francisco, CA)	Funding Source AHRQ HS013915							
Project Type Research	For More Info emnet@partners.org							
		<p>Short Description OBJECTIVE: We examined patterns and predictors of antibiotic prescribing for acute respiratory tract infections (ARIs) in acute care settings. More specifically, we hypothesized that housestaff are less likely to prescribe antibiotics than attendings. METHODS: Based on ICD-9 billing codes, we reviewed charts of a random sample of adult ARI visits to 7 academic emergency departments (EDs) and 7 Veterans Administration (VA) urgent care centers occurring in Winter 2003/04. Visits were classified as antibiotic-responsive (pneumonia, pharyngitis, sinusitis, otitis media) and -nonresponsive (acute bronchitis, nonspecific upper respiratory tract infection [URI]). Generalized Estimating Equations were used to identify predictors of antibiotic treatment, and results expressed as adjusted odds ratios (OR) with 95% confidence intervals. RESULTS: Of 1987 ARI visits, 65% were for antibiotic-nonresponsive diagnoses. 75% of acute bronchitis visits and 39% of URI visits were treated with antibiotics; compared with 83% of remaining ARIs (p<0.001 for both comparisons). Besides diagnosis, factors associated with antibiotic treatment included provider type (OR=0.49 [0.37-0.65] for housestaff vs. attendings) and history of asthma (OR=1.72 [1.27-2.34]). Patient age, smoking status, other comorbidities, visit duration and setting (ED vs. VA) were not associated with antibiotic treatment. Housestaff and attendings had similar prescription rates for antibiotic-responsive diagnoses, but housestaff prescribed fewer antibiotics for acute bronchitis (60% vs 73%) and URIs (14% vs. 47%) (p=0.05 for interaction). Adjusted antibiotic prescription rates for ARIs varied between sites, ranging from 49% to 92%. CONCLUSIONS: Acute care settings are important targets for reducing inappropriate antibiotic prescribing for adults with ARIs. Whether housestaff will become less judicious prescribers of antibiotics over time, or instead retain these judicious prescribing patterns (as a generational effect) merits further study.</p> <p>Primary Citations</p> <ul style="list-style-type: none"> Gonzales R, Camargo CA Jr, Mackenzie T, Kersey AS, Maselli J, Levin SK, McCulloch C, Metlay JP. Antibiotic prescribing patterns for acute respiratory tract infections in acute care settings [abstract]. <i>Acad Emerg Med</i> 2005; 12 (5 suppl): 39. (also in <i>J Gen Intern Med</i> 2005; in press). Metlay JP, Camargo CA Jr, Bos K, Gonzales R. Assessing the suitability of intervention sites for quality improvement studies in emergency departments. <i>Acad Emerg Med</i> 2005; 12: 667-670. 						
ObjA 14-6	ObjB	Project Title Hepatitis A Vaccination Among High-Risk Patients in the Emergency Department						

		Name Thea James, MD Other Key Personnel Judy Linden, MD	Start Date 2004 Stop Date Ongoing
		Hospital/Institution (City, State) Boston Medical Center (Boston MA)	Funding Source Boston Public Health Commission
		Project Type Service	For More Info theaj@bu.edu
		Short Description Following recent trends, 105 new cases of hepatitis A have been reported among Massachusetts residents in the past year. The majority of patients presenting with hepatitis A are either homeless, IV drug users, or incarcerated individuals. A disproportionate number of patients at the Boston Medical Center (BMC) Emergency Department (ED) fits into one of these three high risk groups. Given this rise in hepatitis A cases and the high-risk status of BMC patients, providers at the BMC ED initiated a Hepatitis A vaccination program. At-risk patients who visit the Boston Medical Center ED can now receive the vaccine.	
		Primary Citation None	
ObjA 14-29	ObjB	Project Title Vaccination Practices in US Emergency Departments	
		Name Daniel J. Pallin, MD, MPH Other Key Personnel Carlos A. Camargo, MD, DrPH	Start Date 2004 Stop Date 2004
		Hospital/Institution (City, State) Brigham and Women's Hospital (Boston, MA)	Funding Source EMF
		Project Type Research	For More Info dpallin@partners.org
		Short Description To determine how frequently emergency department (ED) patients are vaccinated against influenza and pneumococcus, we analyzed all adult ED vaccinations in the combined databases of the annual National Hospital Ambulatory Medical Care Surveys, 1992–2000. During this period, EDs gave 27,738,000 vaccinations (95%CI: 25,878,000–29,598,000). Of these, 93% (87–100%) were against tetanus. The count of pneumococcal or influenza vaccinations was too small to permit estimation of a national total. Large-scale vaccination of ED patients appears feasible, given the tetanus experience, but ED patients are rarely vaccinated against influenza or pneumococcus. Reasons for this disconnect between burden of disease and preventive practices are discussed.	
		Primary Citation Pallin DJ, Emond JA, Muennig PA, Kim S, Camargo CA Jr. Vaccination practices in US emergency departments, 1992-2000. <i>Vaccine</i> 2005; 23: 1048-1052.	
ObjA 14	ObjB	Project Title Sepsis in US Emergency Departments	
		Name Mathew Strehlow, MD Other Key Personnel Stephen D. Emond, MD; Carlos A. Camargo, MD, DrPH	Start Date 2004 Stop Date Ongoing

	Hospital/Institution (City, State) Stanford University Medical Center (Palo Alto, CA)	Funding Source None
	Project Type Research	For More Info strehlow@stanford.edu
<p>Short Description OBJECTIVES: Epidemiologic data on emergency department (ED) patients with sepsis are sparse. Inpatient discharge records from 1979 to 2001 show that sepsis hospitalizations are rising. We examined the epidemiology of sepsis in US EDs, and the hypothesis that sepsis visits are rising. METHODS: The National Hospital Ambulatory Medical Care Survey data (1992-2001) provided nationally-representative estimates for sepsis frequency and ED disposition in adults with sepsis. Sepsis visits were identified using ICD-9-CM codes; “severe sepsis” was defined as sepsis in conjunction with organ failure. RESULTS: Of 712 million adult visits during the 10-year period, approximately 2.8 million (0.40%, 95% confidence interval [CI] 0.33-0.46%) were related to sepsis. We found no significant increase in overall ED visits for sepsis from 1992 to 2001 (p for trend = 0.10); if anything, the rate appeared to be decreasing. ED patients with sepsis were more likely to be elderly, non-Hispanic, publicly insured, and to arrive by ambulance compared to non-sepsis patients (all p<0.01). The overall admission rate was 87% (95% CI 82-92%), with only 12% (95% CI 8-16) admitted to the intensive care unit. The most frequent co-diagnoses were respiratory illnesses (21%), urinary tract infections (13%), and dehydration (11%). Severe sepsis accounted for 8% (95% CI, 5-11%) of sepsis visits, for an annual incidence of 0.01%; 98% of patients with severe sepsis were admitted. CONCLUSIONS: In contrast to hospital discharge data, ED visits showed no increase in ED visits for sepsis. Most ED visits for sepsis resulted in admission to non-critical care units.</p> <p>Primary Citation Strehlow MC, Emond SD, Pelletier AJ, Camargo CA Jr. Characteristics and admission patterns of patients presenting with sepsis to U.S. emergency departments, 1992-2001 [abstract]. <i>Ann Emerg Med</i> 2005; 46 (suppl): S48.</p>		

Focus Area 15: Injury and Violence Prevention		
ObjA 15-1	ObjB 15-10	Project Title Epidemiology of Mild Traumatic Brain Injury
		<p>Name Jeffrey J. Bazarian, MD, MPH Other Key Personnel</p> <p>Start Date 2001 Stop Date Ongoing</p>
		<p>Hospital/Institution (City, State) University of Rochester School of Medicine (Rochester, NY)</p> <p>Funding Source NIH NS041952</p>
		<p>Project Type Research</p> <p>For More Info jeff_bazarian@urmc.rochester.edu</p>
		<p>Short Description A prospective, observational cohort study of all patients presenting to the ED of the University of Rochester Medical Center meeting the definition of mild TBI was performed. Detailed demographic and epidemiologic data, including mechanism and geographic location of injury, was collected before patients exited the ED. Outcome data was collected via structured telephone interview at three months. This will permit the testing of several hypotheses related to the epidemiology and outcome from mild TBI, the determination of the most complete method of surveillance data collection in an ED setting, and the estimation of the economic impact of mild TBI on Monroe County, New York.</p> <p>Primary Citation None</p>
ObjA 15-15	ObjB	Project Title Physicians' Reporting Project: An Assessment of Physician Reporting of Medical Fitness to Drive to the State of Pennsylvania
		<p>Name Mark D. Scheatzle, MD, MPH Other Key Personnel Joyce D'Antonio, PhD</p> <p>Start Date 2005 Stop Date Ongoing</p>
		<p>Hospital/Institution (City, State) Allegheny General Hospital (Pittsburgh, PA)</p> <p>Funding Source PA Department of Transportation</p>
		<p>Project Type Research</p> <p>For More Info mscheatz@wpahs.org</p>
		<p>Short Description Medically unfit drivers are a growing public health concern. In an attempt to ensure highway safety, states have adopted various strategies to ensure medical fitness to drive. Currently, Pennsylvania law requires physicians to report to PENNDOT those individuals who may have medical conditions limiting their ability to drive safely. The purpose of this project is to evaluate physicians' attitudes concerning the current reporting system, identify ways to increase their compliance with the law, implement these findings, and assess their effectiveness.</p> <p>Primary Citation None</p>

ObjA 15-27	ObjB 15-28	Project Title Falls Prevention Study	
		Name Lowell W. Gerson, PhD Other Key Personnel Carlos A. Camargo, MD DrPH	Start Date 2003 Stop Date 2003
		Hospital/Institution (City, State) Northeastern Ohio Universities College of Medicine (Rootstown, OH)	Funding Source Home Safety Council, EMF
		Project Type Research	For More Info lgerson@neoucom.edu
		<p>Short Description The Falls Prevention Study was a multicenter "before-after" trial of a simple educational intervention among ED patients. The study aimed to determine whether a simple ED intervention: (1) improves the proportion of patients making recommended home environment safety modifications, (2) increases awareness and readiness to change by reporting that they are thinking of making a home modification, and (3) increases the proportion of patients who adopt a fall prevention strategy other than home environment modification. To provide better context, the investigators also examined the epidemiology of hip fractures among patients in the US.</p> <p>Primary Citations</p> <ul style="list-style-type: none"> • Gerson LW, Emond JA, Camargo CA Jr. US emergency department visits for hip fracture, 1992-2000. <i>Eur J Emerg Med</i> 2004; 11: 323-328. • Gerson LW, Camargo CA Jr, Wilber ST. Home modification to prevent falls by older emergency department patients. <i>Am J Emerg Med</i> 2005; 23: 295-298. 	
ObjA 15-34	ObjB	Project Title Statewide Long-Term Strategic Planning For Education of Health Care Providers in Intimate Partner Violence	
		Name Deirdre Anglin MD, MPH Other Key Personnel Connie Mitchell, MD	Start Date 2000 Stop Date Ongoing
		Hospital/Institution (City, State) LAC/USC Medical Center, (Los Angeles, CA)	Funding Source State of California
		Project Type Education	For More Info anglin@usc.edu
		<p>Short Description A small proportion of intimate partner violence (IPV) victims who present to the healthcare setting are identified by healthcare providers (HCPs). HCPs cite lack of knowledge as a barrier to identification and management of IPV patients. Many HCPs are unfamiliar with forensic needs of IPV victims, and how to perform medical evidentiary exams and interpret findings. The California Medical Training Center (CMTTC) provides training to HCPs, criminal justice professionals and social workers. All curricula are reviewed and approved by an interdisciplinary committee to insure sensitivity to victims' needs.</p> <p>Primary Citation None</p>	

ObjA 15-34	ObjB	Project Title Screening and Intervening in Intimate Partner Violence in a Pediatric Emergency Department	
		Name Denise Dowd, MD, MPH Other Key Personnel Chris Kennedy, MD; Jane Knapp, MD	Start Date 2001 Stop Date 2004
		Hospital/Institution (City, State) Children's Mercy Hospital (Kansas City, MO)	Funding Source EMS-C
		Project Type Research, Education, Service	For More Info ddowd@cmh.edu
		Short Description This project has designed, implemented and evaluated an emergency department based screening and intervention for intimate partner violence. Key elements included a pediatric specific IPV curriculum and a method of universal screening. Both curriculum and service delivery have been evaluated with very positive results. Primary Citation None	
ObjA 15-34	ObjB 1-3	Project Title Identifying and Responding to Male Partner Violence	
		Name Karin V. Rhodes, MD, MS Other Key Personnel	Start Date 2000 Stop Date 2000
		Hospital/Institution (City, State) University of Chicago (Chicago, IL)	Funding Source NIH MH064572
		Project Type Research	For More Info krhodes@medicine.bsd.uchicago.edu
		Short Description This is a mentored career development award. Mentor: Emil Cocarro, MD Dept. of Psychiatry The overall goal of this research plan is to study a methodology for effective screening and identification of male perpetrators of partner violence and to collect the data necessary to develop an effective clinical response that can be portable to other health care settings. Status: Refinement and psychometric evaluation of computer-based survey, in-depth psychiatric evaluations with men disclosing perpetration of partner violence. Primary Citation None	
ObjA 15-34	ObjB 11-6	Project Title A Randomized Controlled Trial of Computer Screening for Domestic Violence	
		Name Karin V. Rhodes, MD, MS Other Key Personnel	Start Date 2000 Stop Date 2003

		Hospital/Institution (City, State) University of Chicago, (Chicago, IL)	Funding Source AHRQ HS11096
		Project Type Research	For More Info krhodes@medicine.bsd.uchicago.edu
		Short Description The study enrolled 800 women patients who come to the EDs of two hospitals, University of Chicago (urban) and Lutheran General Hospital (suburban). The effect of the computer screening on rates of disclosure and provider-patient discussions of partner violence is being evaluated, controlling for site and patient demographics.	
		Primary Citation None	
ObjA 15-34	ObjB 18-19	Project Title Evaluating the Safety and Effectiveness of Computer Screening, Identification, and Intervention with Intimate Partner Violence in a Health Care Setting	
		Name Debra Houry, MD, MPH Other Key Personnel Karin V. Rhodes, MD, MS	Start Date 2003 Stop Date Ongoing
		Hospital/Institution (City, State) Emory University School of Medicine (Atlanta, GA)	Funding Source CDC
		Project Type Research	For More Info dhoury@emory.edu
		Short Description This is a randomized controlled trial assessing the potential benefit and harm resulting from routine computer-based screening and identification for emotional, physical, and sexual abuse, in both men and women in an acute health care setting. We will randomize to automatic social work notification and track any adverse events related to screening and 911 call for the Atlanta MSA. We hypothesize that, controlling for frequency of prior abuse and contact with 911, inquiry in a private ED setting regarding IPV will not result in violence related to ED screening as assessed by victims at follow up, incidents during the ED visit, nor an increase in the rates of future 911 calls.	
		Primary Citation None	
ObjA 15-37	ObjB 26-5	Project Title SafER Flint Teens: Tailored Teen Alcohol and Violence Prevention in the ER	
		Name Rebecca M. Cunningham, MD Other Key Personnel Maureen Walton	Start Date 2005 Stop Date Ongoing
		Hospital/Institution (City, State) University of Michigan (Ann Arbor, MI)	Funding Source NIAAA
		Project Type Research	For More Info stroh@umich.edu

		<p>Short Description The objectives of this study are to: 1) develop and refine a tailored integrated prevention approach with different delivery mechanisms (Computer or Therapist “adapted motivational interviewing / skills training” (AMI+ST) interventions), that address both alcohol misuse and violence among adolescents ages 14-18 seeking care in an urban ED; 2) conduct a randomized controlled trial comparing the effectiveness of integrated tailored alcohol and violence prevention approaches [Computer AMI+ST, Therapist AMI+ST, and an informational pamphlet control condition (IC)] for adolescents (ages 14-18) being treated in an urban ED, with 3-, 6-, and 12-month outcomes; and 3) examine the influence of key moderating variables (e.g., demographic factors and treatment process) and proximal outcome variables (e.g., self-efficacy, stage of change) on intervention effectiveness.</p> <p>Primary Citation None</p>						
ObjA 15-38	ObjB 15-39	Project Title Emergency Department Violence Intervention Project						
		<table border="1"> <tr> <td>Name Joel A. Fein, MD Other Key Personnel</td> <td>Start Date 2001 Stop Date 2003</td> </tr> <tr> <td>Hospital/Institution (City, State) Children’s Hospital of Philadelphia (Philadelphia, PA)</td> <td>Funding Source William Penn Foundation</td> </tr> <tr> <td>Project Type Research, Service</td> <td>For More Info fein@email.chop.edu</td> </tr> </table>	Name Joel A. Fein, MD Other Key Personnel	Start Date 2001 Stop Date 2003	Hospital/Institution (City, State) Children’s Hospital of Philadelphia (Philadelphia, PA)	Funding Source William Penn Foundation	Project Type Research, Service	For More Info fein@email.chop.edu
Name Joel A. Fein, MD Other Key Personnel	Start Date 2001 Stop Date 2003							
Hospital/Institution (City, State) Children’s Hospital of Philadelphia (Philadelphia, PA)	Funding Source William Penn Foundation							
Project Type Research, Service	For More Info fein@email.chop.edu							
		<p>Short Description Violently injured youth 12-24 years in two urban, academic hospital EDs were enrolled by ED clinicians or research assistants over a 19-month period beginning 9/14/01. Victims of child abuse and intimate partner abuse were excluded, as were youth living outside of the surrounding 10 zip code area. Safety and risk factor, and emotional response assessments were performed in the ED. All youth received an informational packet that outlined violence prevention resources available in the city. After the ED visit, project staff categorized the subjects as low, moderate or high risk based on an internally developed stratification tool. Moderate and high-risk youth were randomly assigned to a home-visit intervention or to a control group that did not receive the intervention. 565 of 1371 eligible youth were enrolled in the EDs over a 19-month period; 454 completed the first follow-up call of which 330 were moderate or high risk. Of these 330 youth, 263 consented to the home visit intervention and 183 were randomly assigned to receive it. After multiple attempts, only 67 of these 183 youth received at least one home visit by a project counselor.</p> <p>Primary Citation None</p>						

Focus Area 16: Maternal and Child Health										
ObjA 16	ObjB	Project Title Multicenter Study of Predictors of Severe Bronchiolitis (MARC-25)								
		<table border="1"> <tr> <td>Name Jonathan M. Mansbach, MD Other Key Personnel Carlos A. Camargo, MD, DrPH</td> <td>Start Date 2004 Stop Date 2005</td> </tr> <tr> <td>Hospital/Institution (City, State) Children's Hospital of Boston (Boston, MA)</td> <td>Funding Source Thrasher Research Foundation</td> </tr> <tr> <td>Project Type Research</td> <td>For More Info jonathan.mansbach@childrens.harvard.edu</td> </tr> <tr> <td colspan="2"> <p>Short Description The purpose of this study is to develop a tool that will help health professionals reliably predict which children <2 years with bronchiolitis (1) can be safely sent home or (2) are at high risk of having poor outcomes (i.e. prolonged length of stay in the hospital, intensive care unit admission, intubation, or death). Other secondary aims are (1) to characterize a high-risk group of children <2 years with bronchiolitis who may benefit from respiratory syncytial virus (RSV) prophylaxis, and (2) to engage emergency medicine researchers in the creation of a large, comprehensive, and generalizable database, which will be used to improve current understanding of bronchiolitis. To provide better context, the authors conducted a study of the epidemiology of bronchiolitis in the US.</p> <p>Primary Citation Mansbach JM, Emond JA, Camargo CA Jr. Bronchiolitis in US emergency departments, 1992-2000: Epidemiology and practice variation. <i>Pediatr Emerg Care</i> 2005; in press.</p> </td> </tr> </table>	Name Jonathan M. Mansbach, MD Other Key Personnel Carlos A. Camargo, MD, DrPH	Start Date 2004 Stop Date 2005	Hospital/Institution (City, State) Children's Hospital of Boston (Boston, MA)	Funding Source Thrasher Research Foundation	Project Type Research	For More Info jonathan.mansbach@childrens.harvard.edu	<p>Short Description The purpose of this study is to develop a tool that will help health professionals reliably predict which children <2 years with bronchiolitis (1) can be safely sent home or (2) are at high risk of having poor outcomes (i.e. prolonged length of stay in the hospital, intensive care unit admission, intubation, or death). Other secondary aims are (1) to characterize a high-risk group of children <2 years with bronchiolitis who may benefit from respiratory syncytial virus (RSV) prophylaxis, and (2) to engage emergency medicine researchers in the creation of a large, comprehensive, and generalizable database, which will be used to improve current understanding of bronchiolitis. To provide better context, the authors conducted a study of the epidemiology of bronchiolitis in the US.</p> <p>Primary Citation Mansbach JM, Emond JA, Camargo CA Jr. Bronchiolitis in US emergency departments, 1992-2000: Epidemiology and practice variation. <i>Pediatr Emerg Care</i> 2005; in press.</p>	
Name Jonathan M. Mansbach, MD Other Key Personnel Carlos A. Camargo, MD, DrPH	Start Date 2004 Stop Date 2005									
Hospital/Institution (City, State) Children's Hospital of Boston (Boston, MA)	Funding Source Thrasher Research Foundation									
Project Type Research	For More Info jonathan.mansbach@childrens.harvard.edu									
<p>Short Description The purpose of this study is to develop a tool that will help health professionals reliably predict which children <2 years with bronchiolitis (1) can be safely sent home or (2) are at high risk of having poor outcomes (i.e. prolonged length of stay in the hospital, intensive care unit admission, intubation, or death). Other secondary aims are (1) to characterize a high-risk group of children <2 years with bronchiolitis who may benefit from respiratory syncytial virus (RSV) prophylaxis, and (2) to engage emergency medicine researchers in the creation of a large, comprehensive, and generalizable database, which will be used to improve current understanding of bronchiolitis. To provide better context, the authors conducted a study of the epidemiology of bronchiolitis in the US.</p> <p>Primary Citation Mansbach JM, Emond JA, Camargo CA Jr. Bronchiolitis in US emergency departments, 1992-2000: Epidemiology and practice variation. <i>Pediatr Emerg Care</i> 2005; in press.</p>										

Focus Area 17: Medical Product Safety										
ObjA 17-1	ObjB	Project Title National Emergency Department Safety Study								
		<table border="1"> <tr> <td>Name David Blumenthal, MD, MPP Other Key Personnel Carlos A. Camargo, MD, DrPH; James A. Gordon, MD, MPA; Rainu Kaushal, MD, MPH; David Magid, MD, MPH</td> <td>Start Date 2003 Stop Date 2005</td> </tr> <tr> <td>Hospital/Institution (City, State) Massachusetts General Hospital (Boston, MA)</td> <td>Funding Source AHRQ HS013099</td> </tr> <tr> <td>Project Type Research</td> <td>For More Info emnet@partners.org</td> </tr> <tr> <td colspan="2"> <p>Short Description The purpose of this study is to improve and validate a previously developed instrument that directly identifies clinical processes and systemic factors contributing to compromises in patient safety in hospital EDs. The overall aims are: 1.) To improve a previously developed instrument that directly identifies error-prone clinical processes and systemic factors contributing to compromises in patient safety in hospital EDs; 2.) To validate this instrument in a network of EDs; 3.) To improve understanding of the frequency and determinants of errors in EDs. To improve a previously constructed instrument, the investigators will conduct personal interviews, focus groups and literature reviews to produce a revised instrument that will be cognitively and psychometrically tested, and then administered to approximately 6800 personnel in a network of 85 EDs. The instrument will collect perceptions about compliance with standards of care for three common conditions (asthma, acute myocardial infarction, dislocations requiring procedural sedation) and about the extent to which systemic contributors to safety are present in each ED. Approximately 210 chart reviews in each ED will detect actual rates of medical errors, measured both as failures to comply with standards of care and as occurrence of preventable adverse events and critical errors. The extent to which ED personnel reports are correlated with occurrence of errors on chart review will be determined in bivariate and multivariate analysis. This work will be conducted through the Emergency Medicine Network (EMNet), a network of EDs that has extensive experience with multi-center clinical research.</p> <p>Primary Citation None</p> </td> </tr> </table>	Name David Blumenthal, MD, MPP Other Key Personnel Carlos A. Camargo, MD, DrPH; James A. Gordon, MD, MPA; Rainu Kaushal, MD, MPH; David Magid, MD, MPH	Start Date 2003 Stop Date 2005	Hospital/Institution (City, State) Massachusetts General Hospital (Boston, MA)	Funding Source AHRQ HS013099	Project Type Research	For More Info emnet@partners.org	<p>Short Description The purpose of this study is to improve and validate a previously developed instrument that directly identifies clinical processes and systemic factors contributing to compromises in patient safety in hospital EDs. The overall aims are: 1.) To improve a previously developed instrument that directly identifies error-prone clinical processes and systemic factors contributing to compromises in patient safety in hospital EDs; 2.) To validate this instrument in a network of EDs; 3.) To improve understanding of the frequency and determinants of errors in EDs. To improve a previously constructed instrument, the investigators will conduct personal interviews, focus groups and literature reviews to produce a revised instrument that will be cognitively and psychometrically tested, and then administered to approximately 6800 personnel in a network of 85 EDs. The instrument will collect perceptions about compliance with standards of care for three common conditions (asthma, acute myocardial infarction, dislocations requiring procedural sedation) and about the extent to which systemic contributors to safety are present in each ED. Approximately 210 chart reviews in each ED will detect actual rates of medical errors, measured both as failures to comply with standards of care and as occurrence of preventable adverse events and critical errors. The extent to which ED personnel reports are correlated with occurrence of errors on chart review will be determined in bivariate and multivariate analysis. This work will be conducted through the Emergency Medicine Network (EMNet), a network of EDs that has extensive experience with multi-center clinical research.</p> <p>Primary Citation None</p>	
Name David Blumenthal, MD, MPP Other Key Personnel Carlos A. Camargo, MD, DrPH; James A. Gordon, MD, MPA; Rainu Kaushal, MD, MPH; David Magid, MD, MPH	Start Date 2003 Stop Date 2005									
Hospital/Institution (City, State) Massachusetts General Hospital (Boston, MA)	Funding Source AHRQ HS013099									
Project Type Research	For More Info emnet@partners.org									
<p>Short Description The purpose of this study is to improve and validate a previously developed instrument that directly identifies clinical processes and systemic factors contributing to compromises in patient safety in hospital EDs. The overall aims are: 1.) To improve a previously developed instrument that directly identifies error-prone clinical processes and systemic factors contributing to compromises in patient safety in hospital EDs; 2.) To validate this instrument in a network of EDs; 3.) To improve understanding of the frequency and determinants of errors in EDs. To improve a previously constructed instrument, the investigators will conduct personal interviews, focus groups and literature reviews to produce a revised instrument that will be cognitively and psychometrically tested, and then administered to approximately 6800 personnel in a network of 85 EDs. The instrument will collect perceptions about compliance with standards of care for three common conditions (asthma, acute myocardial infarction, dislocations requiring procedural sedation) and about the extent to which systemic contributors to safety are present in each ED. Approximately 210 chart reviews in each ED will detect actual rates of medical errors, measured both as failures to comply with standards of care and as occurrence of preventable adverse events and critical errors. The extent to which ED personnel reports are correlated with occurrence of errors on chart review will be determined in bivariate and multivariate analysis. This work will be conducted through the Emergency Medicine Network (EMNet), a network of EDs that has extensive experience with multi-center clinical research.</p> <p>Primary Citation None</p>										
ObjA 17-3	ObjB	Project Title Inappropriate Medication Administration to the Acutely Ill Elderly								
		<table border="1"> <tr> <td>Name Jeffery A. Caterino, MD Other Key Personnel Carlos A. Camargo, MD, DrPH</td> <td>Start Date 2004 Stop Date 2004</td> </tr> <tr> <td>Hospital/Institution (City, State) Allegheny General Hospital (Pittsburgh, PA)</td> <td>Funding Source EMF</td> </tr> <tr> <td>Project Type Research</td> <td>For More Info caterino.2@osu.edu</td> </tr> </table>	Name Jeffery A. Caterino, MD Other Key Personnel Carlos A. Camargo, MD, DrPH	Start Date 2004 Stop Date 2004	Hospital/Institution (City, State) Allegheny General Hospital (Pittsburgh, PA)	Funding Source EMF	Project Type Research	For More Info caterino.2@osu.edu		
Name Jeffery A. Caterino, MD Other Key Personnel Carlos A. Camargo, MD, DrPH	Start Date 2004 Stop Date 2004									
Hospital/Institution (City, State) Allegheny General Hospital (Pittsburgh, PA)	Funding Source EMF									
Project Type Research	For More Info caterino.2@osu.edu									

Short Description OBJECTIVES: To determine the national rate and trend of inappropriate medication administration to elderly emergency department (ED) patients. Secondary objectives were to identify risk factors for receiving an inappropriate medication and to determine whether administration is sometimes justified based on diagnosis. DESIGN: Retrospective analysis of ED visits in the 1992– 2000 National Hospital Ambulatory Medical Care Survey. Inappropriate medications identified using Beers' 1997 explicit criteria. SETTING: EDs of U.S. noninstitutionalized general and short-stay hospitals. PARTICIPANTS: ED survey patients aged 65 and older. MEASUREMENTS: Magnitude and rate of administration of 36 medications. RESULTS: Inappropriate medications were administered in an estimated 16.1 million (95% confidence interval (CI) 514.9–17.3 million) or 12.6% (95% CI 11.6– 13.5%) of elderly ED visits from 1992 to 2000. The rate of inappropriate administration was unchanged throughout the study period (P=0.40). Six drugs accounted for 70.8% of inappropriate administration: promethazine (22.2%), meperidine (18.0%), propoxyphene (17.2%), hydroxyzine (10.3%), diphenhydramine (7.1%), and diazepam (6.0%). In multivariate analysis, number of ED medications was the strongest predictor, with an odds ratio for two to three medications of 6.0 (95% CI 5.3–6.7) and for four to six medications of 8.1 (95% CI 7.2–9.2). Diagnoses indicating potentially appropriate uses of these medications were rarely present. For example, only 42.4% of patients receiving diphenhydramine and 7.4% receiving hydroxyzine were diagnosed with an allergic process.

Primary Citation Caterino JM, Emond JA, Camargo CA Jr. Inappropriate medication administration to the acutely-ill elderly: A nationwide emergency department study, 1992-2000. *J Am Geriatr Soc* 2004; 52: 1847-1855.

Focus Area 18: Mental Health and Mental Illness										
ObjA 18	ObjB	Project Title US Emergency Department Visits for Mental Health								
		<table border="1"> <tr> <td>Name Gregory L. Larkin, MD, MS Other Key Personnel Carlos A. Camargo, MD, DrPH</td> <td>Start Date 2004 Stop Date 2004</td> </tr> <tr> <td>Hospital/Institution (City, State) University of Texas Southwestern—Parkland (Dallas, TX)</td> <td>Funding Source EMF</td> </tr> <tr> <td>Project Type Research</td> <td>For More Info gregory.larkin@utsouthwestern.edu</td> </tr> <tr> <td colspan="2"> <p>Short Description This study described the epidemiology of ED visits for mental health in the US between 1992 and 2000.</p> <p>Primary Citation Larkin GL, Claassen CA, Emond JA, Pelletier AJ, Camargo CA Jr. Trends in US emergency department visits for mental health conditions, 1992 to 2001. <i>Psychiatr Serv</i> 2005; 26: 671-677.</p> </td> </tr> </table>	Name Gregory L. Larkin, MD, MS Other Key Personnel Carlos A. Camargo, MD, DrPH	Start Date 2004 Stop Date 2004	Hospital/Institution (City, State) University of Texas Southwestern—Parkland (Dallas, TX)	Funding Source EMF	Project Type Research	For More Info gregory.larkin@utsouthwestern.edu	<p>Short Description This study described the epidemiology of ED visits for mental health in the US between 1992 and 2000.</p> <p>Primary Citation Larkin GL, Claassen CA, Emond JA, Pelletier AJ, Camargo CA Jr. Trends in US emergency department visits for mental health conditions, 1992 to 2001. <i>Psychiatr Serv</i> 2005; 26: 671-677.</p>	
Name Gregory L. Larkin, MD, MS Other Key Personnel Carlos A. Camargo, MD, DrPH	Start Date 2004 Stop Date 2004									
Hospital/Institution (City, State) University of Texas Southwestern—Parkland (Dallas, TX)	Funding Source EMF									
Project Type Research	For More Info gregory.larkin@utsouthwestern.edu									
<p>Short Description This study described the epidemiology of ED visits for mental health in the US between 1992 and 2000.</p> <p>Primary Citation Larkin GL, Claassen CA, Emond JA, Pelletier AJ, Camargo CA Jr. Trends in US emergency department visits for mental health conditions, 1992 to 2001. <i>Psychiatr Serv</i> 2005; 26: 671-677.</p>										
ObjA 18-6	ObjB	Project Title Screening for Mood Disorders in the Emergency Department								
		<table border="1"> <tr> <td>Name Edwin D. Boudreaux, PhD Other Key Personnel Anita Kumar, MD; Carlos A. Camargo, MD, DrPH</td> <td>Start Date 2004 Stop Date Ongoing</td> </tr> <tr> <td>Hospital/Institution (City, State) UMDNJ RWJMS-Camden (Camden, NJ)</td> <td>Funding Source NIH DA016698</td> </tr> <tr> <td>Project Type Research</td> <td>For More Info boudreaux-edwin@cooperhealth.edu</td> </tr> </table>	Name Edwin D. Boudreaux, PhD Other Key Personnel Anita Kumar, MD; Carlos A. Camargo, MD, DrPH	Start Date 2004 Stop Date Ongoing	Hospital/Institution (City, State) UMDNJ RWJMS-Camden (Camden, NJ)	Funding Source NIH DA016698	Project Type Research	For More Info boudreaux-edwin@cooperhealth.edu		
Name Edwin D. Boudreaux, PhD Other Key Personnel Anita Kumar, MD; Carlos A. Camargo, MD, DrPH	Start Date 2004 Stop Date Ongoing									
Hospital/Institution (City, State) UMDNJ RWJMS-Camden (Camden, NJ)	Funding Source NIH DA016698									
Project Type Research	For More Info boudreaux-edwin@cooperhealth.edu									

	<p>Short Description This prospective, multicenter study was conducted during the summer of 2004 and consisted of screening ED patients using validated mood disorder screening instruments. The objective of the preliminary study was to determine the prevalence of depression and bipolar disorder in five emergency departments (ED) in the Boston area. We will assess several parameters related to past and current treatment engagement and, among those not currently engaged, their desire for a variety of ED-initiated interventions. In a subset of respondents, follow up interviews will be conducted by a mental health provider. Chart reviews will be conducted for an additional subset of respondents.</p> <p>Primary Citation</p> <ul style="list-style-type: none"> • Kumar A, Clark S, Boudreaux ED, Camargo CA Jr. A multicenter study of depression among emergency department patients. <i>Acad Emerg Med</i> 2004; 11: 1284-1289. • Boudreaux ED, Frost LM, Green MC, Kunz SN, Pelletier AJ, Portnoy EJM, Richman IB, Clark S, Camargo CA Jr. Mood disorders and interest in emergency department interventions: A multicenter study [abstract]. <i>Acad Emerg Med</i> 2005; 12 (5 suppl): 109-110. • Boudreaux ED, Clark S, Hugli OW, Camargo CA Jr. Multicenter study of smoking, depression, and suicidal ideation among ED patients [abstract]. <i>Ann Emerg Med</i> 2005; 46 (suppl): S99. 	
ObjA 18-1	ObjB	<p>Project Title Suicide Attempts and Self-inflicted Injuries in US Emergency Departments</p>
<p>Name Arpi Doshi, MD Other Key Personnel Edwin D. Boudreaux, PhD; Carlos A. Camargo, MD, DrPH</p>		<p>Start Date 2003 Stop Date Ongoing</p>
<p>Hospital/Institution (City, State) University of Michigan (Ann Arbor, MI)</p>		<p>Funding Source None</p>
<p>Project Type Research</p>		<p>For More Info adoshi@med.umich.edu</p>
<p>Short Description OBJECTIVE: To describe the epidemiology of emergency department (ED) visits for attempted suicide and self-inflicted injury. METHODS: Data were obtained from the National Hospital Ambulatory Medical Care Survey, a national probability sample of ED visits. All visits for attempted suicide or self-inflicted injury (E950-E959) during 1997-2001 were included in these analyses. RESULTS: Over the 5-year period, there were approximately 412,000 annual ED visits for attempted suicide and self-inflicted injury, or 0.4% of all ED visits. The annual visit rate was 1.5 (1.3 - 1.7) visits per 1,000 Americans. The mean patient age was 31 years, and visits were most common among ages 15-19 at a rate of 3.3 (95% CI, 2.1-4.4). ED visit rates were higher among females (1.7) than males (1.3) and among blacks (1.9) than whites (1.5). Visit rates did not differ by metropolitan status or US region. The most common method of injury was poisoning (68%), followed by cutting or piercing (20%). One-third of visits were admitted to the hospital, with 31% of admissions going to the intensive care unit. A psychiatric disorder was coded for 55% of visits, with depressive disorder accounting for 34% and alcohol abuse for 16%. CONCLUSIONS: ED visits for attempted suicide and self-inflicted injury are relatively common, serious, and most frequent among adolescents and young adults. Self-poisoning is the most common method. The high prevalence of psychiatric and substance abuse disorders in this population suggests these issues should be considered during management and disposition.</p> <p>Primary Citation Doshi A, Boudreaux ED, Wang N, Pelletier AJ, Camargo CA Jr. National study of US emergency department visits for attempted suicide and self-inflicted injury, 1997-2001. <i>Ann Emerg Med</i> 2005; in press.</p>		

Focus Area 23: Public Health Infrastructure										
ObjA 23	ObjB	Project Title ED Alert Network								
		<table border="1"> <tr> <td>Name Carlos A. Camargo, MD, DrPH Other Key Personnel</td> <td>Start Date 2001 Stop Date 2002</td> </tr> <tr> <td>Hospital/Institution (City, State) Massachusetts General Hospital (Boston, MA)</td> <td>Funding Source None</td> </tr> <tr> <td>Project Type Service</td> <td>For More Info emnet@partners.org</td> </tr> <tr> <td colspan="2"> <p>Short Description In October 2001, the EMNet Coordinating Center staff created the ED Alert Network to provide the different state Health Departments with an up-to-date ED contact database. Over the next year, the ED Alert Network provided this information to the appropriate staff at state Health Departments across the USA. The ED Alert Network did not provide this information to any other group, nor use this information for any other purpose. This voluntary national initiative concluded in November 2002, with ED databases present in at least 33 states.</p> <p>Primary Citation None</p> </td> </tr> </table>	Name Carlos A. Camargo, MD, DrPH Other Key Personnel	Start Date 2001 Stop Date 2002	Hospital/Institution (City, State) Massachusetts General Hospital (Boston, MA)	Funding Source None	Project Type Service	For More Info emnet@partners.org	<p>Short Description In October 2001, the EMNet Coordinating Center staff created the ED Alert Network to provide the different state Health Departments with an up-to-date ED contact database. Over the next year, the ED Alert Network provided this information to the appropriate staff at state Health Departments across the USA. The ED Alert Network did not provide this information to any other group, nor use this information for any other purpose. This voluntary national initiative concluded in November 2002, with ED databases present in at least 33 states.</p> <p>Primary Citation None</p>	
Name Carlos A. Camargo, MD, DrPH Other Key Personnel	Start Date 2001 Stop Date 2002									
Hospital/Institution (City, State) Massachusetts General Hospital (Boston, MA)	Funding Source None									
Project Type Service	For More Info emnet@partners.org									
<p>Short Description In October 2001, the EMNet Coordinating Center staff created the ED Alert Network to provide the different state Health Departments with an up-to-date ED contact database. Over the next year, the ED Alert Network provided this information to the appropriate staff at state Health Departments across the USA. The ED Alert Network did not provide this information to any other group, nor use this information for any other purpose. This voluntary national initiative concluded in November 2002, with ED databases present in at least 33 states.</p> <p>Primary Citation None</p>										
ObjA 23-3	ObjB 1-10	Project Title Development of a National Emergency Department Inventory								
		<table border="1"> <tr> <td>Name Carlos A. Camargo, MD, DrPH Other Key Personnel Ashley F. Sullivan, MS, MPH; Ilana Richman</td> <td>Start Date 2003 Stop Date Ongoing</td> </tr> <tr> <td>Hospital/Institution (City, State) Massachusetts General Hospital (Boston, MA)</td> <td>Funding Source AHRQ HS013099, EMF</td> </tr> <tr> <td>Project Type Research</td> <td>For More Info emnet@partners.org</td> </tr> <tr> <td colspan="2"> <p>Short Description The objective of this project was to determine the number, distribution, and basic characteristics of U.S. emergency departments (EDs), with a long-term goal of identifying potential gaps in ED coverage. To this end, the National Emergency Department Inventory (NEDI) was created. NEDI accounts for every ED in the country and provides basic information about those EDs, including geographical location and annual ED visit volume. Using NEDI, basic but essential questions about the availability and use of emergency departments in the US can be answered.</p> <p>Primary Citation Sullivan AF, Auerbach BS, Schafermeyer RW, Camargo CA Jr. Current status of US emergency departments [abstract]. <i>Acad Emerg Med</i> 2004; 11: 454.</p> </td> </tr> </table>	Name Carlos A. Camargo, MD, DrPH Other Key Personnel Ashley F. Sullivan, MS, MPH; Ilana Richman	Start Date 2003 Stop Date Ongoing	Hospital/Institution (City, State) Massachusetts General Hospital (Boston, MA)	Funding Source AHRQ HS013099, EMF	Project Type Research	For More Info emnet@partners.org	<p>Short Description The objective of this project was to determine the number, distribution, and basic characteristics of U.S. emergency departments (EDs), with a long-term goal of identifying potential gaps in ED coverage. To this end, the National Emergency Department Inventory (NEDI) was created. NEDI accounts for every ED in the country and provides basic information about those EDs, including geographical location and annual ED visit volume. Using NEDI, basic but essential questions about the availability and use of emergency departments in the US can be answered.</p> <p>Primary Citation Sullivan AF, Auerbach BS, Schafermeyer RW, Camargo CA Jr. Current status of US emergency departments [abstract]. <i>Acad Emerg Med</i> 2004; 11: 454.</p>	
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Hospital/Institution (City, State) Massachusetts General Hospital (Boston, MA)	Funding Source AHRQ HS013099, EMF									
Project Type Research	For More Info emnet@partners.org									
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ObjA 23-9	ObjB 23-6	Project Title HP2010 Module	
		Name Dominic Borgialli, DO, MPH Other Key Personnel Carlos A. Camargo, MD, DrPH	Start Date 2002 Stop Date 2002
		Hospital/Institution (City, State) Sparrow Hospital (Lansing, MI)	Funding Source None
		Project Type Research, Education	For More Info borgiall@msu.edu
		<p>Short Description The HP2010 study was a cross-sectional survey of emergency medicine residents regarding the "HP2010 EM Module". The study included a before-after design to examine change in knowledge and information retention as a result of the educational intervention.</p> <p>Primary Citation Borgialli DA, Camargo CA Jr. <i>Healthy People 2010</i> Emergency Medicine Module: A multicenter survey and educational intervention. <i>J Emerg Med</i> 2005; in press.</p>	

Focus Area 24: Respiratory Diseases										
ObjA 24-1	ObjB	Project Title Fatal Asthma Registry (MARC-10)								
		<table border="1"> <tr> <td>Name Carlos A. Camargo, MD, DrPH Other Key Personnel Sunday Clark, MPH; Andrea Pelletier, MS, MPH</td> <td>Start Date 2001 Stop Date Ongoing</td> </tr> <tr> <td>Hospital/Institution (City, State) Massachusetts General Hospital (Boston, MA)</td> <td>Funding Source Industry</td> </tr> <tr> <td>Project Type Research</td> <td>For More Info emnet@partners.org</td> </tr> <tr> <td colspan="2"> <p>Short Description This study aims to establish a national registry for fatal asthma that would permit better characterization of patients who die from asthma and provide insights into what causes an exacerbation to become fatal.</p> <p>Primary Citation Clark S, Pelletier AJ, Brenner BE, Lang DM, Strunk RC, Camargo CA Jr. Feasibility of a national fatal asthma registry: More evidence of institutional review board variation in evaluation of a standard protocol [abstract]. <i>Ann Emerg Med</i> 2005; 46 (suppl): S102.</p> </td> </tr> </table>	Name Carlos A. Camargo, MD, DrPH Other Key Personnel Sunday Clark, MPH; Andrea Pelletier, MS, MPH	Start Date 2001 Stop Date Ongoing	Hospital/Institution (City, State) Massachusetts General Hospital (Boston, MA)	Funding Source Industry	Project Type Research	For More Info emnet@partners.org	<p>Short Description This study aims to establish a national registry for fatal asthma that would permit better characterization of patients who die from asthma and provide insights into what causes an exacerbation to become fatal.</p> <p>Primary Citation Clark S, Pelletier AJ, Brenner BE, Lang DM, Strunk RC, Camargo CA Jr. Feasibility of a national fatal asthma registry: More evidence of institutional review board variation in evaluation of a standard protocol [abstract]. <i>Ann Emerg Med</i> 2005; 46 (suppl): S102.</p>	
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Hospital/Institution (City, State) Massachusetts General Hospital (Boston, MA)	Funding Source Industry									
Project Type Research	For More Info emnet@partners.org									
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ObjA 24-2	ObjB 24-3	Project Title MARC Observational Studies on Respiratory Pathogens								
		<table border="1"> <tr> <td>Name Carlos A. Camargo, MD, DrPH Other Key Personnel Dennis Niewoehner, MD; Brian H. Rowe, MD, MSc; Meera Kelly, MD</td> <td>Start Date 2000 Stop Date Ongoing</td> </tr> <tr> <td>Hospital/Institution (City, State) Massachusetts General Hospital (Boston, MA)</td> <td>Funding Source Industry, Foundation, Government</td> </tr> <tr> <td>Project Type Research</td> <td>For More Info emnet@partners.org</td> </tr> <tr> <td colspan="2"> <p>Short Description The Multicenter Airway Research Collaboration (MARC) has initiated a series of studies on respiratory pathogens including pneumococcus, viral pathogens in COPD and community acquired pneumonia.</p> <p>Primary Citation</p> <ul style="list-style-type: none"> Niewoehner D, Kim S, Wassif H, Cartwright C, Gazoni F, Camargo CA Jr. RSV is a leading viral cause of COPD exacerbations requiring emergency care [abstract]. <i>Am J Respir Crit Care Med</i> 2005; in press. (also in: <i>Acad Emerg Med</i> 2005; 12 (5 suppl): 144). See Publications at www.emnet-usa.org </td> </tr> </table>	Name Carlos A. Camargo, MD, DrPH Other Key Personnel Dennis Niewoehner, MD; Brian H. Rowe, MD, MSc; Meera Kelly, MD	Start Date 2000 Stop Date Ongoing	Hospital/Institution (City, State) Massachusetts General Hospital (Boston, MA)	Funding Source Industry, Foundation, Government	Project Type Research	For More Info emnet@partners.org	<p>Short Description The Multicenter Airway Research Collaboration (MARC) has initiated a series of studies on respiratory pathogens including pneumococcus, viral pathogens in COPD and community acquired pneumonia.</p> <p>Primary Citation</p> <ul style="list-style-type: none"> Niewoehner D, Kim S, Wassif H, Cartwright C, Gazoni F, Camargo CA Jr. RSV is a leading viral cause of COPD exacerbations requiring emergency care [abstract]. <i>Am J Respir Crit Care Med</i> 2005; in press. (also in: <i>Acad Emerg Med</i> 2005; 12 (5 suppl): 144). See Publications at www.emnet-usa.org 	
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Hospital/Institution (City, State) Massachusetts General Hospital (Boston, MA)	Funding Source Industry, Foundation, Government									
Project Type Research	For More Info emnet@partners.org									
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ObjA 24-3	ObjB 24-7	Project Title MARC Observational Studies on Asthma								

		Name Carlos A. Camargo, MD, DrPH Other Key Edwin D. Boudreaux, PhD; Sunday Clark, MPH; Rita K. Cydulka, MD MS; Charles V. Pollack, MD, MA; Brian H. Rowe, MD MSc; Sharon Griswold, MD	Start Date 2000 Stop Date Ongoing
		Hospital/Institution (City, State) Massachusetts General Hospital (Boston, MA)	Funding Source Industry, Foundation, Government
		Project Type Research	For More Info emnet@partners.org
<p>Short Description The Multicenter Airway Research Collaboration (MARC) completed a series of prospective cohort studies of adults and children presenting with acute asthma to the ED to examine the feasibility of performing randomized multicenter trials for asthma therapies in the ED.</p> <p>Primary Citation</p> <ul style="list-style-type: none"> • Pollack CV Jr, Pollack ES, Baren JM, Smith S, Woodruff PG, Camargo CA Jr. A prospective multicenter study of patient factors associated with hospital admission from the emergency department among children with acute asthma. <i>Arch Pediatr Adolesc Med</i> 2002; 156: 934-940. • Griswold SK, Nordstrom CR, Clark S, Gaeta TJ, Price ML, Camargo CA Jr. Asthma exacerbations in North American adults: Who are the "frequent fliers" in the emergency department? <i>Chest</i> 2005; 127: 1579-1586. • Rowe BH, Camargo CA Jr. The use of magnesium sulfate in acute asthma: Rapid uptake of evidence in North American emergency departments. <i>J Allergy Clin Immunol</i> 2005; in press. • See Publications at www.emnet-usa.org 			
ObjA 24-3	ObjB 24-7	Project Title MARC Interventional Studies on Asthma	
		Name Carlos A. Camargo, MD, DrPH Other Key Personnel Jill M. Baren, MD; Barry E. Brenner, Stuart A. Green, MD; Brian H Rowe, MD, MSc	Start Date 2000 Stop Date Ongoing
		Hospital/Institution (City, State) Massachusetts General Hospital (Boston, MA)	Funding Source Industry, Foundation, Government
		Project Type Research	For More Info emnet@partners.org

		<p>Short Description The Multicenter Airway Research Collaboration (MARC) has initiated a series of multicenter randomized trials for asthma therapy. Interventions have included fluticasone and PCP follow up.</p> <p>Primary Citation</p> <ul style="list-style-type: none"> • Camargo CA Jr, Smithline HA, Malice MP, Green SA, Reiss TF. A randomized controlled trial of intravenous montelukast in acute asthma. <i>Am J Respir Crit Care Med</i> 2003; 167: 528-533. • Baren JM, Boudreaux ED, Brenner BE, Cydulka RK, Rowe BH, Clark S, Camargo CA Jr. Randomized controlled trial of emergency department interventions to improve primary care follow-up for patients with acute asthma. <i>Chest</i> 2005; in press. • See Publications at www.emnet-usa.org 	
ObjA 24-3	ObjB	Project Title Asthma Education	
		<p>Name Carlos A. Camargo, MD, DrPH Other Key Personnel Stephen Emond, MD; Michael Schatz, MD</p>	<p>Start Date 2003 Stop Date 2003</p>
		<p>Hospital/Institution (City, State) Massachusetts General Hospital (Boston, MA)</p>	<p>Funding Source AAAAI, ATS</p>
		<p>Project Type Research</p>	<p>For More Info emnet@partners.org</p>
		<p>Short Description The Multicenter Airway Research Collaboration conducted two studies on asthma education. The first sought to determine the approximate number and defining features of asthma centers in the United States. The study also assessed the relationship between asthma centers and EDs. The second focused on asthma education training.</p> <p>Primary Citation</p> <ul style="list-style-type: none"> • Emond SD, Reed CR, Graff LG IV, Camargo CA Jr. Asthma education in the emergency department. <i>Ann Emerg Med</i> 2000; 36: 204-211. • See Publications at www.emnet-usa.org (MARC-19, -23) 	
ObjA 24-3	ObjB	Project Title Geographic Variability in ED Use for Asthma	
		<p>Name Jon Mark Hirshon, MD MPH Other Key Personnel</p>	<p>Start Date 2003 Stop Date Ongoing</p>
		<p>Hospital/Institution (City, State) University of Maryland (Baltimore, MD)</p>	<p>Funding Source NIH HL073849</p>
		<p>Project Type Research</p>	<p>For More Info jhirs001@umaryland.edu</p>

		<p>Short Description Jon Mark Hirshon, M.D., M.P.H., Board Certified in both Emergency Medicine and Preventive Medicine, seeks a Doctorate in Epidemiology in order to acquire advanced skills in linking, manipulating and analyzing large databases. The candidate's long-term goal is to develop EDs as significant sites for public health surveillance and hypothesis-driven research. The objective of this application is to analyze State of Maryland data to determine whether there is geographic variability in ED utilization for asthma within the State of Maryland. He then plans to develop a multiple variable model that incorporates socio-demographic variables and environmental factors to evaluate what risk modifiers impact the use of EDs for asthma. Since the need to seek emergent medical care is a sentinel event for individuals with asthma, a better understanding of variables associated with ED utilization will focus further population-based research related to asthma exacerbations.</p> <p>The specific research aims are: 1) quantify rates of asthma-related ED visits by region; 2) quantify the degree to which the amount of utilization variability is an artifact of differences in hospital coding practices; 3) develop a model that incorporates environmental factors, such as criteria air pollutants per county, and socio-demographic variables, such as new housing construction, to evaluate the causes affecting the risk of using the ED for asthma. The linking of multiple statewide data sources to evaluate geographic variability in the need to seek emergent medical care for asthma has not been done. Maryland is a wonderful location to study population-based data due to: 1) the multiple statewide health care, environmental and socio-demographic databases; 2) the geographic and population variability mirroring the range of diversity seen within the United States; and 3) its relatively small size. This research will allow us to obtain a better understanding of the ED utilization differences seen within Maryland, while further evaluating these differences for specific environmental and socio-demographic modifiers. Considering its rich research resources, University of Maryland is an ideal environment to conduct this study. The research has potential nationwide applicability and could lead to innovative strategies to meet the Healthy People 2010 objective 24-3 focused on decreasing ED utilization for asthma.</p> <p>Primary Citation None</p>	
ObjA 24-9	ObjB 24-10	Project Title MARC Observational Studies on COPD	
		<p>Name Carlos A. Camargo, MD, DrPH Other Key Personnel Rita P. Cydulka, MD, MS; Brian H. Rowe, MD, MSc</p>	<p>Start Date 1999 Stop Date 2003</p>
		<p>Hospital/Institution (City, State) Massachusetts General Hospital (Boston MA)</p>	<p>Funding Source Industry, Foundation, Government</p>
		<p>Project Type Research</p>	<p>For More Info emnet@partners.org</p>

		<p>Short Description The Multicenter Airway Research Collaboration (MARC) initiated a series of studies about COPD/asthma exacerbations to examine the feasibility of performing randomized multicenter trials for COPD therapies in the ED.</p> <p>Primary Citation</p> <ul style="list-style-type: none"> • Cydulka RK, Rowe BH, Clark S, Emerman CL, Camargo CA Jr. Emergency department management of acute exacerbations of chronic obstructive pulmonary disease in the elderly: The Multicenter Airway Research Collaboration. <i>J Am Geriatr Soc</i> 2003; 51: 908-916. • Kim S, Emerman CE, Cydulka RK, Rowe BH, Clark S, Camargo CA Jr. Prospective multicenter study of relapse following emergency department treatment of chronic obstructive pulmonary disease (COPD) exacerbation. <i>Chest</i> 2004; 125: 473-481. • See Publications at www.emnet-usa.org (MARC-6,- 7,-15) 	
ObjA 24-10	ObjB	Project Title Survival Among COPD Patients	
		<p>Name Sunghye Kim, MD, MMSc Other Key Personnel Sunday Clark, MPH; Carlos A. Camargo, MD, DrPH</p>	<p>Start Date 2003 Stop Date 2005</p>
		<p>Hospital/Institution (City, State) Cook County Hospital (Chicago, IL)</p>	<p>Funding Source None</p>
		<p>Project Type Research</p>	<p>For More Info sunghyekim2000@yahoo.com</p>
<p>Short Description OBJECTIVE: To describe the mortality after emergency department (ED) visits for chronic obstructive pulmonary disease (COPD) exacerbation. DESIGN: Retrospective cohort study of ED patients with COPD exacerbation. SETTING: Administrative data analysis. PARTICIPANTS: Patients age 55 and over who visited ED during a 2-year period with primary ICD-9 codes of 491, 492, or 496. MEASUREMENTS: Demographic characteristics, comorbid conditions, hospital utilizations for COPD, and vital status. RESULTS: During the study period, there were 482 index visits with a median follow up of 1,128 days (3.1 years). Demographic characteristics of the cohort were as follows: mean age 72 years, 56% female, 93% white, and 37% currently married. Mortality increased over time: 5% at 30 days, 9% at 60 days, 11% at 90 days, 16% at 180 days, 23% at 1 year, 32% at 2 years, and 39% at 3 years. At the end of follow-up, 220 (46%) patients had died. On multivariate analysis, independent predictors of mortality were increasing age (hazard ratio [HR] 1.3 per 5-year increase, 95% CI 1.2 - 1.4), having congestive heart failure (HR 1.6, 95% CI 1.2 - 2.1), having metastatic solid tumor (HR 3.3, 95% CI 2.0 - 5.5), and hospital utilization for COPD exacerbation during past year (HR 1.9, 95% CI 1.4 - 2.6). CONCLUSION: The mortality rate after an ED visit for COPD exacerbation is quite high. Mortality is related to older age, specific comorbid conditions, and history of prior COPD exacerbations.</p> <p>Primary Citation Kim S, Clark S, Camargo CA Jr. Survival among ED patients with COPD exacerbation [abstract]. <i>Acad Emerg Med</i> 2005; 12 (5 suppl): 145 .</p>			

Focus Area 26: Substance Abuse										
ObjA 26-5	ObjB	Project Title US Emergency Department Visits for Alcohol Related Diseases and Injuries								
		<table border="1"> <tr> <td>Name Alden J. McDonald III, MD Other Key Personnel Carlos A. Camargo, MD, DrPH</td> <td>Start Date 2004 Stop Date 2004</td> </tr> <tr> <td>Hospital/Institution (City, State) Massachusetts General Hospital (Boston, MA)</td> <td>Funding Source PASTEUR Educational Program, EMF</td> </tr> <tr> <td>Project Type Research</td> <td>For More Info emnet@partners.org</td> </tr> <tr> <td colspan="2"> <p>Short Description Background: Alcohol-related diseases and injuries pose a significant burden on hospital EDs (EDs). Recognized limitations of self-reported data suggest that previous single-year national studies may have underestimated the magnitude of this burden. Methods: Data were obtained from the National Hospital Ambulatory Medical Care Survey for 1992 through 2000. Thirty-seven alcohol-related diagnoses and their corresponding alcohol-attributable fractions (AAFs) were used to estimate the number of ED visits attributable to alcohol. Diagnoses with an AAF of 1 were analyzed by age, sex, and race. Disposition to inpatient settings and alcohol screening also were examined. Results: During these 9 years, there were an estimated 68.6 million (95% confidence interval [CI], 65.6 million to 71.7 million) ED visits attributable to alcohol, a rate of 28.7 (95% CI, 27.1-30.3) per 1000 US population. The number of alcohol-related visits increased 18% during this period. Visit rates for diagnoses with AAFs of 1 were highest for those who were aged 30 through 49 years, male, and black. From 1992 to 2000, these disparities remained stable for age group but significantly changed for sex (+22%) and race (-76%). Most patients with diagnoses with AAFs of 1 were not admitted to an inpatient unit, and the percentage of patients who underwent blood alcohol concentration testing was substantially lower than corresponding AAFs. Conclusions: Alcohol-related ED visits are approximately 3 times higher than previous estimates determined by physician documentation or patient disclosure of alcohol involvement. Rising trends, changing disparities, and suboptimal ED management of such visits are a call to action.</p> <p>Primary Citation McDonald AJ III, Wang N, Camargo CA Jr. US emergency department visits for alcohol-related diseases and injuries between 1992 and 2000. <i>Arch Intern Med</i> 2004; 164: 531-537.</p> </td> </tr> </table>	Name Alden J. McDonald III, MD Other Key Personnel Carlos A. Camargo, MD, DrPH	Start Date 2004 Stop Date 2004	Hospital/Institution (City, State) Massachusetts General Hospital (Boston, MA)	Funding Source PASTEUR Educational Program, EMF	Project Type Research	For More Info emnet@partners.org	<p>Short Description Background: Alcohol-related diseases and injuries pose a significant burden on hospital EDs (EDs). Recognized limitations of self-reported data suggest that previous single-year national studies may have underestimated the magnitude of this burden. Methods: Data were obtained from the National Hospital Ambulatory Medical Care Survey for 1992 through 2000. Thirty-seven alcohol-related diagnoses and their corresponding alcohol-attributable fractions (AAFs) were used to estimate the number of ED visits attributable to alcohol. Diagnoses with an AAF of 1 were analyzed by age, sex, and race. Disposition to inpatient settings and alcohol screening also were examined. Results: During these 9 years, there were an estimated 68.6 million (95% confidence interval [CI], 65.6 million to 71.7 million) ED visits attributable to alcohol, a rate of 28.7 (95% CI, 27.1-30.3) per 1000 US population. The number of alcohol-related visits increased 18% during this period. Visit rates for diagnoses with AAFs of 1 were highest for those who were aged 30 through 49 years, male, and black. From 1992 to 2000, these disparities remained stable for age group but significantly changed for sex (+22%) and race (-76%). Most patients with diagnoses with AAFs of 1 were not admitted to an inpatient unit, and the percentage of patients who underwent blood alcohol concentration testing was substantially lower than corresponding AAFs. Conclusions: Alcohol-related ED visits are approximately 3 times higher than previous estimates determined by physician documentation or patient disclosure of alcohol involvement. Rising trends, changing disparities, and suboptimal ED management of such visits are a call to action.</p> <p>Primary Citation McDonald AJ III, Wang N, Camargo CA Jr. US emergency department visits for alcohol-related diseases and injuries between 1992 and 2000. <i>Arch Intern Med</i> 2004; 164: 531-537.</p>	
Name Alden J. McDonald III, MD Other Key Personnel Carlos A. Camargo, MD, DrPH	Start Date 2004 Stop Date 2004									
Hospital/Institution (City, State) Massachusetts General Hospital (Boston, MA)	Funding Source PASTEUR Educational Program, EMF									
Project Type Research	For More Info emnet@partners.org									
<p>Short Description Background: Alcohol-related diseases and injuries pose a significant burden on hospital EDs (EDs). Recognized limitations of self-reported data suggest that previous single-year national studies may have underestimated the magnitude of this burden. Methods: Data were obtained from the National Hospital Ambulatory Medical Care Survey for 1992 through 2000. Thirty-seven alcohol-related diagnoses and their corresponding alcohol-attributable fractions (AAFs) were used to estimate the number of ED visits attributable to alcohol. Diagnoses with an AAF of 1 were analyzed by age, sex, and race. Disposition to inpatient settings and alcohol screening also were examined. Results: During these 9 years, there were an estimated 68.6 million (95% confidence interval [CI], 65.6 million to 71.7 million) ED visits attributable to alcohol, a rate of 28.7 (95% CI, 27.1-30.3) per 1000 US population. The number of alcohol-related visits increased 18% during this period. Visit rates for diagnoses with AAFs of 1 were highest for those who were aged 30 through 49 years, male, and black. From 1992 to 2000, these disparities remained stable for age group but significantly changed for sex (+22%) and race (-76%). Most patients with diagnoses with AAFs of 1 were not admitted to an inpatient unit, and the percentage of patients who underwent blood alcohol concentration testing was substantially lower than corresponding AAFs. Conclusions: Alcohol-related ED visits are approximately 3 times higher than previous estimates determined by physician documentation or patient disclosure of alcohol involvement. Rising trends, changing disparities, and suboptimal ED management of such visits are a call to action.</p> <p>Primary Citation McDonald AJ III, Wang N, Camargo CA Jr. US emergency department visits for alcohol-related diseases and injuries between 1992 and 2000. <i>Arch Intern Med</i> 2004; 164: 531-537.</p>										
ObjA 26-22	ObjB	Project Title Project ASSERT								
		<table border="1"> <tr> <td>Name Edward Bernstein, MD Other Key Personnel Judith A. Bernstein, RNC, PhD</td> <td>Start Date 2003 Stop Date Ongoing</td> </tr> <tr> <td>Hospital (City, State) Boston Medical Center, Boston, MA</td> <td>Funding Source Boston Medical Center</td> </tr> <tr> <td>Project Type Service</td> <td>For More Info ebernste@bu.edu</td> </tr> </table>	Name Edward Bernstein, MD Other Key Personnel Judith A. Bernstein, RNC, PhD	Start Date 2003 Stop Date Ongoing	Hospital (City, State) Boston Medical Center, Boston, MA	Funding Source Boston Medical Center	Project Type Service	For More Info ebernste@bu.edu		
Name Edward Bernstein, MD Other Key Personnel Judith A. Bernstein, RNC, PhD	Start Date 2003 Stop Date Ongoing									
Hospital (City, State) Boston Medical Center, Boston, MA	Funding Source Boston Medical Center									
Project Type Service	For More Info ebernste@bu.edu									

		<p>Short Description Project ASSERT is a Boston Medical Center ED Service to facilitate access of patients to primary care, clinical preventive services, and when needed, to the drug and alcohol treatment network. Under its aegis, five culturally competent Health Promotion Advocates (HPA's) function in the Boston Medical Center ED as community-outreach workers. Their role is to detect substance abuse and other preventable conditions, intervene, and refer patients to treatment. The Health Promotion Advocates have been trained to conduct a fifteen minute questionnaire-based interview (the Health Needs History) with all non-critical patients presenting for medical treatment in the ED. This survey of patients' health and safety needs provides the basis for detection of substance abuse and other health needs. Through a brief negotiation interview (BNI) technique, HPA's establish rapport, raise the subject of drugs and alcohol, and assess patients' readiness to change.</p> <p>Since Project ASSERT began ten years ago, it has provided services to over 40,000 BMC ED patients. Over the last two years, from April 1, 2002 through March 31, 2004, Project ASSERT's HPA's consulted on 6,838 patients referred by the Adult and Pediatric ED and Urgent Care staff. Appointments to BMC Clinics and affiliated Neighborhood Health Centers were given to 1656 patients, 984 of whom did not have a prior primary care physician. Health education brochures were distributed to 1,196 patients, and 334 patients were referred to smoking cessation programs. During this period, 4,703 patients had an acute alcohol or illicit drug problem, and 2,269 were placed in a detox program with transportation provided. There were also 634 referred to outpatient treatment. Unfortunately no beds were available for 656 persons seeking detox, an increase from 7% of patients to 22% of patients compared to the previous year before the cutbacks in treatment beds and funding.</p> <p>Project Assert was originally funded by CSAT (Center for Substance Abuse Treatment) as a demonstration program in 1993. Project ASSERT's Health Promotion Advocates are dedicated to provide exceptional care without exception, as demonstrated by the City of Boston Management Consortium's Liberty Mutual Customer Service Award in 1996, and the Massachusetts Organization for Addiction Recovery Services Award in 2003. Project ASSERT staff has provided mentorship programs for ED providers throughout the nation.</p> <p>Primary Citation Bernstein E, Bernstein J, Levenson S: Project ASSERT: An ED-based intervention to increase access to primary care, preventive services, and the substance abuse treatment system. <i>Ann Emerg Med</i> 1997;30:181-189.</p>	
ObjA 26-22	ObjB	Project Title Project RAP	
		<p>Name Edward Bernstein, MD Other Key Personnel Judith A Bernstein, RNC, PhD; David Dorfman, MD</p>	<p>Start Date 2004 Stop Date Ongoing</p>
		<p>Hospital/Institution (City, State) Boston Medical Center (Boston MA)</p>	<p>Funding Source NIH DA010792</p>
		<p>Project Type Research</p>	<p>For More Info ebernste@bu.edu</p>

		<p>Short Description Project RAP is a Research Component in an NIAAA, Youth Alcohol Prevention Center grant to the BU School of Public Health. Early use of alcohol can initiate a series of risky behaviors, but early intervention may avert consequences. In this study (Project RAP), we propose a randomized, controlled design to test the utility in a large, urban Pediatric Emergency Department (PED) of a brief negotiated interview and active referral (the BNI-AR) with 1425 PED ED patients aged 14-21 who screen positive for alcohol and marijuana -related risks. The goal of this intervention is to reduce alcohol and marijuana consumption, injury and other related risk behaviors, and link young patients with community youth resources and, where appropriate, with substance abuse treatment. To control for assessment reactivity, participants will be randomized after initial screening to either an intervention group that receives a full baseline assessment, a control group that also receives baseline assessment but no intervention, or a second control group that receives neither baseline assessment nor intervention. The BNI-AR, a developmentally appropriate intervention delivered by peer educators gives youth a voice, a choice, and resources to resist environmental challenges. It consists of normative feedback, review of the pros and cons of current alcohol use, assessment of readiness to change, evaluation of strengths and assets, negotiation of a contract for change, active referral to the treatment system and other resources, and a booster session at 10 days. The three groups will be followed over a 12-month period. Outcomes of interest include consumption on the Time Line Follow Back computerized instrument, injury, fighting, school attendance, safe sex, smoking and use of illicit drugs, contact with community youth resources, adolescent health services and substance abuse treatment services, motor vehicle violations and crashes, and health care utilization.</p> <p>Primary Citation None</p>						
ObjA 26-22	ObjB	Project Title ED National Alcohol Screening Day Alcohol Education Project						
		<table border="1"> <tr> <td> <p>Name Edward Bernstein, MD Other Key Personnel Judith A. Bernstein, RNC, PhD, Gail D'Onofrio, MD and the Academic Emergency Medicine ED SBIRT Research Collaborative http://www.nationalalcoholcreeningday.org</p> </td> <td> <p>Start Date 2004 Stop Date Ongoing</p> </td> </tr> <tr> <td> <p>Hospital/Institution (City, State) Boston Medical Center, (Boston, MA)</p> </td> <td> <p>Funding Source NIH AA014957</p> </td> </tr> <tr> <td> <p>Project Type Research, Service, Education</p> </td> <td> <p>For More Info ebernste@bu.edu</p> </td> </tr> </table>	<p>Name Edward Bernstein, MD Other Key Personnel Judith A. Bernstein, RNC, PhD, Gail D'Onofrio, MD and the Academic Emergency Medicine ED SBIRT Research Collaborative http://www.nationalalcoholcreeningday.org</p>	<p>Start Date 2004 Stop Date Ongoing</p>	<p>Hospital/Institution (City, State) Boston Medical Center, (Boston, MA)</p>	<p>Funding Source NIH AA014957</p>	<p>Project Type Research, Service, Education</p>	<p>For More Info ebernste@bu.edu</p>
<p>Name Edward Bernstein, MD Other Key Personnel Judith A. Bernstein, RNC, PhD, Gail D'Onofrio, MD and the Academic Emergency Medicine ED SBIRT Research Collaborative http://www.nationalalcoholcreeningday.org</p>	<p>Start Date 2004 Stop Date Ongoing</p>							
<p>Hospital/Institution (City, State) Boston Medical Center, (Boston, MA)</p>	<p>Funding Source NIH AA014957</p>							
<p>Project Type Research, Service, Education</p>	<p>For More Info ebernste@bu.edu</p>							

Short Description This ED National Alcohol Screening Day (NASD) Alcohol Education Project was designed to promote the adoption of Alcohol SBIRT (Screening, Brief intervention and Referral to Treatment) among ED providers in accordance with the Healthy People 2010 Objective 26-22, which recommends that ED providers identify and refer patients with alcohol problems. This Alcohol Education Project funded by NIAAA is a component of a series of related grants to 14 academic EM sites to implement provider education and a controlled trial of SBIRT with ED patients. During a one year period from 2004-2005, an ED SBIRT curriculum was developed that used innovative, interactive methods, including video-streaming of vignettes, which was delivered to ED providers nationwide via links to the websites of major professional organizations in Emergency Medicine (the Society for Academic Emergency Medicine, the American College of Emergency Physicians, and the Emergency Nurses Association) and their 47,000 members. In addition, at 14 local academic ED sites across the country, workshops and website review were conducted in preparation for an ED provider intervention study. 420 ED providers participated in the education program and completed a pre test and 3 month post surveys about their alcohol knowledge, beliefs and practices related to Screening, Brief Intervention and Referral to Treatment. A parallel study that enrolled 1120 patients compared the control and intervention groups' baseline self report alcohol consumption and risk behaviors to responses on interactive voice recognition telephone interviews at 3, 6 and 12 months follow-up.

Primary Citation Bernstein, E., et. al., SBIRT Alcohol Curriculum for Academic Emergency Department Providers [Abstract]. *Acad Emerg Med* 2005 (in press).

Focus Area 27: Tobacco Use										
ObjA 27	ObjB	Project Title Tobacco Treatment Initiated in the Emergency Department								
		<table border="1"> <tr> <td>Name Edwin D. Boudreaux, PhD Other Key Personnel Vanessa Coleman</td> <td>Start Date 2003 Stop Date Ongoing</td> </tr> <tr> <td>Hospital/Institution (City, State) UMDNJ RWJMS-Camden (Camden, NJ)</td> <td>Funding Source NIH DA016698</td> </tr> <tr> <td>Project Type Research</td> <td>For More Info boudreaux-edwin@cooperhealth.edu</td> </tr> <tr> <td colspan="2"> <p>Short Description Two separate studies are planned. Study 1 aims to provide a thorough description of tobacco smokers visiting the Cooper Hospital ED and establish a 1- and 6-month baseline for the changes in smoking-related indices among ED smokers who have received a standard referral to an outpatient clinic. In order to do this, we will prospectively enroll patients and administer a standardized assessment, provide the patient with a referral to a low-cost tobacco dependence treatment clinic, and contact the patients via telephone 1- and 6-months post-discharge to administer a follow-up assessment.</p> <p>The results will help to guide Study 2, which aims to develop an ED-based Behavioral Change Counseling intervention to be used with smokers during their ED visit. To do this, Study 2 will consist of 2 Stages in keeping with the NIDA Behavioral Therapy Development Program. Stage 1A will consist of preliminary development, pilot-testing, and further refinement of the ED Behavioral Change Counseling to Stop Smoking (ED-STOP). Stage 1B will consist of a small controlled trial testing the efficacy of ED-STOP. It is designed primarily to estimate parameters required to size a larger trial studying the efficacy of ED-STOP.</p> <p>Primary Citation None</p> </td> </tr> </table>	Name Edwin D. Boudreaux, PhD Other Key Personnel Vanessa Coleman	Start Date 2003 Stop Date Ongoing	Hospital/Institution (City, State) UMDNJ RWJMS-Camden (Camden, NJ)	Funding Source NIH DA016698	Project Type Research	For More Info boudreaux-edwin@cooperhealth.edu	<p>Short Description Two separate studies are planned. Study 1 aims to provide a thorough description of tobacco smokers visiting the Cooper Hospital ED and establish a 1- and 6-month baseline for the changes in smoking-related indices among ED smokers who have received a standard referral to an outpatient clinic. In order to do this, we will prospectively enroll patients and administer a standardized assessment, provide the patient with a referral to a low-cost tobacco dependence treatment clinic, and contact the patients via telephone 1- and 6-months post-discharge to administer a follow-up assessment.</p> <p>The results will help to guide Study 2, which aims to develop an ED-based Behavioral Change Counseling intervention to be used with smokers during their ED visit. To do this, Study 2 will consist of 2 Stages in keeping with the NIDA Behavioral Therapy Development Program. Stage 1A will consist of preliminary development, pilot-testing, and further refinement of the ED Behavioral Change Counseling to Stop Smoking (ED-STOP). Stage 1B will consist of a small controlled trial testing the efficacy of ED-STOP. It is designed primarily to estimate parameters required to size a larger trial studying the efficacy of ED-STOP.</p> <p>Primary Citation None</p>	
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Hospital/Institution (City, State) UMDNJ RWJMS-Camden (Camden, NJ)	Funding Source NIH DA016698									
Project Type Research	For More Info boudreaux-edwin@cooperhealth.edu									
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ObjA 27-1	ObjB 27-5	Project Title Bronx Einstein Alliance for Tobacco-Free Health								
		<table border="1"> <tr> <td>Name Steven L. Bernstein, MD Other Key Personnel Deepa Prasad, MPH</td> <td>Start Date 2004 Stop Date Ongoing</td> </tr> <tr> <td>Hospital/Institution (City, State) Albert Einstein College of Medicine (Bronx, NY)</td> <td>Funding Source NYS Department of Health</td> </tr> <tr> <td>Project Type Service, Research</td> <td>For More Info sbernste@montefiore.org</td> </tr> </table>	Name Steven L. Bernstein, MD Other Key Personnel Deepa Prasad, MPH	Start Date 2004 Stop Date Ongoing	Hospital/Institution (City, State) Albert Einstein College of Medicine (Bronx, NY)	Funding Source NYS Department of Health	Project Type Service, Research	For More Info sbernste@montefiore.org		
Name Steven L. Bernstein, MD Other Key Personnel Deepa Prasad, MPH	Start Date 2004 Stop Date Ongoing									
Hospital/Institution (City, State) Albert Einstein College of Medicine (Bronx, NY)	Funding Source NYS Department of Health									
Project Type Service, Research	For More Info sbernste@montefiore.org									

		<p>Short Description Tobacco use remains the leading cause of preventable morbidity and mortality in the Bronx, where 26% of all residents smoke. To reduce the prevalence of smoking and burden of tobacco-related illness in the borough, the Albert Einstein College of Medicine has formed a coalition of hospitals, health care networks, community health centers, private medical practices, community-based organizations, payors, educational institutions, school health programs, governmental agencies, and nonprofit organizations. The goal of the Bronx Einstein Alliance for Tobacco-free Health (Bronx BREATHEs) is to create a tobacco-free Bronx, by providing cessation services to all interested smokers regardless of ability to pay, decreasing the social acceptability of tobacco use, and preventing initiation of tobacco use by young people. The primary objectives of Bronx BREATHEs are: (1) to provide training, technical assistance, and follow-up to health care institutions regarding the design and implementation of systems to identify tobacco users at each patient encounter and provide brief cessation counseling; and (2) to identify and promote direct cessation services in the form of intensive behavioral counseling in group or individual settings, cessation advice through the New York State Smokers' Quitline, or provision of direct cessation services. We will meet these objectives by providing training and technical assistance to health care providers and institutions by experts in tobacco dependence treatment. All interventions will be evidence-based and adapted from the 2000 Public Health Service clinical practice guideline, Treating Tobacco Use and Dependence. A variety of interventions will be tested during the 5-year duration of this project. Numerous evaluation formats will be used, including process outcomes (calls and referrals to the Quitline, etc.), and clinical outcomes (cessation rates of patients enrolled in tobacco dependence treatment programs, borough smoking prevalence rates, etc.)</p> <p>Primary Citation None</p>								
ObjA 27-5	ObjB	Project Title Complementary and Alternative Medicine								
		<table border="1"> <tr> <td>Name Carlos A. Camargo, MD, DrPH Other Key Personnel Sunghye Kim, MD; Michael S. Radeos, MD, MPH</td> <td>Start Date 2002 Stop Date 2002</td> </tr> <tr> <td>Hospital/Institution (City, State) Massachusetts General Hospital (Boston, MA)</td> <td>Funding Source Industry, Foundation, Government</td> </tr> <tr> <td>Project Type Research</td> <td>For More Info emnet@partners.org</td> </tr> <tr> <td colspan="2">Short Description The Complementary and Alternative Medicine (CAM) study was a cross-sectional study of complementary and alternative medicine use among ED patients. The study also examined other topics, such as smoking cessation. Primary Citation Kim S, Hohrmann JL, Clark S, Munoz KN, Braun JE, Doshi A, Radeos MS, Camargo CA Jr. Multicenter study of complementary and alternative medicine usage among ED patients. <i>Acad Emerg Med</i> 2005; in press.</td> </tr> </table>	Name Carlos A. Camargo, MD, DrPH Other Key Personnel Sunghye Kim, MD; Michael S. Radeos, MD, MPH	Start Date 2002 Stop Date 2002	Hospital/Institution (City, State) Massachusetts General Hospital (Boston, MA)	Funding Source Industry, Foundation, Government	Project Type Research	For More Info emnet@partners.org	Short Description The Complementary and Alternative Medicine (CAM) study was a cross-sectional study of complementary and alternative medicine use among ED patients. The study also examined other topics, such as smoking cessation. Primary Citation Kim S, Hohrmann JL, Clark S, Munoz KN, Braun JE, Doshi A, Radeos MS, Camargo CA Jr. Multicenter study of complementary and alternative medicine usage among ED patients. <i>Acad Emerg Med</i> 2005; in press.	
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ObjA 27-5	ObjB	Project Title Strategies to Reduce Tobacco Related Illness in the Emergency Department								
		<table border="1"> <tr> <td>Name Steven L. Bernstein Other Key Personnel Marlana Cannata, MA, EdM</td> <td>Start Date 2002 Stop Date 2005</td> </tr> </table>	Name Steven L. Bernstein Other Key Personnel Marlana Cannata, MA, EdM	Start Date 2002 Stop Date 2005						
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		Hospital/Institution (City, State) Newark Beth Israel Medical Center (Newark, NJ)	Funding Source American Legacy Foundation
		Project Type Research, Service	For More Info sbernste@montefiore.org
		<p>Short Description Nearly 40% of the adult ED patients in Newark, New Jersey, smoke, a rate far higher than that of the general population. Most of these patients are African American, from lower socioeconomic status households, with limited access to primary and preventative care. We have established a program in the ED to screen all adult patients for tobacco use, assess their readiness to quit, initiate cessation counseling, and refer patients for more intensive treatment to the hospital's tobacco dependence treatment program. The treatment program is funded by monies from the Master Settlement Agreement, and offers free weekly counseling (group or individual), as well as nicotine replacement therapy. The ED screening program is now completing its second year of operation; we are beginning activities in the Pediatric ED as well, to screen adolescents and caregivers. Progress reports from this program have been presented in abstract form; manuscripts are in preparation.</p> <p>Primary Citation Bernstein et al. <i>Am J Emerg Med</i> 2005; in press.</p>	
ObjA 27-1	ObjB 27-5	Project Title Strategies to Help Adult ED Patients Quit Smoking	
		Name Steven L Bernstein, MD Other Key Personnel	Start Date 2005 Stop Date Ongoing
		Hospital/Institution (City, State) Albert Einstein College of Medicine (Bronx, NY)	Funding Source NIH/NIDA
		Project Type Research	For More Info sbernste@montefiore.org

		<p>Short Description In urban communities, the prevalence of tobacco use among adults visiting a hospital emergency room (ER) nears 40%, well in excess of the 25% smoking prevalence rate of the general population. Many of these patients lack easy access to primary care, suggesting the ER may be an attractive locus to initiate tobacco cessation efforts. With over 100 million annual visits to U.S. ERs, it may be possible to engage millions of smokers in tobacco cessation efforts. The major purpose of this study is to examine whether a multicomponent intervention delivered in the ER by a Lay Educator to adult smokers interested in quitting is more likely to result in cessation than usual care. A secondary goal is to test whether patients who present to the ER with a tobacco-related illness (as indicated by ICD9 code) are more likely to quit than ER smokers with a non-tobacco-related condition. This will allow us to test the validity of the “teachable moment” as an opportune time to engage patients in considering a behavioral change. The proposed study is a randomized trial of a motivational interview, provision of literature, and post-visit follow-up (Enhanced Care) vs. referral to a cessation clinic (Minimal Care) for ER patients who smoke. Eligibility criteria: age > 21 years, contemplation or preparation stage of change, not admitted to hospital. All patients will undergo a standardized stage of change assessment, and measurements of nicotine dependence and exhaled carbon monoxide. All will receive a cessation fact sheet and referral card to the smoking cessation clinic; the cards of those in the Enhanced Care group will have a specific appointment date and time. The Enhanced Care group will receive a language-appropriate pamphlet discussing smoking cessation. We will record the ICD9 codes associated with each visit. Major outcome measure: cessation within 3 months of the ER visit, stratified by treatment group. Secondary outcome measure: cessation within 3 months of the ER visit, stratified by whether the visit was smoking-related. If smokers receiving Enhanced Care are more likely to quit, then the ER could be considered a new, effective locus for tobacco control, potentially reaching several million smokers. If patients with a smoking-related diagnosis for the ER visit are more likely to quit than those with non-smoking-related ICD9, then this supports the construct of the teachable moment.</p> <p>Primary Citation None</p>
ObjA 27-1	ObjB 27-5	Project Title A Multicenter Pilot Study of an Educational and Clinical Tobacco Control Intervention for Emergency Physicians
		<p>Name Steven L Bernstein, MD Other Key Personnel Edwin D. Boudreaux, PhD</p> <p>Start Date 2005 Stop Date Ongoing</p>
		<p>Hospital/Institution (City, State) Albert Einstein College of Medicine (Bronx, NY)</p> <p>Funding Source Robert Wood Johnson Foundation/Smoking Cessation Leadership Center</p>
		<p>Project Type Research, Education</p> <p>For More Info sbernste@montefiore.org</p>

		<p>Short Description This multicenter feasibility study seeks to examine the effect of an educational intervention on emergency physicians' knowledge, attitudes and behavior regarding screening emergency department patients for tobacco use, delivering a brief intervention, and referring them to treatment. The project consists of two components: (1) a curriculum containing didactic material and role-playing scenarios, and (2) an ED-based pilot study of screening, intervention, and referral that will include use of wallet cards containing the telephone number of the National Smokers Quitline. This study represents Phase II of the work conducted by a consortium of emergency medicine organizations under a grant to the American College of Emergency Physicians from the Smoking Cessation Leadership Center, a national program office of the Robert Wood Johnson Foundation. Our work in Phase I yielded a white paper endorsed by major emergency medicine professional organizations outlining a clinical, educational, and research agenda for ED personnel in the arena of tobacco control. The paper will be submitted for publication to the Annals of Emergency Medicine and the Journal of Emergency Nursing. Our hope is that this work will demonstrate the feasibility and efficacy of ED-based tobacco control, and thus add the emergency department to the list of clinical sites where successful tobacco dependence treatment may occur. We aim to test the following hypotheses: Hypothesis 1. An educational intervention will increase the confidence and knowledge of emergency physicians to practice tobacco control in the emergency department. Hypothesis 2. An educational intervention and provision of Quitline referral cards in the ED will increase the delivery of ask-advise-refer interventions to ED patients who smoke.</p> <p>Primary Citation None</p>						
ObjA 27-5	ObjB	Project Title Racial/Economic Disparities in Access to Nicotine Replacement in NYC Pharmacies						
		<table border="1"> <tr> <td>Name Steven L Bernstein MD Other Key Personnel</td> <td>Start Date 2005 Stop Date Ongoing</td> </tr> <tr> <td>Hospital/Institution (City, State) Albert Einstein College of Medicine (Bronx, NY)</td> <td>Funding Source Bronx Center to Reduce and Eliminate Racial and Ethnic Health Care Disparities/NIH</td> </tr> <tr> <td>Project Type Research</td> <td>For More Info sbernste@montefiore.org</td> </tr> </table>	Name Steven L Bernstein MD Other Key Personnel	Start Date 2005 Stop Date Ongoing	Hospital/Institution (City, State) Albert Einstein College of Medicine (Bronx, NY)	Funding Source Bronx Center to Reduce and Eliminate Racial and Ethnic Health Care Disparities/NIH	Project Type Research	For More Info sbernste@montefiore.org
Name Steven L Bernstein MD Other Key Personnel	Start Date 2005 Stop Date Ongoing							
Hospital/Institution (City, State) Albert Einstein College of Medicine (Bronx, NY)	Funding Source Bronx Center to Reduce and Eliminate Racial and Ethnic Health Care Disparities/NIH							
Project Type Research	For More Info sbernste@montefiore.org							

		<p>Short Description Race, ethnicity and socioeconomic status (SES) are powerful predictors of tobacco use. Lower SES individuals smoke at rates exceeding that of the general population. Although Hispanics smoke less than whites or African Americans, the Puerto Rican and Dominican communities in New York City smoke at rates equal to or exceeding those of the majority population. One possible determinant of the differences in rates of smoking among these groups are disparities in access to tobacco products and smoking cessation aids. The proposed study tests the following hypotheses: (1) Pharmacies in lower SES or largely nonwhite neighborhoods are more likely to sell cigarettes than pharmacies in higher SES or largely white neighborhoods; (2) These pharmacies are less likely to sell over-the-counter nicotine replacement patches than their counterparts. As secondary hypotheses, we will also examine the relative visibility and display of tobacco products and nicotine replacement therapies within the stores. We will examine a random sample of 30% of the pharmacies in New York City, approximately 600 retail outlets. Pharmacies located in supermarkets or affiliated with health care settings will be included. Trained data collectors will survey each pharmacy in person; 10% of all pharmacies will be surveyed by two investigators, to examine interrater reliability. The 11-item survey instrument is identical to that used by a group that published a recent survey of San Francisco pharmacies. To determine the racial, ethnic, and socioeconomic composition of the neighborhood in which each pharmacy is located, we will use 2003 U.S. Census block-group estimates and mapping software. A neighborhood will be defined as the area within a 0.4 km radius of the pharmacy. Generalized linear models with a logit-link function will be constructed to test whether differences in racial or socioeconomic composition correspond to differences in availability of nicotine replacement therapy or tobacco products. The research team has substantial experience in community-based tobacco control, clinical investigation, and modeling of geographic and census data, and is well-positioned to perform the proposed study. If this study shows that tobacco products are more accessible in lower SES neighborhoods, while over-the-counter nicotine replacement products are less accessible, then these results would suggest an additional community-based approach for tobacco control.</p> <p>Primary Citation None</p>	
ObjA 27-1	ObjB 27-5	Project Title MARC Observational Studies on Smoking	
		<p>Name Edwin Boudreaux, PhD Other Key Personnel Carlos A. Camargo, MD, DrPH</p>	<p>Start Date 2002 Stop Date Ongoing</p>
		<p>Hospital/Institution (City, State) UMDNJ RWJMS-Camden (Camden, NJ)</p>	<p>Funding Source None</p>
		<p>Project Type Research</p>	<p>For More Info boudreaux-edwin@cooperhealth.edu</p>

Short Description OBJECTIVE: Routine tobacco screening and referral to outpatient tobacco treatment programs are an essential part of preventive medicine. Little is known about whether emergency department (ED) patients are interested in smoking cessation. We conducted a multicenter study to examine smoking prevalence, quit attempts in the past year, and interest in outpatient referral among ED patients. METHODS: For two 24-hour periods, we interviewed patients 18 years and older presenting to 4 Boston EDs. Exclusion criteria included severe illness and emotional disturbance. Data analysis used Chi-square tests, t-tests, and multivariate regression. RESULTS: Of 752 eligible patients, 539 (72%) were enrolled. 26% of patients were current smokers, 30% former smokers, and 44% never smokers. Seventy-two percent of current smokers had tried to quit in the past year, and 34% wanted an outpatient referral. Current smokers were younger than nonsmokers (40 vs. 50 years; $p < 0.001$), and less likely to have a high school education (35% vs. 55%; $p < 0.001$), primary care provider (73% vs. 84%; $p = 0.006$) and private insurance (34% vs. 49%; $p = 0.002$). They did not differ by gender or race/ethnicity. Smokers who attempted to quit in the past year were less likely to have private insurance (28% vs. 47%; $p = 0.03$). Those who were interested in a referral to a smoking cessation program were more likely to have private insurance (23% vs. 40%; $p = 0.05$). The quit and referral groups did not differ by other sociodemographic characteristics. Rates of smoking, quit attempts, and interest in referral did not differ by site (all $p > 0.1$). CONCLUSION: Our findings extend those of prior single-center studies and reinforce the potential benefit of routine screening for smoking and interest in quitting in the ED. Furthermore, our results indicate that those more likely to smoke are less likely to have insurance and a primary care provider. If smoking is not addressed with these patients in the ED, it may not get addressed at all. Because many underinsured Americans use the ED as a source of regular healthcare, the public health implications of increasing screening, counseling, and referral for smokers are substantial.

Primary Citation

- Boudreaux ED, Kim S, Hohrmann JL, Clark S, Camargo CA Jr. Interest in smoking cessation among emergency department patients: A prospective multicenter study. *Health Psychol* 2005; 24: 220-224.
- Boudreaux ED, Hunter GC, Bos K, Clark S, Camargo CA Jr. Predicting smoking stage of change among emergency department patients and visitors. *Acad Emerg Med* 2005; in press.