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DRUG ABUSE TREATMENT OUTCOMES

Drug abuse, dependence and addiction remain one of the least understood of human problems. Approximately 11% of preventable deaths in the U.S. are related to the use of alcohol and illicit drugs. In addition, mortality rates for substance abuse have increased 50% since 1990 for Black and Hispanic Americans.

The Drug Abuse Treatment Outcome Study (DATOS) is the 3rd in a series of national multisite studies of community-based treatment sponsored by the National Institute on Drug Abuse. The goal of DATOS is to study drug abuse treatment in typical, stable programs to determine its effectiveness for current treatment populations and substance abuse patterns. Its findings make significant contributions not only to the state of knowledge on treatment effectiveness but also to treatment policy, program delivery, and research.

1. ADOLESCENT ALCOHOL USE DEVELOPMENT AND YOUNG ADULT OUTCOMES. Duncan, SC. *Drug Alcohol Depend* 49:39-48, 30 Dec '97.
2. DETERMINANTS OF THE TREATMENT CLIMATE IN PSYCHIATRIC AND SUBSTANCE ABUSE PROGRAMS: IMPLICATIONS FOR IMPROVING PATIENT OUTCOMES. Timko, C. *J Nerv Ment Dis* 186(2):96-103, '98.
3. DRUG ABUSE TREATMENT OUTCOME STUDY (DATOS): TREATMENT EVALUATION RESEARCH IN THE UNITED STATES. Fletcher, BW. *Psychol Addict Behav* 11(2):216-29, '97.

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4. INTEGRATION OF TREATMENT AND POSTTREATMENT VARIABLES IN PREDICTING RESULTS OF ABSTINENCE-BASED OUTPATIENT TREATMENT AFTER ONE YEAR. Miller, NS. *J Psycho Drugs* 29:239-48, July-Sep '97.
5. THE NATIONAL TREATMENT OUTCOME RESEARCH STUDY IN THE UNITED KINGDOM: SIX-MONTH FOLLOW-UP OUTCOMES. Gossop, M. *Psychol Addict Behav* 11(4):324-37, '97.
6. OVERVIEW OF 1-YEAR FOLLOW-UP OUTCOMES IN THE DRUG ABUSE TREATMENT OUTCOME STUDY (DATOS). Hubbard, RL. *Psychol Addict Behav* 11(4):261-78, '97.
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8. PROGRAM DIVERSITY AND TREATMENT RETENTION RATES IN THE DRUG ABUSE TREATMENT OUTCOME STUDY (DATOS). Simpson, DD. *Psychol Addict Behav* 11(4):279-93, '97.
9. THE ROLE OF CASE MANAGEMENT IN RETAINING CLIENTS IN SUBSTANCE ABUSE TREATMENT: AN EXPLORATORY ANALYSIS. Siegal, HA. *J Drug Issues* 27:821-31, Fall '97.
10. TREATMENT FAILURES? SCOPE OF THE TREATMENT SYSTEM FOR LONG-TERM HEROIN ADDICTS. Krausz, M. *Subst Abuse* 18:173-85, Dec '97.

CHILDREN'S HEALTH

The health of children depends partially on their access to health care services. The literature suggests that despite the improved health outlook for U.S. children, recent economic and social changes have focused on new challenges to children's health and their need for health services. According to the National Center for Health Statistics, millions of children do not receive needed health care services. Uninsured children and those in families with low income are at the greatest risk of having unmet health needs.

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| <ol style="list-style-type: none"> 11. ACCESS TO HEALTH CARE PART 1: CHILDREN. Series 10: <i>Data from the National Health Survey</i> No. 196 (entire issue), July '97. | <ol style="list-style-type: none"> 12. CHALLENGES OF STATE HEALTH REFORM: VARIATIONS IN TEN STATES. Cantor, JC. <i>Health Affairs</i> 17:191-200, Jan-Feb '98. |
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13. THE CHILDREN'S HOUR: THE STATE CHILDREN'S HEALTH INSURANCE PROGRAM. Rosenbaum, S. *Health Affairs* 17:75-89, Jan-Feb '98.
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16. HEALTH CARE AND HOSPITALIZATIONS OF YOUNG CHILDREN BORN TO COCAINE-USING WOMEN. Forsyth, BWC. *Arch Pediatr Adolesc Med* 152:177-84, Feb '98.
17. HEALTH INSURANCE FOR CHILDREN—A MODEL FOR INCREMENTAL HEALTH REFORM? Budetti, PP. *N Engl J Med* 338:541-2, 19 Feb '98.
18. THE ROLE OF HOME-VISITATION PROGRAMS IN IMPROVING HEALTH OUTCOMES FOR CHILDREN AND FAMILIES. *Pediatrics* 101:486-9, Mar '98.
19. SCOPE OF HEALTH CARE BENEFITS FOR NEWBORNS, INFANTS, CHILDREN, ADOLESCENTS, AND YOUNG ADULTS THROUGH AGE 21 YEARS. *Pediatrics* 100:1040-1, Dec '97.
20. SCREENING FOR LEAD. Manheimer, EW. *Public Health Rep* 113:36-46, Jan-Feb '98.

DEFENSIVE MEDICINE AND PHYSICIAN OMISSION CLAIMS

Defensive medicine adds at least \$15 billion to the annual health care expenditures of the United States. Positive defensive medicine is the ordering of tests and procedures, primarily but not solely, to reduce physicians' exposure to malpractice risk while negative defensive medicine is the avoidance of high-risk patients or procedures. The literature indicates that what is defensive medicine to one physician may be high quality care to another. Physicians attempt to be mindful of costs yet uncompromising on diagnostic accuracy. Research indicates that physician omission malpractice claims are less common but more frequently paid than other malpractice suits. AHCPR recently funded a study finding that omission-related claims have a higher median payment, are more likely to be paid and are more often associated with significant patient injury or death compared with other types of medical malpractice suits.

21. COMMUNICATION: THE KEY TO REDUCING MALPRACTICE CLAIMS. *Hosp Top* 75:4-6, Spr '97.
22. EXPECTED-UTILITY PERSPECTIVES ON DEFENSIVE TESTING. TORTS, TRADEOFFS, AND THRESHOLDS - IS DEFENSIVE MEDICINE DEFENSIBLE? Pauker, SG. *Med Decis Making* 18:29-31, Jan-Mar '98.
23. IS THE DEFENSIVE USE OF DIAGNOSTIC TESTS GOOD FOR PATIENTS, OR BAD? DeKay, ML. *Med Decis Making* 18:19-28, Jan-Mar '98.
24. MALPRACTICE. EVEN WHEN THE CLAIMS GO DOWN, THE NEWS ISN'T ALWAYS GOOD [NEWS]. *Med Econ* 75:26, 12 Jan '98.
25. MALPRACTICE CLAIMS FOR PHYSICIAN OMISSION ARE BOTH LESS COMMON AND MORE LIKELY TO BE PAID THAN OTHER MALPRACTICE SUITS. *AHCPR Res Activities* 214:13, Mar-Apr '98.
26. MEDICAL MALPRACTICE COUNTERSUITS. *AJR Am J Roentgenol* 170:507, Feb '98.
27. MISDIRECTED SEARCH FOR MALPRACTICE REFORM. *Med Econ* 74:202, 205, 209-20, 13 Oct '97.
28. OMISSION-RELATED MALPRACTICE CLAIMS AND THE LIMITS OF DEFENSIVE MEDICINE. Kravitz, RL. *Med Care Res Rev* 54:456-71, Dec '97.
29. RANDOMIZED TRIAL OF "COROLLARY ORDERS" TO PREVENT ERRORS OF OMISSION. Overhage, JM. *J Am Med Inform Assoc* 4:364-75, Sep-Oct '97.
30. WILL YOUR MALPRACTICE INSURER STIFLE YOUR DEFENSE? *Med Econ* 75:36, 39-40, 43-8, 12 Jan '98.

THE FUTURE OF NURSING

The Division of Nursing, a part of the Health Resources and Services Administration (HRSA), provides national leadership to assure an adequate nursing workforce to meet the health needs of the nation. The current environment of hospital downsizing and managed care have led to new directions in the field of nursing which include community based health care, home care, and outpatient centers. The skills required to work in these environments will include a working knowledge of health promotion and disease prevention, risk assessment and reduction, and

participation in multidisciplinary teams of providers for primary care. These factors will challenge schools of nursing to develop new curriculum and will make it necessary for hospitals to change nursing practice patterns.

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| <p>31. COMMUNITY HEALTH COLLABORATION MODELS FOR THE 21ST CENTURY. Bolton, LB. <i>Nurs Admin Q</i> 22:6-17, Spr '98.</p> <p>32. DEVELOPING NEW NURSE LEADERS. Fonville, AM. <i>Nurs Econ</i> 16:83-7, Mar-Apr '98.</p> <p>33. ETHICS, ECONOMICS, AND THE EROSION OF PHYSICIAN AUTHORITY: A LEADERSHIP ROLE FOR NURSES. Rambur, B. <i>Adv Nurs Sci</i> 20:62-71, June '98.</p> <p>34. THE HISTORY AND FUTURE OF NURSING LABOR RESEARCH IN A COST-CONTROL ENVIRONMENT. Brewer, CS. <i>Res Nurs Health</i> 21:167-77, Apr '98.</p> <p>35. LEARNING ALONG THE WAY: CYBERSPACIAL QUESTS. McGonigle, D. <i>Nurs Outlook</i> 46:81-6, Mar-Apr '98.</p> | <p>36. MANAGERIAL PARTNERSHIPS; THE WAVE OF THE FUTURE? Manion, J. <i>J Nurs Admin</i> 28:47-55, Apr '98.</p> <p>37. A MODEL FOR THE FUTURE; CERTIFIED NURSE-MIDWIVES REPLACE RESIDENT AND HOUSE STAFF IN HOSPITALS. Ament, LA. <i>Nurs and Health Care Perspec</i> 19:26-33, Jan-Feb '98.</p> <p>38. ON CHAOS, WHOLENESS, AND LONG-STANDING VALUES: DIRECTION FOR NURSING'S FUTURE. Sharts-Hopko, NC. <i>MCN Am J Matern Child Nurs</i> 23:11-4, Jan-Feb '98.</p> <p>39. A SURGE IN GRADUATE PROGRAMS FOR NURSES. Shute, N. <i>U.S. News World Rep</i> 124:89, 2 Mar '98.</p> <p>40. WILL NURSING ADMINISTRATION PROGRAMS SURVIVE IN THE 21ST CENTURY? Haynor, PM. <i>J Nurs Admin</i> 28:15-24, Jan '98.</p> |
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THE NIMH EPIDEMIOLOGIC CATCHMENT AREA SURVEY

The NIMH Epidemiologic Catchment Area (ECA) Survey, carried out in the early 1980's, is the largest, most comprehensive personal interview survey of psychiatric disorders ever conducted in the U.S. The ECA survey provides data about the prevalence of psychiatric disorders, risk factors and service utilization. The survey sample involves over 20,000 community and institutional residents from 5 mental health catchment areas: New Haven, Connecticut; Baltimore, Maryland; St. Louis, Missouri; Durham, North Carolina and Los Angeles, California. Recently,

data from the ECA survey was analyzed to examine the association between misbehavior in early life and subsequent injecting drug use.

41. CHILDHOOD MISBEHAVIOR AND THE RISK OF INJECTING DRUG USE. Neumark, YD. *Drug Alcohol Depend* 48:193-7, 15 Dec '97.
42. EXPRESSIONS OF ANXIETY IN AFRICAN AMERICANS: ETHNOGRAPHY AND THE EPIDEMIOLOGICAL CATCHMENT AREA STUDIES. Heurtin-Roberts, S. *Cult Med Psychiatry* 21:337-63, Sep '97.
43. LIMITATIONS OF DIAGNOSTIC CRITERIA AND ASSESSMENT INSTRUMENTS FOR MENTAL DISORDERS. Regier, DA. *Arch Gen Psychiatry* 55:109-15, Feb '98.
44. NATURAL HISTORY OF DIAGNOSTIC INTERVIEW SCHEDULE/*DSM-IV* MAJOR DEPRESSION. Eaton, WW. *Arch Gen Psychiatry* 54:993-99, Nov '97.
45. SELF-REPORTED SOMATIZATION SYMPTOMS ASSOCIATED WITH RISK FOR EXTREME ALCOHOL USE. Tien, AY. *Arch Fam Med* 7:33-7, Jan-Feb '98.
46. STABILITY OF DIAGNOSIS OF OBSESSIVE-COMPULSIVE DISORDER IN THE EPIDEMIOLOGIC CATCHMENT AREA STUDY. Nelson, E. *Am J Psychiatry* 154:826-31, June '97.
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49. VULNERABILITY OF JEWS TO AFFECTIVE DISORDERS. Levav, I. *Am J Psychiatry* 154:941-7, July '97.
50. WHAT HAPPENS TO DEPRESSED MEN? APPLICATION OF THE STIRLING COUNTY CRITERIA. Weissman, MM. *Harvard Rev Psychiatry* 5:1-6, May-June '97.

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Since 1990, the management staff of the Parklawn Health Library has selected 10 journal articles per month on innovative management techniques to appear in each Bulletin. First entitled "Total Quality Management," this recurring bibliography was recently renamed "Reinventing

Government" to reflect and support the Administration's efforts to create a government that works better and costs less.

51. ARE YOU MANAGING YOUR RELATIONSHIPS? Masciarelli, JP. *Manage Rev* 87:41-5, Apr '98.
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54. INCORPORATING THE TOOLS OF CREATIVITY INTO QUALITY MANAGEMENT. Plsek, PE. *Quality Progress* 31:21-8, Mar '98.
55. INTERPRETIVE MANAGEMENT: WHAT GENERAL MANAGERS CAN LEARN FROM DESIGN. Lester, RK. *Harvard Bus Rev* 76:86-96, Mar-Apr '98.
56. LEADERSHIP DEVELOPMENT IN TIMES OF CHANGE. Gruenebaum, J. *Public Manager* 26:45-8, Win 97-98.
57. LESSONS FROM TEAM LEADERS. Henry, JE. *Quality Progress* 31:57-9, Mar '98.
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60. STRATEGIES FOR TIMING AND PACING OF IT INVESTMENTS. Fraser, MB. *Public Manager* 26:41-4, Win 97-98.

SELECTED NEW ACQUISITIONS

To permit review of all books and reports in this list, they will not be circulated until three weeks from the date of this Bulletin. All materials are available for review on the NEW BOOKS display shelf near the Service Desk of the Library. You may reserve any book simply by completing the yellow strip form available on the display shelf.

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GUIDE TO LIBRARY RESOURCES

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The Center for Healthcare Industry Performance Studies, Columbus, OH, 1997/98. Ref-Gen WX 16/A445.

The 1997-98 Almanac of Hospital Financial & Operating Indicators is a comprehensive reference source for analyzing the financial and operating performance of the U.S. hospital industry. It presents five years of historical information and projections for more than 100 peer/comparison groups. Presented in four parts, it includes:

- Part I - Industry Review Executive Summary
- Part II - Financial Indicators - Originating from Medicare Cost Reports of more than 6,000 hospitals
- Part III - Operating Indicators - Originating from data submitted by more than 1,800 hospitals
- Part IV - Medicare Cost Report Indicators - Includes profit, length of stay, cost, capital structure, and asset efficiency

PROFILE OF HEALTH PLANS AND UTILIZATION REVIEW ORGANIZATIONS.

American Association of Health Plans (AAHP), Washington, DC, 1997/98.
Ref-Gen W 16/P943.

The Profile of Health Plans and Utilization Review Organizations contains findings from the 1996-97 AAHP Census of Health Plans and Utilization Review Organizations (UROs). It contains statistical summaries of 1,529 health plans and 192 UROs. Using in-depth tables, it charts the latest trends in plan management and medical practices of Health Maintenance Organizations, Preferred Provider Organizations, Point-of-Service Products, and Utilization Review Organizations. Reflecting the AAHP's new way of categorizing and counting health plans, certain terms have slightly different meanings in this report than in previous publications. Included are discussions of :

- Enrollments and Numbers of Organizations
- Explanation of Specialty PPO's, Workers' Compensation PPO's, and Foundations For Medical Care
- New services offered by UROs

Previous Current Topics

Previous current topics can be obtained upon request

Topic	Bulletin No.	Date
Computer Compliance in the year 2000 Child Care Services Native American Mental Health Presidential Advisory Commission's "Consumer Bill of Rights and Responsibilities" Reinventing Government Substance Abuse and Impaired Drivers Sudden Infant Death and Maternal Smoking	459	February 1998
Public Health Surveillance Cigarette Smoking and Adults Cultural Competence in Medical Care The Disabled Elderly Federally Funded Treatment Programs Genetics of Schizophrenia Reinventing Government	460	March 1998
Consumer Choice and the Health Care Industry Cesarean Sections Children's Health Insurance and Access to Health Care Improving Fairness in Organ Transplant Allocation Reinventing Government Substance Abuse and Posttraumatic Stress Disorder	461	April 1998

LIBRARY CLIENTELE

The Parklawn Health Library System serves the following components of the Department of Health and Human Services (HHS):

- Administration for Children and Families
- Administration on Aging
- Agency for Health Care Policy and Research
- HHS Regional Offices
- Health Resources and Services Administration
- Indian Health Service
- National Center for Health Statistics
- National Institute of Mental Health
- National Institute on Drug Abuse
- Office of the Secretary
- Office of Public Health and Science
- Program Support Center
- Substance Abuse and Mental Health Services Administration

LIBRARY MISSION

The Parklawn Health Library, the NCHS Staff Research Library, and the Information Resources Center plan, develop, and administer a national research collection and innovative information programs in direct support of the Department of Health and Human Services.

LIBRARY COLLECTION

The Scope of the collection includes the delivery of health care, health administration, health policy, health services research, health promotion and disease prevention, computer sciences, management sciences, medical sociology, health statistics, international health, epidemiology, public health, mental health, psychiatry and neurology, and substance abuse.

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