AHRQ News Now: diabetes treatment costs; infection prevention program webinars; patient beliefs about nonprescription antibiotics; primary care spending; improving diagnosis with e-triggers

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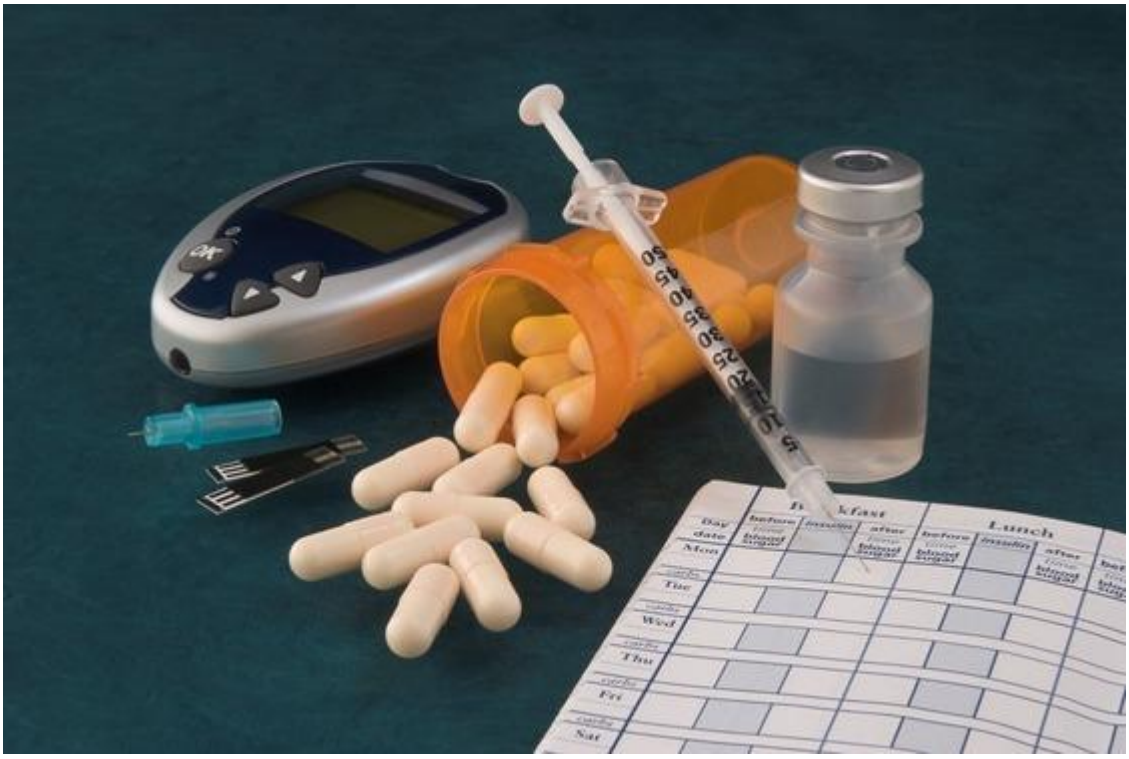
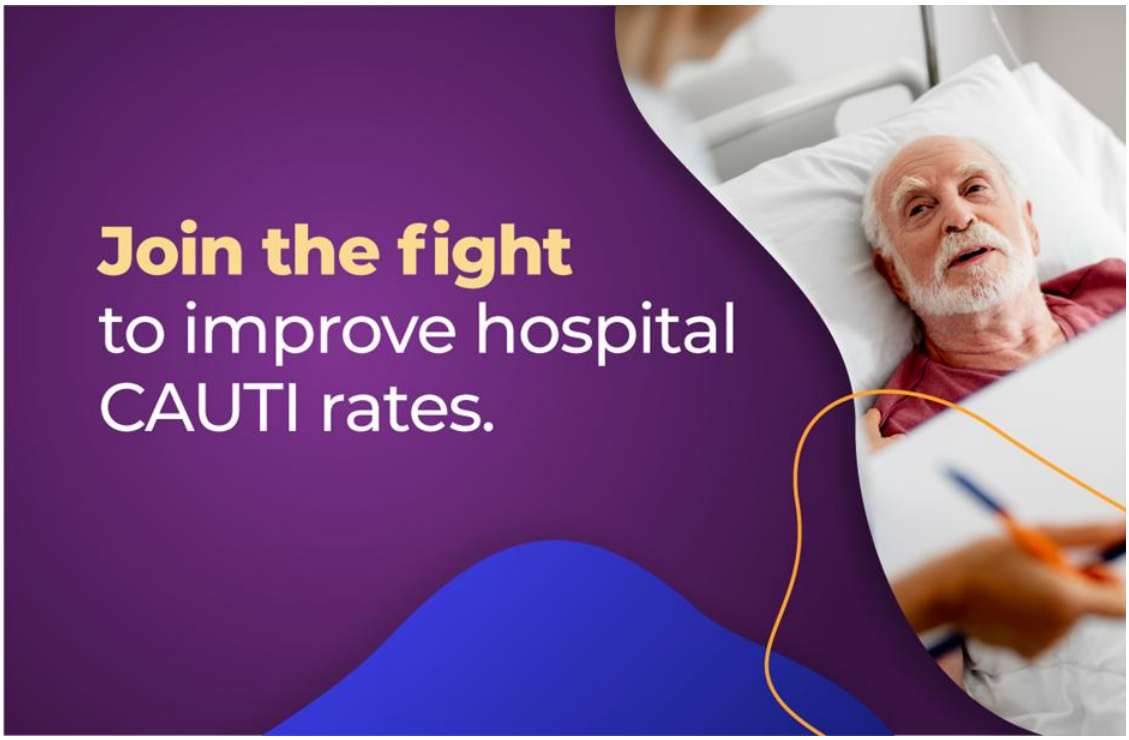
In This Week's Issue: diabetes treatment costs; infection prevention program webinars; patient beliefs about nonprescription antibiotics; primary care spending; improving diagnosis with e-triggers

Statistical Brief Examines Diabetes Treatment Costs



In 2021–2022, treating diabetes among U.S. adults cost an estimated $153.2 billion each year. The average cost per person receiving care was $5,810 per year, with prescription medicines accounting for more than 80 percent of the total. A recent statistical brief based on data from AHRQ's Medical Expenditure Panel Survey (MEPS) highlights these costs and how the prevalence of treated diabetes varies by age, income, insurance coverage, and type of care. The report also breaks down spending by service and payment source, offering a closer look at the financial impact of diabetes treatment.

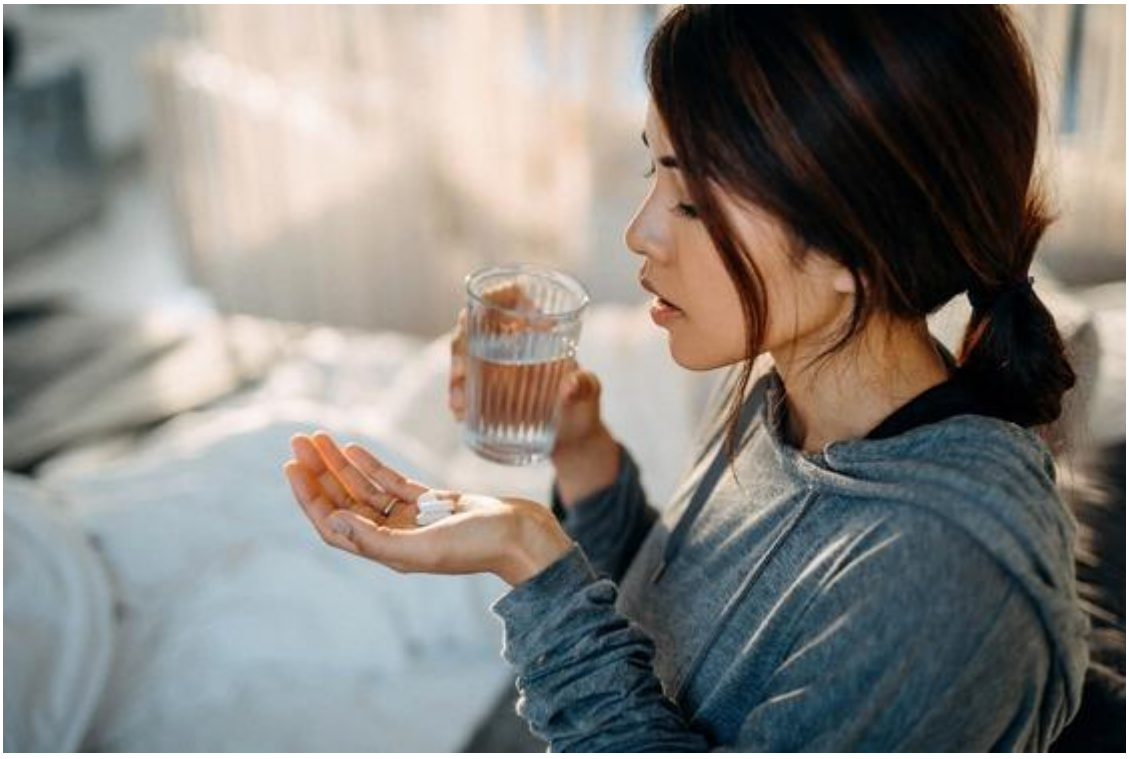
Webinars Address Key Questions About CAUTI Prevention Program: Recording Available



In November, the AHRQ Safety Program for Healthcare-Associated Infection (HAI) Prevention hosted two informational recruitment webinars for its upcoming cohort to help hospitals implement evidence-based practices to prevent catheter-associated urinary tract infections (CAUTI). Held November 5 and 19, the sessions featured a Q&A with lead subject matter expert Sara Keller, M.D., M.P.H., M.S.P.H. Dr. Keller explained that the program will offer communication and teamwork skills, guidance on when to send urine cultures, and criteria for catheter insertion and appropriate alternatives. She also described the recommended team

structure for participating units, which includes a small core team with a clinical lead and an infection preventionist, supported by broader unit engagement as needed. Visit the website to register for upcoming webinars on December 11, January 13, and January 22, or download presentation materials to learn more about participation benefits including expert coaching, implementation support, and free CME/CEU credits. Apply for the program by January 30, 2026.

AHRQ-Funded Study Examines Beliefs on Nonprescription Antibiotic Use



An AHRQ-funded project finds widespread misconceptions and problematic behaviors regarding nonprescription antibiotics, highlighting the need for effective antibiotic stewardship programs. The project explored patient beliefs and behaviors related to nonprescription antibiotic use to inform development of effective antibiotic stewardship

programs. The authors surveyed 564 patients at six safety-net primary care clinics and two private emergency departments in Houston and Katy, TX, between January 2020 and June 2021. Publications from this project include the following:

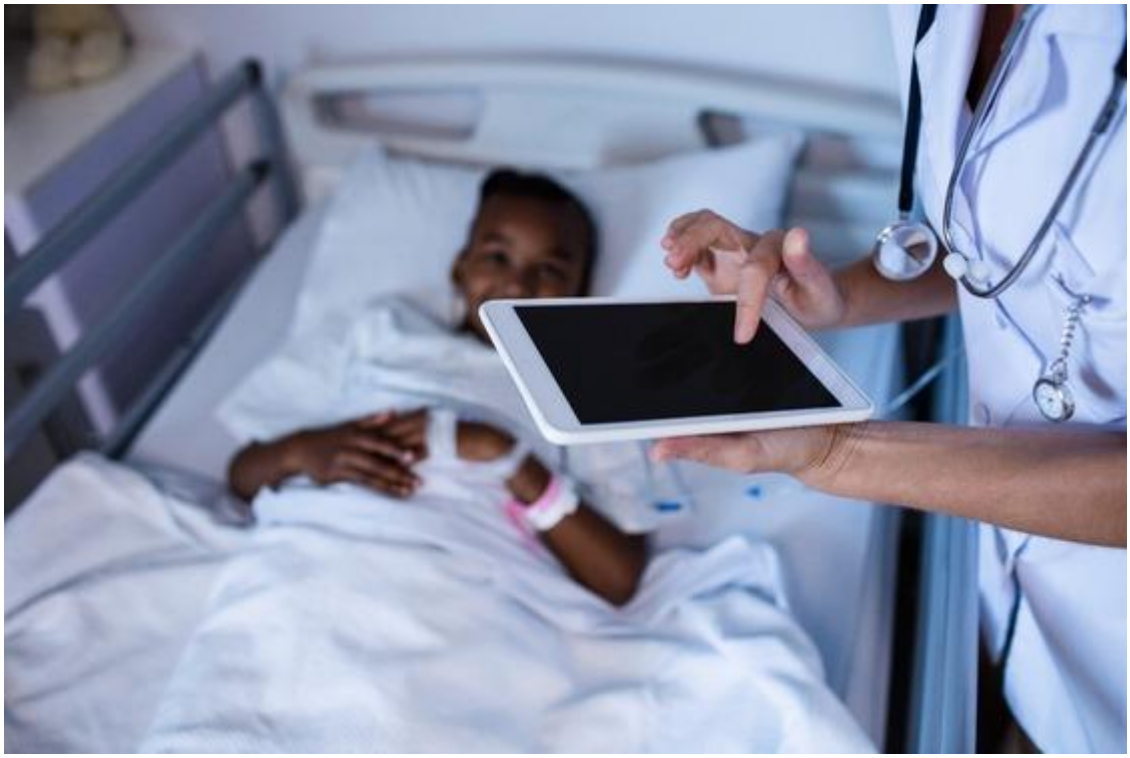
- BMC Primary Care—Researchers asked patients about nonprescription antibiotic use to estimate how effective prior unauthorized use was at predicting future use. The authors' screening questions may help predict patient use of antibiotics without a prescription.
- Antimicrobial Agents and Chemotherapy—Researchers asked patients whether they had stopped taking a prior antibiotic prescription early and, if so, about planned future use. The survey on leftover antibiotics revealed a potential source of antibiotic overuse.
- Antimicrobial Stewardship and Healthcare Epidemiology—The study examined situations that predispose primary care patients to use antibiotics without a prescription. The authors suggested that stewardship interventions should consider the types of situations that drive patients' decisions to use antibiotics without a prescription.
- Annals of Family Medicine—Authors asked patients whether antibiotics would help them get better quickly when experiencing one of five common symptoms. The authors conclude that lack of knowledge of antibiotic risks contributes to primary care patients' expectations of antibiotics for common symptoms.
- BMJ Public Health—This qualitative study explored factors that influenced patients' use of unauthorized antibiotic use. The authors found that while barriers to care influence patient decisions to use antibiotics without a prescription, their beliefs regarding the power of antibiotics to relieve many symptoms and patients' ability to direct their own care are also challenges that should be addressed.

New Framework Improves Reliability of Primary Care Spending Estimates

An AHRQ study published in *Medical Care* found that inconsistent definitions across data sources complicate efforts to estimate primary care spending in the United States. Researchers applied a new measurement framework to two data sources—AHRQ's Medical Expenditure Panel Survey, a survey of U.S. households, and MarketScan, a database of insurance claims from employees at major companies—to estimate primary care spending per person per year and as a percentage of total healthcare spending from 2010 to 2021. They found that while per-person spending increased steadily, the proportion of total healthcare expenditures on primary care remained between 6 and 9 percent. The study highlights how differences in definitions limit comparability across datasets. It concludes that with consistent standards and transparent methods, and by quantifying uncertainty, it is possible to

generate reliable estimates of primary care spending over time. Access the abstract.

Electronic Triggers Help Identify Missed Diagnoses in Pediatric Emergency Departments



Electronic “triggers” applied to electronic health records can help detect missed opportunities for improving diagnosis (MOIDs) in pediatric emergency departments (EDs), according to an AHRQ-funded study in Academic Emergency Medicine. Researchers analyzed records from five pediatric EDs using three triggers—return visits within 10 days resulting

in admission, care escalation within 24 hours, and death within 24 hours of an ED visit. Of 2,937 records flagged, detailed review of 5 percent revealed that 50 percent involved a MOID, and 54 percent of those cases led to patient harm. The most commonly missed conditions were brain lesions, infections, pneumonia, and appendicitis. Per study conclusion, electronic triggers can serve as a patient safety tool to monitor and improve diagnostic safety.

Register for Upcoming Webinars

- AHRQ Safety Program for HAI Prevention: CAUTI Informational Webinar
  - December 11, 11:30 a.m.–12 p.m. ET
  - January 13, 3–3:30 p.m. ET
  - January 22, 2–2:30 p.m. ET
- December 17, 1:30–3 p.m. ET: Prepping for the Future: Digital Solutions for Aging Populations

AHRQ Stats: Trends in Number of Adults With High Cholesterol

The annual average number of adults who had diagnosed or treated high cholesterol rose from 76.4 million in 2018–19 to 84.2 million in 2021–22. (Source: AHRQ Medical Expenditure Panel Survey Statistical Brief #566, Recent Changes in Treatment Patterns for Diagnosed or Treated High Cholesterol, 2018–19 to 2021–22.)

AHRQ in the Professional Literature

Imaging and clinical features of intra-abdominal injuries in children with suspected physical abuse. Ruiz-Maldonado TM, Henry MK, Ro E, et al. Pediatr Radiol. 2025 Aug 2. [Epub ahead of print.] Access the abstract on PubMed®.

Developing methods to identify resilience and improve communication about diagnosis in pediatric primary care. Rasooly IR, Marshall TL, Cifra CL, et al. Front Med. 2024 Sep 30;11:1414892. Access the abstract on PubMed®.

Triage point-of-care ketone measurements: association with diabetic ketoacidosis and severity. Suarez DF, Ancona R, Schneider RM, et al. J Diabetes Sci Technol. 2025 Sep;19(5):1434-5. 2025 Aug 11. [Epub ahead of print.] Access the abstract on PubMed®.

Changes in child placement after child abuse pediatrics consultation for suspected physical abuse. Campbell KA, Laskey AL, Lindberg DM, et al. Child Abuse Negl. 2025 Sep;167:107608. 2025 Aug 8. [Epub ahead of print.] Access the abstract on PubMed®.

The development of the sustainability measure for healthcare using a modified Delphi process. Stolldorf DP, Jones AC, Dietrich MS. BMC Health Serv Res. 2025 Sep 26;25(1):1215. Access the abstract on PubMed®.

Collaborative development of a rules-based electronic health record algorithm for Hospital-at-Home eligibility. Liu TL, Hetherington TC, Kowalkowski M, et al. J Hosp Med. 2025 Oct;20(10):1140-4. 2025 Jun 29. [Epub ahead of print.] Access the abstract on PubMed®.

Right-sizing testing before elective surgery for patients with low risk. Mott NM, Greene D, Jr., Kim E, et al. JAMA Netw Open. 2025 Oct;8(10):e2535750. Access the abstract on PubMed®.

Tracking patients with lower-extremity fracture in a trauma registry who develop an infection after discharge. Oliphant BW, Gerhardinger LJ,

Regenbogen SE, et al. Surgery. 2025 Sep;185:109522. 2025 Jun 30. [Epub ahead of print.] Access the abstract on PubMed®.