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In This Week's Issue: *preventive osteoporosis scans; primary care research resources; detecting missed stroke diagnoses; carpet disinfection against C. diff; penicillin allergy delabeling*

Statistical Brief Covers Use of Preventive Osteoporosis Scans Among Women

In 2022, less than half of all women aged 50 and older who did not have an existing diagnosis of osteoporosis reported having ever received a bone density scan, as did less than 25 percent of women aged 50 to 64. A new statistical brief from AHRQ's Medical Expenditure Panel Survey project discusses the use of preventive bone density scans among women who have not yet been diagnosed with osteoporosis. While these scans are currently recommended for all women aged 65 and older, some providers have found that beginning them around age 50, when menopause typically occurs, allows for more effective interventions. The brief explores the proportion of women who have received preventive

bone density scans and compares them across insurance types, income levels, and other characteristics. Learn more.

Discover AHRQ Resources To Strengthen Primary Care Research

To promote a robust primary care research workforce and support emerging researchers, AHRQ's National Center for Excellence in Primary Care Research (NCEPCR) provides an array of programs and resources. For example, NCEPCR has participated in the junior summer fellows program to give emerging researchers the opportunity to work on primary care research projects, and recognizes that many academic institutions and organizations across the United States offer fellowships in primary care research. To help researchers explore these options, NCEPCR recently published a resource describing some of these fellowship opportunities. The document also includes a list of U.S.-based Primary

Care Research Centers working to address the many challenges facing primary care.

Another critical step toward building a strong primary care research base and improving care delivery is securing sustainable funding. “Tips for Obtaining Funding for Primary Care Research” provides expert guidance and resources for locating funding for primary care projects. The result of virtual conversations with stakeholders that occurred in March 2025, the publication includes alternative funding sources and tips for obtaining financial support. If you’re seeking funding for a primary care research project, explore these tips from AHRQ to help you get started.

Using AI, Simulations To Detect Missed Stroke Diagnoses in Emergency Departments

Two AHRQ-funded studies advance understanding of diagnostic error in stroke care. A Journal of Stroke and Cerebrovascular Diseases study used natural language processing to identify neurologically related text markers in emergency department (ED) notes—such as “language,” “motor,” and “imaging”—that may indicate missed or delayed stroke diagnoses. Predictive models using these 11 markers performed well across two academic hospitals, suggesting potential for early identification of high-risk patients. The authors noted that validation in ED settings is needed. Meanwhile, a study in Annals of Emergency Medicine used simulation and applied statistics to examine how factors like physician distraction affect diagnostic accuracy. Among 27 physicians

evaluating 100 simulated cases, distractions and the absence of a witness to speak for the patient significantly reduced diagnostic confidence, with distractions having twice the impact when no witness was present. Researchers said the approach offers a promising model for studying diagnostic error and improving training, despite the small sample size and the use of simulations and not real-world settings.

Promising Carpet Disinfection Practices Against Clostridioides difficile Endospores

Disinfecting water-resistant nylon carpets with 120 seconds of steam and a specific hydrogen peroxide-based chemical reduced *Clostridioides*

difficile (*C. diff.*) endospores more effectively than using only steam or other disinfecting chemicals or different carpets. An AHRQ-funded study in Applied and Environmental Microbiology tested how well two hydrogen peroxide- and one chlorine-based chemical removed *C. diff.* spores, a major source of healthcare-associated infections, from carpets with either water-permeable or waterproof backings. The efficacy of chemical disinfectants can be impacted by the types of carpet backings used in healthcare facilities. These findings are key to informing the development of floor disinfection strategies and the selection of carpet materials in healthcare facilities to improve microbial safety.

AHRQ-Funded Intervention Significantly Improves Penicillin Allergy Delabeling

A health record-based, pharmacist-performed intervention in the hospital setting has more than doubled the odds of a patient having their penicillin allergy label removed and increased the odds of oral challenge testing to determine if a penicillin allergy exists. These results, published in The Journal of Allergy and Clinical Immunology: In Practice, come from a yearlong randomized trial of the “Pragmatic Removal of Penicillin Allergy Electronic Health Record Labels,” or “PROPEL,” intervention. The PROPEL intervention consisted of two components: a one-time educational opportunity for staff and an electronic health record decision-support resource deployed at randomized 1-month intervals to each of the 12 participating inpatient units, in a stepped wedge trial design. Among the 2,052 patients admitted to a participating unit with an existing

penicillin allergy label, those who received care on a unit after the intervention went live were significantly more likely to have their penicillin allergies tested and removed during their hospitalization.

Register for Upcoming Webinars

- December 17, 1–2 p.m. ET: The New SOPS Nursing Home Survey Version 2.0: Updates, Insights, and Implementation
- December 17, 1:30–3 p.m. ET: Prepping for the Future: Digital Solutions for Aging Populations
- AHRQ Safety Program for HAI Prevention: CAUTI Informational Webinar
    - January 13, 3–3:30 p.m. ET
    - January 22, 2–2:30 p.m. ET

AHRQ Stats: Insurance Coverage for Opioid Prescriptions

Medicare covered 43.9 percent of outpatient hydrocodone fills, 39 percent of oxycodone fills, and 49.5 percent of tramadol fills in 2021 and 2022, accounting for the highest portion covered by any insurer. (Source: AHRQ Medical Expenditure Panel Survey Statistical Brief #559, Average Annual Total Expenses, Total Utilization, and Sources of Payment for Outpatient Prescription Opioids in the U.S. Adult Civilian Noninstitutionalized Population, 2021-2022.)

New Research and Evidence

- Systematic Review: Predictors, Consequences, and Organizational Interventions for Burnout Among Healthcare Workers: A Systematic Review of Longitudinal Studies

AHRQ in the Professional Literature

Clinicians' reasons for non-visit-based, no-infectious-diagnosis-documented antibiotic prescribing: a sequential mixed-methods study. Brown T, Guzman A, Lee JY, et al. Antibiotics. 2025 Jul 23;14(8):740. Access the abstract on PubMed®.

Comparing work experiences of internal medicine physicians in Veterans Affairs and non-federal hospitals: a national survey. Gualano SK, Greene MT, Houchens N, et al. J Gen Intern Med. 2025 Sep 4. [Epub ahead of print.] Access the abstract on PubMed®.

Targeted EHR-based communication of diagnostic uncertainty (TECU) in the emergency department: protocol for an effectiveness implementation trial. McCarthy DM, Malone S, Papanagnou D, et al. Contemp Clin Trials. 2025 Jun;153:107910. Epub 2025 Apr 7. Access the abstract on PubMed®.

Pulmonary congestion on lung ultrasound in ambulatory patients with heart failure with preserved ejection fraction. Platz E, McDowell K, Gupta DK, et al. J Card Fail. 2025 Mar 5. [Epub ahead of print.] Access the abstract on PubMed®.

Success and safety of neonatal endotracheal tube exchanges: a NEAR4NEOS multicentre retrospective cohort study. Miller K, Pouppirt N, Wildenhain P, et al. Arch Dis Child Fetal Neonatal Ed. 2025 Aug 19;110(5):498-503. Access the abstract on PubMed®.

Artificial intelligence approach to optimise safety for hospitalised patients with dementia. Bangerter L, Fong A, Zabala G, et al. BMJ Open Qual. 2025 Sep 3;14(3):e003270. Access the abstract on PubMed®.

Developing a toolkit to reduce infections following durable LVAD implantation in the United States using a multistage mixed methods design. Chandanabhumma PP, Swaminathan S, Cabrera LM, et al. Circ Cardiovasc Qual Outcomes. 2025 Oct;18(10):e012073. Epub 2025 Sep 29. Access the abstract on PubMed®.

Supporting cardiovascular risk factor management in primary care clinics: the relationship between external linkages and organizational change preparedness. Hearld LR, Hubbard D, Smith KA, et al. J Prim Care Community Health. 2025 Jan-Dec;16:21501319251356551. Epub 2025 Aug 11. Access the abstract on PubMed®.