

## AHRQ Launches Web-Based Journal on Patient Safety

In February the Agency for Healthcare Research and Quality (AHRQ) launches WebM&M, the nation's first Web-based patient safety journal and resource. The peer-reviewed publication is designed to educate health care providers about medical errors in an engaging and blame-free environment.

Every month five cases about medical errors and patient safety problems will be posted. In addition to a monthly case in psychiatry, the journal will post cases in medicine, surgery and anesthesia, obstetrics and gynecology, and pediatrics. The cases, which do not involve errors that resulted in permanent harm to patients, are submitted through the Web site anonymously. Writers of cases selected for posting receive an honorarium.

WebM&M is edited by a four-member team of physicians at the University of California, San Francisco, led by Robert Wachter, M.D., and Kaveh Shojania, M.D. The editors work closely with a 20-member editorial board to judge cases on the basis of the following criteria:

- ◆ How interesting is the case clinically?
- ◆ How interesting is the case from a medical error or patient safety standpoint? Is the case an important example of a common error, or is it unique but nevertheless raises some key issues of general interest?
- ◆ Does the case have major educational value?
- ◆ Does the case highlight important systems issues?

The editors use the criteria to rate submitted cases, and the cases with the highest scores may be chosen for posting. The review process is expected to take from six to eight weeks.

One case each month will be expanded into a "spotlight case"—an interactive learning module that will feature readers' polls, quizzes, and other multimedia elements. Users may obtain continuing medical education credit by successfully com-

pleting the questions related to the spotlight case. A version of this case will be available to download for educational use—for example, in student teaching conferences and residents' reports.

The remaining four cases will be followed by a commentary, written by an expert in the relevant clinical or patient safety field. According to the journal's editors, the format will take advantage of the graphic capabilities of the Internet to marry an evidence-based approach to anecdotal observations and qualitative analysis. The site also includes a users' forum, where readers can post and react to comments that relate to the cases, and provides links to other resources and interesting facts about patient safety, medical errors, and health care quality.

AHRQ WebM&M and information on submission is available at [www.webmm.ahrq.gov](http://www.webmm.ahrq.gov).

## NEWS BRIEFS

### APA position statement on adoption and co-parenting by same-sex couples:

The board of trustees and assembly of the American Psychiatric Association has approved a position statement "Adoption and Co-Parenting of Children by Same-Sex Couples," which states, "The APA supports initiatives which allow same-sex couples to adopt and co-parent children, and supports all the associated legal rights, benefits, and responsibilities which arise from such initiatives." The statement was drafted and proposed by APA's committee on gay, lesbian, and bisexual issues and supported by the association's council on minority health and health disparities. The APA position is based on research over the past three decades showing that children raised by gay or lesbian parents exhibit the same level of emotional, cognitive, social, and sexual functioning as children raised by hetero-

## APA Launches *Mental HealthWorks*

The American Psychiatric Association (APA) and the American Psychiatric Foundation have begun publication of *Mental HealthWorks*, a quarterly publication that provides a one-stop resource of workplace mental health information for the business and psychiatric communities. The first issue of *Mental HealthWorks* was mailed in December 2002 to 23,000 psychiatrists and corporate health care decision makers in the United States.

According to Irvin L. (Sam) Muszynski, J.D., editor of the newsletter and director of the APA office of health care systems and financing, *Mental HealthWorks* has two purposes. "First, we want to facilitate dialogue between psychiatry and business on workplace mental health issues; second, we want to provide current information on ways business and psychiatry are addressing these issues."

The newsletter is produced in collaboration with the National Partnership on Mental Health, a group established by APA that includes more than 20 corporations, organizations, and federal agencies. Publication and mailing of the newsletter is supported by an educational grant from Cyberonics.

For a free subscription, call 703-907-8595, or visit [www.workplace-mentalhealth.org](http://www.workplace-mentalhealth.org) to view the first issue.

sexual parents. The American Academy of Pediatrics, the American Psychoanalytic Association, the American Association of Child and Adolescent Psychiatrists, and the American Association of Family Physicians have adopted similar positions. More information is available on the APA Web site at [www.psych.org/archives/200214.pdf](http://www.psych.org/archives/200214.pdf).

**New guidance from HHS on privacy compliance:** The deadline for health care professionals to comply with the final federal medical privacy rule is April 14, 2003. In December 2002 the Department of Health and Human Services (HHS) posted on its Web site the latest guidance to help providers understand and follow key provisions of the rule. The guidance is divided into sections addressing different areas covered by the rule, such as incidental uses and disclosures, the minimum-necessary standard, personal representatives, business associates, marketing, and research. Each section gives background information about the provision and a detailed description of how it works, followed by frequently asked questions (FAQs). HHS will add new questions to the FAQ sections as they arise. The full text of the privacy rule is also posted on the HHS Web site. For more information, visit [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa).

**Legislation on IMGs and underserved areas:** More international medical graduates (IMGs) will be allowed to practice in the United States under a new law that permits state health departments to increase from 20 to 30 per year the number of J-1 visa waiver recommendations for foreign-born physicians who wish to practice in underserved areas, such as rural areas and inner-city neighborhoods. Without such a waiver, foreign-born physicians must return to their countries of origin for up to two years after completing a residency in the United States. With a waiver, physicians would be allowed to stay in the United States if they agree to practice in an underserved area for at least three years.

**FDA-approved nonstimulant for ADHD treatment:** The Food and Drug Administration (FDA) has approved atomoxetine, which will be marketed by Eli Lilly and Company under the name Strattera. It is the first new drug in more than three decades for treating attention-deficit hyperactivity disorder (ADHD). Atomoxetine is a norepinephrine reuptake inhibitor and does not appear to have a potential for abuse. Unlike the stimulants currently used to treat ADHD, it is not classified as a controlled substance—physicians may order prescriptions by phone, and refills are permitted. Atomoxetine is the only FDA-approved medication that has been shown to be clinically effective in treating adult ADHD. More information is available online at [www.strattera.com](http://www.strattera.com).

**SAMHSA initiative on buprenorphine:** The Substance Abuse and Mental Health Services Administration (SAMHSA) has launched a professional and public education initiative to raise awareness about buprenorphine, a medication to treat addiction to opioids that can be prescribed by physicians in their own offices. SAMHSA's "New Paths to Recovery" educational materials inform physicians of the credentials necessary to administer the therapy. Prescribers must obtain a waiver from provisions of the federal Controlled Substances Act and complete a minimum of eight hours of training. More than 2,000 physicians have completed buprenorphine training sponsored by the Center for Substance Abuse Treatment, and more than 300 physicians from 48 states and Puerto Rico have received the necessary waivers. Community education forums and physician training will be held this year throughout the country. More information and online training are available at <http://buprenorphine.samhsa.gov>. SAMHSA has also established a Buprenorphine Information Center, which can be reached toll-free at 866-BUP-CSAT weekdays from 8:30 a.m. to 5 p.m. EST or by e-mail at [info@buprenorphine.samhsa.gov](mailto:info@buprenorphine.samhsa.gov).

**Free training from Partners for Excellence initiative:** The University of Medicine and Dentistry of New Jersey (UMDNJ) has launched a new program that will provide free training for mental health professionals from more than 60 organizations nationwide. Partners for Excellence, a pilot program fully funded by Eli Lilly and Company, combines psychosocial and diagnostic treatment approaches to improve community-based care for persons with severe mental illness. It emphasizes wellness and collaboration between patients and their treatment teams. The program's main component is "Team Solutions," a series of workbooks for patients and their families. The training focuses on helping mental health professionals to use the workbooks effectively with their patients and on two components for improving patients' health and managing movement disorders and side effects. For more information and to apply for the training, visit the program's Web site at [www.partners4excellence.org](http://www.partners4excellence.org).

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