March 1999

Uplink

A newsletter of the National Institute for Computer-Assisted Reporting

NURSING HOME ENTRANCE

Elderly evictions

By Doug Stanley
The Tampa Tribune

When *The Tampa Tribune* broke the news that one of the nation's largest nursing-home chains intended to evict more than 50 of its poorest residents in Tampa, reaction was swift.

A circuit court judge issued an injunction, state health officials launched an investigation, a powerful state senator called for fines, and the state attorney general's office threatened to broaden its ongoing probe into fraud within the Medicaid system.

But what initially appeared to be a local story about an isolated incident grew into a six-month *Tribune* investigation of the quality of care in Florida nursing homes run by large corporations whose stock is traded on Wall Street.

The seemingly isolated incident wasn't isolated at all. Vencor Inc., the same company evicting residents in Tampa under the guise of a remodeling project, was evicting or planning to evict Medicaid residents in at least 13 other states.

Clearly there was something bigger here. But what?

Elderly affairs reporter Lindsay Peterson recalled a conversation she had with senior editor Ray Locker only a few weeks earlier. Locker suggested there might be an enterprise story in all the money Wall Street was pouring into the nursing home industry and companies like Vencor.

Peterson began calling stock analysts who told her Vencor's stock had been dropping. Investors were worried cuts in Medicare and Medicaid would cut into profits.

Nagging questions

Key questions became obvious: Do large, publicly traded nursing-home corporations take better or worse care of residents than other home operators? What role, if any, does the pursuit of profit play in the equation?

The questions begged to be answered. More than one-quarter of Florida's 70,000 nursing-home residents live in facilities operated by six publicly traded companies: Beverly Enterprises, Genesis Health Ventures, Health Care & Retirement Corp., Integrated Health Services, Mariner Health Group and Vencor Inc. And an industry trend toward consolidation suggested that more and more frail elderly would become residents of homes where

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DRINKING WATER ANALYSIS

Unsafe taps

By Peter Eisler
USA Today

It's no secret that millions of Americans get bad drinking water. Year after year, private and governmental studies find that thousands of public water systems violate safe drinking water laws by failing to monitor and control contamination. News organizations (*USA Today* included) give those studies plenty of coverage.

Last year, we decided to figure out how these bad-water systems – from big-city utilities to mom-and-pop operations serving tiny rural communities – keep getting away with it again and again.

The answer turned out to be simple: No one enforces safe drinking water laws.

But proving it – and detailing the problem's breadth and impact – required one of the most challenging computer-assisted investigations we've ever done. We reviewed records on each of the 170,000 public water sys-

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Inside Uplink

Computer-assisted reporters have been extending their investigative visiting hours at nursing homes, exposing abuse, neglect and exploitation within the world of elderly care.

Doug Stanley of *The Tampa Tribune* reveals the highest rates of violations in homes operated by Florida's largest companies. Mike Berens of the *Chicago Tribune* unveils the pursuit by nursing home owners of mentally ill, often violent patients to fill unoccupied beds. Mark Rochester of *The Indianapolis Star and the Indianapolis News* continues digging at the site of an earlier nursing home series to uncover evidence of racial disparities.

Also, Peter Eisler of *USA Today* analyzes the widespread violations but minimal enforcement of public drinking water laws. Dave Davis and Joan Mazzolini of *The Plain Dealer* unmask hospitals that claim illnesses more severe than actually existed to boost Medicare reimbursements. Ford Fessenden of *Newsday*, now of *The New York Times*, portrays a region-wide pattern of racially imbalanced health care.

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EDITOR
Brant Houston
brant@nicar.org

MANAGING EDITOR
Brent Johnson
bjohnson@nicar.org

SENIOR CONTRIBUTING EDITORS
Len Bruzzese
len@ire.org
Sarah Cohen
sarah@nicar.org
Richard Mullins
richard@nicar.org

COPY EDITOR
Jeanine M. Davis

ART DIRECTOR
Wendy Charron

STAFF
Britton Clapp
Dawn Fallik
Jason Grotto
Ben Lesser
Ted Peterson
Noemi Ramirez
Aaron Springer
Neil Warner

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Postmaster: Please send address changes to NICAR.
Send email to jeanine@nicar.org
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From page one:

Money or mercy?

shareholders also must be served.

The project began to take shape when it appeared the answers might lie in public documents – particularly nursing home inspection data from the Health Care Financing Administration and financial information from the Securities and Exchange Commission.

Comparison standards

We acquired the OSCAR database for Florida from HCFA in ASCII on diskettes and imported the data into Access. Then came the requisite cleanup and false starts associated with unfamiliar data. Because our objective was to measure the homes of the six largest public companies against each other and against all other homes, the first step was to ensure accuracy in the field containing ownership information. Often that information was out of date. We used state and company documents to make revisions where necessary. This step is crucial.

Ownership changes among some homes owned by the Big Six companies dictated that we look only at one year's inspection data. The universe became 642 nursing homes whose most recent inspections occurred between January 1997 and May 1998.

We chose to look at total deficiencies as an overall indication of quality. But we were most interested in severe deficiencies that endangered or harmed patients. A field in OSCAR that assigned a letter-code ranking to each deficiency made that easy.

How to compare the homes? Should comparisons be based upon numbers of beds or numbers of homes? After careful consideration, we settled on comparing deficiency rates based on numbers of homes because of varying bed-occupancy rates and an inspection system that uses the same size sample regardless of home size. Also, comparisons based on numbers of homes would be easier for readers to grasp.

A "deficiency" is any violation of a nursing home rule or regulation. A total deficiency rate and a severe deficiency rate (both per 10 homes) were calculated for each of the Big Six companies; for all other Florida nursing homes; for all other for-profit homes; and for all nonprofit homes.

What we found

The *Tribune's* computer analysis found that residents of the homes operated by the Big Six companies are about 20 percent more likely to be harmed or put at risk than are residents of all other Florida nursing homes. It also showed that quality of care varied greatly among the big chains – when compared both to each other and to all other homes.

Key questions became obvious: Do large, publicly traded nursing-home corporations take better or worse care of residents than other home operators? What role, if any, does the pursuit of profit play in the equation?

With that key finding in hand – and reams of computer data on the care records of individual homes – Peterson and *Tribune* medical reporter Vickie Chachere descended on public records repositories around the state gathering the details that would put the flesh on the computer-constructed skeleton. They combed through thousands of pages of paper records, which held the human detail. Hundreds of interviews followed. Countless hours were spent in nursing homes. The SEC's EDGAR database and the companies' own Web sites provided financial context.

Published as a special 8-page section on Nov. 15, the project struck a chord with readers and with lawmakers. Moderated by executive editor Gil Thelen, a community forum on a weeknight just before the holidays brought 150 people to the newspaper's downtown offices. State and federal lawmakers filed reform bills. Published during the midst of a change in administrations at the state level, the real impact of the project won't be felt until after the legislative session.

Doug Stanley can be reached at (813) 259-7364 or by e-mail at dstanley@tampatrib.com

Upcoding downfall

By Dave Davis and Joan Mazzolini
The Plain Dealer

Out in the farmland of Ohio, far from sophisticated 1,000-bed teaching hospitals, hospital administrators say they are caring for the sickest elderly patients. It defied logic, experts told us. They were right. The rural hospitals aren't treating the most serious cases, but they are trying to make it look that way on paper to get higher Medicare reimbursements.

Using four years of Medicare reimbursement data compiled by a private company, we found that in our state for-profit hospitals – without exception small in size and located in suburban or rural areas – received larger Medicare reimbursements than other hospitals. They claimed more often that their elderly patients suffered from illnesses with complications.

In Ohio, this defies logic. It means that small hospitals such as 52-bed Knox Community Hospital in the rich farmland of southwestern Ohio are treating sicker patients than the large, teaching hospitals in Cincinnati, Columbus and Cleveland. Health care experts told us that the opposite was true: Big-city hospitals treated the sickest, usually poorest, patients.

"No one who is sober would dispute that," Frank Sloan, a researcher at Duke University told us. "It's like disputing the Earth is round."

Complication claims

But we did come across a few administrators – mostly from hospitals owned or managed by Quorum Health Group, Ohio's most powerful for-profit player – who argued the illogical. That's not surprising – our analysis of Medicare reimbursements for 1994 through 1997 found that Quorum's hospitals, on average, claimed that 89 percent of their elderly patients suffered from an illness with complications. For large teaching hospitals, the average was 81 percent.

In Ohio, Quorum's rate of claiming illnesses with complications was considerably higher than even the rate of Columbia HCA/Healthcare Corp., whose deftness in the art of "upcoding," the practice of making patients sicker on paper than they were in the hospital, has caught the attention of federal investigators and was the subject of a revealing and exhaustive investigative project by *The New York Times*. (See Josh Barbanel's cover story in the May 1998 issue of *Uplink*.)

To understand how this works, you need to understand that Medicare pays hospitals a fixed dollar amount for treating the elderly based on the illness, known as a Diagnostic Related Group (DRG) in Medicare-speak. Some DRGs are related to one another, one being a more complex (and more expensive) case of the other, such as "simple pneumonia" and "respiratory infection with complications." Respiratory infection is the higher reimbursed DRG here. Not surprisingly, we found the number of reported respiratory infections on the rise in Ohio.

Let's now make this more confusing. Each DRG, in addition to being part of a hierarchy of related illnesses, is part of a pair. DRG pairs are the exact same illnesses, but one has complications and the other doesn't, such as "simple pneumonia" and "simple pneumonia with complications." It should come as no surprise that Medicare pays more for treating the latter.

DRG analysis

The New York Times investigation centered on true upcoding, where Columbia claimed reimbursement for treating a more complex DRG. Our stories focused on an offshoot of upcoding, where hospitals claimed high rates of treating an illness with complications.

Our stories, published in October, took about three weeks to complete and could be easily duplicated in any state in the nation. The analysis included about one million admissions in 170 Ohio hospitals.

It was pretty simple, really. We found a Louisville, Ky.-based company that combines information from two U.S. Department of Health and Human Services data files – the Medicare Cost Reports and Medicare Provider and Analysis and Review File (MedPar). The company, Data Advantage, (502) 587-9500, sold us the data for about $200.

The data file we received contained hospital-level records by DRG. For each DRG, the records showed the number of elderly patients treated, the average amount the hospital was reimbursed and its bed size, among other things.

We then examined each of the several hundred DRG pairs and calculated how often hospitals claimed their patients suffered an illness with complications rather than without.

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NICAR'S DATABASE LIBRARY WILL FINISH PROCESSING THE OSCAR DATABASE IN MARCH. CALL (573) 884-7332 FOR MORE INFORMATION.

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- THE TENNESSEAN'S COMPUTER ANALYSIS OF 1995-1996 MEDICARE DATA. THE STORY PROVED SHOWED MEDICARE WAS KEEPING OVER-PAYMENTS MADE BY PATIENTS (#14759)

Treatment disparity

By Adam Pitluk
NICAR

School safety officer Dedri Brown, an African-American diabetic, lost a leg to amputation. Yet it might have been saved if she had been aware of available treatments. Amputation is just one of several fates suffered more frequently by black diabetics than white diabetics, a *Newsday* investigation found.

Gerald Adams is another example of insufficient health care for Blackss in New York: He has been waiting for a kidney transplant for five years – almost twice as long as the average white patient.

For the past year, reporters from *Newsday* examined the health care provided to people in their region. The newspaper conducted a behavioral-risk study of more than 2,000 residents of Long Island and Queens to parallel surveys done at the federal level. At the helm of the investigation was *Newsday* data specialist and reporter Ford Fessenden, now with *The New York Times*.

Initially, Fessenden's story started as an offshoot of a 1996 report card on all of the hospitals in the area. *Newsday* Associate Managing Editor Rich Galant wanted to know what the numbers had to say about the health issues facing readers. He and projects editor Bob Tiernan sent Fessenden to find out.

"We found that the health of people in our region was good virtually on everything except heart disease," Fessenden said, "and nobody had ever really told people they had some of the highest heart attack rates in the country."

Transformed investigation

It also quickly became clear that health care varied widely among different populations in Queens and Long Island. The study manifested into an issue of who receives better and more effective health care, whites or blacks. Here is what *Newsday* found:

• Whites get more intensive treatment. They die of coronary heart disease at a lower rate than blacks but are more likely to undergo advanced heart procedures. Whites also have hip replacements at a rate twice as high as blacks, knee replacements at a rate 23 percent higher, and gall-bladder operations at a rate 53 percent higher. (All figures are adjusted for differences in age between the races.)

• Blacks receive more radical surgery when less severe alternatives are an option. *Newsday* cited diabetes as an example: Blacks are more likely to lose feet or legs to amputation; whites are more likely to have surgery to restore blood flow and save their legs. Among 1,907 whites and 385 blacks from Nassau, Suffolk and Queens who had surgery for arteriosclerosis or diabetes-related circulatory problems in 1995, 61 percent of whites had surgery to restore blood flow, but only 43 percent of blacks had leg-saving surgery. Dedri Brown was not among them.

• Black women are more likely to have the more invasive kind of hysterectomy treatment. Blacks with serious kidney problems wait longer for transplants and are less likely to receive one than whites. For every 1,000 blacks in the hospital with kidney failure, there were 8.2 transplants; for whites, 13.3 transplants.

Delayed visits

Fessenden and his team analyzed some 3 million records of hospital admissions in Long Island and Queens covering a period of five years.

As part of the inquiry, *Newsday*, joined by *The New York Times*, sued the state – which had refused to release fields in health care databases identifying doctors and insurance companies – and won. *Newsday* then showed that the best hospitals and busiest doctors treated white patients almost exclusively. *Newsday* also commissioned a pollster and concluded that blacks are more likely to seek alternatives to traditional medicine and delay visiting a doctor.

"Even blacks with good insurance are sicker when they arrive at the doors of medical practitioners," he said. "Black cancer sufferers are more likely to die of their disease – a strong indicator they aren't getting care early enough."

Treatment disparities have been an ongoing problem in medicine, Fessenden said. The purpose of his coverage was to let the numbers tell the story and make patients and doctors alike aware of this dirty little secret. On Feb. 14, 1999, a local conference of health officials addressed the problem, a di-

Continued on page eight

VIEW THE *NEWSDAY* STORIES ONLINE AT WWW.NEWSDAY.COM/FEATURES/HEALTH/HRSERIES.HTM.

BESIDES HOSPITAL ADMISSIONS RECORDS, FESSENDEN ALSO LOOKED AT DEATH RECORDS, DATA FROM CDC'S BEHAVIORAL RISK FACTOR SURVEY, THE NATIONAL HOSPITAL DISCHARGE SURVEY AND NATIONAL DEATH DATA FOR 1995 FROM THE NATIONAL CENTER FOR HEALTH STATISTICS. STATE DEATH RECORDS AND HOSPITAL ADMISSIONS WERE OBTAINED FROM NEW YORK STATE AND NEW YORK CITY HEALTH DEPARTMENTS.

ORDER FESSENDEN'S 1997 HANDOUT FROM HIS EIGHT-PAGE *NEWSDAY* SERIES ON HOSPITALS (#682), IN WHICH HE LOOKED AT TOTAL ADMISSIONS, MORTALITY RATES AFTER COMMON SURGERY, EMPLOYEES PER PATIENT AND OTHER STATISTICS. CONTACT THE RESOURCE CENTER AT (573) 882-3364.

Wanted: mentally ill

By Dawn Fallik
NICAR

Mike Berens' three-part series, "Dangerous Bedfellows," began with the wrong question.

"I had seen that the cost of health care in jails was going way up, and a tip told me it was mostly psychotropic drugs," said the *Chicago Tribune* reporter. "So I wanted to find out how many mentally ill patients were in the jails."

Instead, he found the state taking mentally ill patients off the streets and out of the institutions and placing them into nursing homes. The reasoning: The state split the costs of care for nursing home patients with Medicaid. But, if the patient were placed in an institution, the state paid the full cost.

Using about a dozen federal and state databases, including the OSCAR nursing home database, Berens pieced together the skeleton of a dangerous and occasionally deadly practice. He found that nursing home owners openly searched for mentally ill patients and that the Department of Public Aid often turned a blind eye to nursing homes filled with non-elderly residents.

The series, published Sept. 27-29, 1998, resulted in a federal investigation of Medicaid fraud. The state responded by launching its own investigation. Illinois recently admitted that 17 of its nursing homes were actually being operated as mental institutions; all were then withdrawn from the Medicaid program.

Because of the series and the investigation that followed, many nursing homes will be relicensed to allow such patients, but staffs will be required to receive specialized service and rehabilitation training.

Violent histories

Berens found that many of the incoming mentally ill patients had histories of violence and needed intensive psychiatric care and drug therapies, neither of which nursing home employees were trained to handle.

"In 99 percent of the cases, the attacks – and the resulting injuries – were never reported to police. This lack of reporting is part of a major problem," Berens said. "I documented hundreds of incidents of attacks and injury from the state nursing home inspection reports."

Creating his own database of incidents, Berens found evidence of sexual and physical abuse of elderly patients and neglect of those who needed psychiatric care. In one case, he found a man whose behavior goals included keeping sexual fondling of other patients down to three times a week.

Department of Public Aid officials denied putting mental patients into nursing homes. In order to subvert a rule that Medicaid would pay only for patients in homes with more than 50 percent actual nursing home clients, psychiatric patients were sometimes reported as physically ill.

In one case, a woman whom state doctors had verified as mentally ill was re-classified in a nursing home as suffering from "cranial dermatitis," or bad dandruff, Berens said.

Underlying numbers

Much of the evidence Berens used in his series came from a Department of Public Health database, which included a patient-by-patient listing of about 1,200 nursing homes. DPH' state twin, the Department of Public Aid, was not so helpful.

"I would go to them with the numbers I had, showing that thousands of patients in nursing homes were mentally ill. And they would tell me I didn't understand the numbers and that I wasn't calculating the figures right," Berens said. "I've never had public officials just out-and-out lie to my face before."

Although the federal Medicaid cost report shows the owners of nursing home facilities, it only includes those who own more than five percent.

When Berens requested the same information from state sources, he was denied. After several months of wrangling with attorneys, the state relented. Berens then used the data to track down those owning less than 5 percent of the homes. "The whole thing was like an octopus network," he said.

It wasn't until Berens completed his investigative work that he finally stepped foot into the nursing homes themselves.

"The thing that helped me most was finding real advocates inside who helped guide me through the system. The series was a real melding of computer database technology and old-fashioned reporting."

Dawn Fallik can be reached by e-mail at dawn@nicar.org

VIEW THIS SERIES ONLINE AT *HTTP://CHICAGOTRIBUNE.COM/NEWS/METRO/CHICAGO/ARTICLE/0,1051,ART-15623,00.HTML*

OF "DANGEROUS BEDFELLOWS," BERENS SAID: "I DIDN'T WANT IT TO BE A CAR STORY. THE STORIES ARE WRITTEN IN NARRATIVE FORM, WITH THE PEOPLE AS THE FOCUS, NOT THE NUMBERS."

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- *TEXAS MONTHLY*'S INVESTIGATION INTO THE STATE'S LARGEST NURSING HOME OPERATOR (#14867)
- THE *MILWAUKEE JOURNAL SENTINEL*'S EXAMINATION OF ELDERLY ABUSE BY NURSING HOME WORKERS WITH FELONY RECORDS AND LAX FOLLOW-UP ENFORCEMENT BY THE STATE (#14535)

Revisiting hours

By Mark J. Rochester
The Indianapolis Star and The Indianapolis News

Too often, daily newspapers are reluctant to pursue major investigative efforts *after* the so-called "big story" has been published and the problem exposed. But do we really go back and take a second look?

Sure, we all do follow-up stories: What is the reaction, if any, of the public or government officials to the findings of the investigation? Will anything likely change as a result of the investigation?

Those are important stories, but they may signal the premature end of an investigation. Often, there is much more work to be done. For various reasons – lack of resources, other investigative projects in the pipeline, fear of repetition – we fail to keep digging following an investigation.

We miss a lot of good stories when we do that.

When state government and health officials promised significant reforms following publication of a year-long investigation of nursing home care printed in June, it was tempting for *The Indianapolis Star and The Indianapolis News* to simply bundle up our documents, source lists and computer databases and move on to the next project.

Past and present

The newspapers had documented the pervasiveness of poor care in nursing homes and the shortcomings of numerous state and federal regulations that allowed the problems to linger. State and federal authorities reacted swiftly: State officials announced a series of reform initiatives, including tougher penalties against the worst providers.

We could have assigned a reporter to follow those reforms and considered our work done on the issue, but we knew there was more to the story. Stick with an investigation until you've exhausted all crucial subject areas.

The reporters had uncovered numerous leads and tips during the initial reporting effort. Others came flooding in after publication of the series, "The Tarnished Years." After several meetings, we decided to take the extraordinary step of undertaking another six-month investigation. Instead of reducing the staffers dedicated to the effort, the newspapers expanded the reporting team to three reporters, who, along with the CAR coordinator and a dedicated photographer, tackled an entirely new set of questions about the quality of care in nursing homes.

Among the key findings of the second investigation:

- As the need for reform was being debated by state health and government officials, problems in nursing homes rose dramatically from the previous year – there were 50 percent more health and safety violations, a computer analysis of state inspection records showed.
- In Indianapolis, residents in predominantly black nursing homes received far worse care than those in white facilities. Among the disparities: Homes serving low-income blacks had nearly five times as many harm-level violations as homes serving whites.
- Needless deaths and illnesses occur in nursing homes every year because of problems associated with the routine feeding and care of patients.

For various reasons – lack of resources, other investigative projects in the pipeline, fear of repetition – we fail to keep digging following an investigation. We miss a lot of good stories when we do that.

Separate and unequal

Aside from the significant increase in health and safety violations, the most striking element of the latest investigation were the racial disparities in quality of care. Tackling that issue was difficult.

Our first attempt to obtain data containing demographic information about nursing homes from was blocked by government officials, who denied our FOIA requests. Rather than continue that fight, however, we decided to pursue the matter at the state level, a strategy

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THE SECOND FIVE-DAY SERIES, PUBLISHED JAN. 24 - 28, 1999, IS AVAILABLE ONLINE AT HTTP://WWW.STARNEWS.COM/NEWS/SPECIAL/NURSING2.HTML

READ ABOUT ROCHESTER'S EARLIER NURSING HOME INVESTIGATION IN THE JULY 1998 ISSUE OF UPLINK.

THE ORIGINAL SERIES, "THE TARNISHED YEARS," CAN ALSO BE VIEWED ONLINE AT HTTP://WWW.STARNEWS.COM/NEWS/SPECIAL/NURSING.HTML

A SEARCHABLE DATABASE OF STATE INSPECTION RECORDS FOR METRO INDIANAPOLIS NURSING HOMES IS AVAILABLE AT HTTP://SEARCH.STARNEWS.COM/DB/NURSING.ORY

From page one: # Laxity allowed

tems subject to state and federal regulation. We made FOIA requests to all 50 states and the federal government. We spent hundreds of hours compiling, standardizing and scrutinizing data. Our analysis was so thorough and unassailable that the U.S. Environmental Protection Agency inquired about hiring our database editor, Barbara Hansen.

Matters of "significance"

Some of our findings:

• About 40,000 water systems violate safe drinking water laws each year; 9,500 of them have "significant" problems that pose "serious threats to public health," according to the EPA. Yet just one in 10 "significant" violators face binding enforcement action such as an administrative order, fine or lawsuit. One-quarter of all "significant" violators have been in that category for at least three years.

• Eleven states have not implemented all the Safe Drinking Water Act's contamination limits, which should have been in place by 1995. At least 13 states don't meet federal guidelines by inspecting water systems every three to five years. A half-dozen have not given their drinking water regulators the power to levy fines.

• The EPA is more than a year behind in completing required assessments of drinking water programs in at least 11 states. What's more, the agency's Safe Drinking Water Information System (SDWIS), the main national database used to monitor water systems' performance, is terribly inaccurate.

The stories got a strong response. We met requests for more than 30,000 reprints. In Congress, the project prompted an inquiry to the EPA by Reps. Henry Waxman, D-Calif., and Sherrod Brown, D-Ohio. Waxman's office says he intends to raise the issue with EPA officials at hearings this year.

A path full of hurdles

The project began simply, but it didn't stay that way. First, we went about learning how drinking water rules work. Then we set measures for evaluating their success: Are states implementing required regulations? Are states conducting regular sanitary surveys (inspections) of water systems? Are state and federal officials taking action against systems that violate health and safety rules?

We sent FOIA requests to the EPA and the states for the records we needed. The states' data were wildly inconsistent – each state has different rules on what constitutes a violation of drinking water laws and what warrants an enforcement action.

More troublesome: the states' data didn't jibe with much of what the EPA had in SDWIS. The federal database was riddled with errors. Some we were able to resolve, but we had to adjust our expectations. We used SDWIS to draw conclusions at the state and national levels, but information on specific water systems had to be verified independently.

We finished with four databases: SDWIS, which we imported into Paradox using Monarch parsing software, and three we built ourselves. The first, based on sanitary survey records, allowed us to calculate average inspection rates for water systems in each state. The second, based on census data and information from EPA's infrastructure needs survey, allowed us to calculate per-capita costs for bringing water systems into compliance with federal requirements. The third, based on state budget data, allowed us to determine each state's per-capita spending on drinking water oversight.

Lessons learned

• Know the rules: You can't interpret data without a keen understanding of how it was compiled and categorized. Plus, you'll win over sources with your technical expertise.

• Check data: To confirm findings' validity, develop alternate queries and different approaches that should yield the same result.

• Be honest: Explain your data's limits. We wrote a separate story on the problems we found – especially with SDWIS – to help readers understand what conclusions could and could not be reached.

• Allow time: When you're getting data from varied sources, budget time for cleanup and verification. Also, many states aren't used to handling requests for computerized records, so there's a lot of haggling.

Peter Eisler can be reached by e-mail at peisler@usatoday.com

USA TODAY'S FIVE-PAGE REPORT, "DRINKING WATER'S HIDDEN DANGERS," WAS PUBLISHED OCT. 21, 1998.

VIEW THE REPORT ONLINE AT WWW.USATODAY.COM/NEWS/SPECIAL/WATER001.HTM

FOR REPRINTS, CALL PETER EISLER AT (703) 276-5822.

For copies of *The Plain Dealer* stories, contact Dave Davis by e-mail at ddavis@plaind.com

Check out "Taking the temperature of your local hospital," a handout from the 1998 IRE National Conference by Dave Davis and Rick Linsic, now of the St. Paul Pioneer Press, of the *Asbury Park Press* (#852 in the IRE Resource Center).

Also see tips on analyzing local hospital finances through public records (#307) and "Access to Medicare payment records: A case study in the weakness of FOIA" (#565).

From page three:

Medicare milked

Next, we grouped hospitals together based on their size (small, medium and large) and who operates them (for-profits or non-profits).

We found that size mattered little in how often hospitals claimed complications. Ownership, however, was a big deal. Because the records included the average amount hospitals received for each DRG, we also estimated how much tax money would have been saved if the small, for-profit hospitals had received reimbursement for patients no sicker than patients in their urban, non-profit counterparts. The figure was a whopping $22 million for the four-year period.

Dave Davis can be reached by e-mail at ddavis@plaind.com

From page four:

Finding the unknown

rect result of Fessenden and *Newsday's* findings.

Incredulous response

When the article ran, there was a lot of initial resistance by doctors.

"At first the doctors said, 'No way.' But some of them came back to me and said, 'Hmm. Maybe my practice is like the study.'"

Fessenden said his findings are important as both public service and investigative journalism. "The nice thing about this stuff is we found something other people didn't know. We took our findings to the health department and they said, 'What?' It's expert journalism in that it gives you information not previously known, as well as believability."

Adam Pitluk can be reached by e-mail at c664490@showme.missouri.edu.
Ford Fessenden can be reached by e-mail at fordfess@nytimes.com

From page six:

Measured neglect

that had worked well while putting together our original series.

We knew the state of Indiana collected the same nursing home census information as the federal government, so we hoped it would be a simple matter of obtaining that database. It wasn't. State officials denied the existence of any such electronic records, claiming only hard copy forms tucked into thousands of files warehoused in their offices.

Even though we were running into roadblocks set up by officialdom, we had other successes that inspired us to keep going. Using Paradox and SPSS software to analyze several different databases we had already obtained, we determined other patterns in the data that let us know we were on the right track. For example, we documented the impact poverty has on quality of care by examining state inspection records, U.S. census data and Medicaid reimbursement rates from the government. Analysis showed that most poorly performing facilities were in low-income neighborhoods and had high numbers of low-income residents – making us all the more anxious to look at racial demographic data.

Forced entry

To get it, we'd have to roll up our sleeves and do it the old-fashioned way.

Armed only with a Toshiba laptop, we went to Indiana's health department and had them pull hundreds of individual files on nursing homes. We then entered the racial data on residents and employees in a Paradox *.dbf file.

The analysis of that data yielded pages of disparities between care in predominantly black facilities and white ones. In fact, in every measurable way, the black homes were worse by wide margins.

The reporting that followed produced more action within the ranks of state government. The state health department, grilled by a committee of state legislators about what it intended to do about problem nursing homes, has commissioned its own study of racial disparities in nursing homes. Other legislators have vowed to hold public hearings regarding the problem.

Not bad for a "follow-up" story.

Mark J. Rochester can be reached at (800) 669-7827 ext. 9288 or by e-mail at mrochester@starnews.com

Deconstruct discharges

This handout, #643 in the Resource Center, was provided at NashCAR in 1997 by Robert Benincasa of the Burlington Free Press, *Rick Linsk of the* Asbury Park Press, *and Tom Gaumer of* The Plain Dealer

What hospital discharge records are: A documentation of each hospital discharge, showing the patient's illness, surgical procedures, age, insurance type, town or ZIP code, discharge status and other information. They're known generally as Uniform Billing (UB) records. Check with your state government or call the National Association of Health Data Organizations at (703) 532-3282 to ask about availability.

What hospital discharge records are not: They won't capture patients who visit the emergency room without being admitted. They won't capture surgeries or other procedures done in outpatient settings.

They aren't "severity adjusted." Some hospitals have sicker patients than others. To compare them, you must control for "case-mix" differences. Some papers have done so with SPSS; others have hired consultants.

They're not perfect. Some hospitals code the same thing differently; some leave certain fields blank. Check with your hospitals. See if there's an effort in your area to code data consistently.

They don't have confidential information about patients. Patient and doctor names are probably deleted. Dates may be deleted as well.

Unless you have a unique patient identifier, they won't provide an unduplicated count of people who have a particular condition – some people are admitted more than once for the same thing. Still, you can count episodes such as heart attacks, gunshots, births, hysterectomies and so on.

Fields and yields

Field: Diagnostic-related group (DRG)

Yield: Very specific information on the illness, accident or criminal episode that resulted in a hospital admission. The starting point for answering many types of questions.

Field: Diagnosis (or DX) codes and procedure codes

Yield: Specific aspects of a particular case. Also where you'll find the codes for accidents and crime. The various codes can be found in the ICD-9 manual, or International Classification of Diseases. Visit the Public Use Files area of HCFA's Web site at *http://www.hcfa.gov/stats/pufiles.htm* for an explanation of the codes. Also check the Web site of the National Center for Health Statistics at *http://www.cdc.gov/nchswww/products/products.htm.* For a hard copy, contact St. Anthony's Press at (800) 632-0123

Field: Length of stay (LOS), or days in the hospital

Yield: Hospitalization patterns by insurer or hospital, which may be driven by finances and market forces. Among hospitals with similarly severe case mixes, can provide some evidence of the influence of managed care. The trend is to control costs by shifting care from the hospital to other settings, such as home or a rehabilitation center. One increasingly viable frontier for analysis is outpatient surgery data.

Field: Payer

Yield: Could show dominance of a particular HMO in a particular market or characterize the extent to which consumers have a choice of providers. When cross-tabulated with DRGs, indicates patterns of illness in Medicaid and Medicare populations. A window into larger social and economic problems and policy questions.

Field: Billing amount

Yield: Comparing hospital rates, though keep in mind there is a variety of reasons why charges will differ, including Medicare burden, teaching mission and patient mix. Also, billed charges don't reflect discount agreements with insurers and rarely equate to the amount of money the hospital is actually paid.

Field: Home of patient (ZIP code or town)

Yield: Can demonstrate regional pull of a particular hospital for a particular procedure or illness. Potentially useful for characterizing competitive aspects of the health care market, such as mergers. Can show regional patterns of illness or social problems that result in hospital admission, such as violent crime, domestic abuse or teen pregnancy.

Robert Benincasa can be reached by e-mail at rbenincasa@gns.gannett.com
Rick Linsk can be reached by e-mail at linsk@app.com
Tom Gaumer can be reached by e-mail at tguamer@plaind.com

OTHER RECORDS AND REPORTS MENTIONED:

- **HOSPITAL BENCHMARK DATA:** MOST HOSPITALS KEEP "SEVERITY-ADJUSTED" FIGURES LIKE GROSS REVENUE PER ADJUSTED DAY AND PER ADJUSTED ADMISSION, COST PER ADJUSTED ADMISSION, AVERAGE DAILY CENSUS AND STAFF RATIOS.
- **STATE INSPECTIONS:** ASK FOR CYCLICAL ROUTINE INSPECTIONS AND SPECIAL INSPECTIONS TRIGGERED BY COMPLAINTS.
- **HEALTH PLAN EMPLOYER DATA AND INFORMATION SET (HEDIS):** REFINED INITIATIVE TO STANDARDIZE QUALITY AND UTILIZATION MEASURES AMONG HMOS. INCLUDES THE FREQUENCY OF PREVENTIVE HEALTH AND FOLLOW-UP MEDICAL CARE, ACCESS TO PROVIDERS, MATERNITY MEASURES AND DOCTOR QUALIFICATIONS. LEARN ABOUT AND DOWNLOAD THE DATA FROM THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE AT *WWW.NCQA.ORG/PAGES/POLICY/HEDIS/HEDIS.HTM* OR CALL (202) 955-3500.

IF YOU HAVE A PARTICULAR PROBLEM YOU WOULD LIKE TO SEE ADDRESSED IN A FUTURE TECH TIP, SEND AN E-MAIL TO BRENT JOHNSON AT BJOHNSON@NICAR.ORG.

FOR INFORMATION ON IRE TRAINING PROGRAMS, INCLUDING BOOT CAMPS, ON-THE-ROAD TRAINING, SEMINARS AND WORKSHOPS, CALL (573) 882-2042 OR VISIT THE IRE WEB SITE AT WWW.IRE.ORG/RESOURCES/CONFERENCES/TRAINING/

UPCOMING TRAINING:

- MAY 10-13, 1999 – CHAPEL HILL, N.C. ADVANCED STATISTICS WORKSHOP
- MAY 13-15, 1999 – COLUMBIA, MO. EDITOR BOOT CAMP
- MAY 16-21, 1999 – COLUMBIA, MO. COMPUTER-ASSISTED REPORTING BOOT CAMP
- JULY 18-23, 1999 – COLUMBIA, MO. COMPUTER-ASSISTED REPORTING BOOT CAMP
- AUG. 8-13, 1999 – COLUMBIA, MO. COMPUTER-ASSISTED REPORTING BOOT CAMP

TECH TIP

Two-fer sale

By Richard Mullins
NICAR

There are two tips this month: one original, one stolen. We try to run an honest column here, so I'll tell you which is which.

I stole the first tip from Tom McGinty, the new NICAR trainer. Do me a favor and return it to him after you use it.

Questioning integrity

The problem was a basic one: a data integrity check during processing at NICAR. Specifically, we wanted to know exactly how many data lines were in the text file that came off a tape cartridge. A question had arisen about whether the tape download was complete, so we needed a line count.

Many data files are too big to open in a text editor. Even if they're not, the process can be slow and unwieldy. There may not be a line counter in the editor you are using.

Here is what McGinty did. (It's so perfect, so simple, I wish I'd thought of it.) He created a FoxPro table with one field of just two characters. He did the append command and waited for FoxPro to finish. The resulting record count for the table was an accurate line count for the text file. Plus, it was efficient. Because there were fewer characters to import, the process was faster and didn't waste temporary disk space.

Here's why this worked. If you have a text data file that is 1,500 characters long and import it into a table whose specified fields only accommodate the first 50 characters, then FoxPro skips the rest of the line and goes to the next line.

Splitting dates and times

The next tip has to do with date/time values in Access. It's a handy feature that date/times can be stored in one field. An example would be one field for both the start time and the date for a cell phone call or an emergency dispatch, then another field for the time and date the call ended or the police or ambulance arrived. This makes it easy to calculate the duration of a call or the response time, especially for events that start before midnight and end afterward.

But what if you just want the time or date element plucked out of a date/time field? I once used the Access functions **DateSerial()** and **TimeSerial()** to do this. It works, but the syntax requires a bit of typing. The main utility of these functions is updating a date field by 30 days from the current value, or for one year from today, and the like.

It's simpler, however, to use the functions **DateValue()** and **TimeValue()**. Here are some query examples based on a table of parking or traffic tickets, with a field called **TicketDateTime**.

How many tickets written on each date?

```
SELECT DateValue(TicketDateTime),
       count TicketDateTime)
FROM Tickets
GROUP BY DateValue(TicketDateTime)
```

How many tickets were written in the afternoon?

```
SELECT *
FROM Tickets
WHERE TimeValue(TicketDateTime) >=
      #1:00 PM#
```

Richard Mullins can be reached by e-mail at richard@nicar.org

CAR Quote

Posted by Tim Henderson to the NICAR-L mailbox on Feb. 1, 1999: Although written by 19th-century economist Alfred Marshall, this seems to sum up what we're doing with CAR. At least, I can't think of a good project that didn't follow these rules to the letter.

"(1) Use mathematics as a short-hand language, rather than as an engine of inquiry.
(2) Keep to them till you have done.
(3) Translate into English.
(4) Then illustrate by examples that are important in real life.
(5) Burn the mathematics.
(6) If you can't succeed in (4), burn (3). This last I did often."

Note to self: Double-check

By Eric Mansfield
WKYC – Cleveland

My first journalism teacher, Annette Taylor, used to tell me in class to check my facts once and check my numbers twice. Thank God I remembered that on a recent story on professional solicitors who keep more than their fair share of the money they collect for charities.

I felt good about my skills, having read Brant Houston's *Computer-Assisted Reporting – A Practical Guide* and being self-taught in Access with the help of daily tips on the IRE and NICAR mailing lists.

On the day of the story, I swear I heard (my first journalism teacher) telling me to check those numbers one more time... Guess what? It *was* a typo... My "smoking gun" never fired.

Donating to solicitors

I obtained a database from the state attorney general's office detailing the solicitation campaigns for 492 Ohio charities. In all but 27 cases, the solicitors kept at least 70 percent of the donated money.

I came across an eye-popper. According to the database, the group that solicited for "Police and Fire Retirees of Ohio" collected $10.3 million and gave the charity only $1.2 million. In other words, they were keeping about nine million bucks to cover their costs. Nine million!

I thought: "This is it! This is my smoking gun!"

Actually, it wasn't that wild of a figure – many of the solicitors in the database were keeping hundreds of thousands of dollars for their "operating costs." So, seeing $9 million really wasn't as outrageous as seeing, for example, a database of teacher salaries in which one English teacher made $1 million. In other words, it wasn't an obvious typo.

Stop the promos!

We knocked on the front door of the abandoned house that was listed as the address for the solicitor. I finally reached the solicitor's CEO by phone, and he begged me not to run the story. He claimed the numbers were false. Having confronted many people who try to lie their way out of a tough spot, I assumed he was just covering his hide.

Our promotions department had already done one of those deep, dark "scamming the charities" spots using shots of the abandoned house and claiming the solicitor had made a quick getaway.

On the day of the story, I swear I heard Annette Taylor telling me to check those numbers one more time. I called the attorney general's office and had them re-check their database.

Guess what? It *was* a typo. All of the other numbers checked out, so I could still spotlight a solicitor keeping thousands. But my "smoking gun" never fired.

Lawsuit dodged

My gut told me all along that the CEO was lying. Fortunately, less than an hour from air time, I managed to stop the first promo from running – and I saved the station and my name from a big lawsuit.

After completing two small CAR investigations earlier, it was easy to get overconfident. Using criminal databases, I had detailed a failed employment system in both the Akron public schools and the city of Akron. Both systems conducted background checks for new hires but lacked any structure for keeping track of employees once they were hired. We found employees using their vacation time to serve sentences for crimes committed *after* they were hired.

The story on the solicitors was still a success. Anytime someone is keeping too much of the money intended for the less fortunate, you can run a provoking story. And, I've still got a few nuggets for follow-up stuff.

Eric Mansfield can be reached by e-mail at capteric@stratos.net

MANSFIELD WRITES: "THE DATABASE I OBTAINED HAS NOW BEEN POSTED ON THE OHIO ATTORNEY GENERAL'S WEB SITE AT WWW.AG.STATE.OH.US. CLICK ON "CHARITABLE FOUNDATIONS." IF YOU CAN'T GET YOUR STATE TO GIVE YOU A SIMILAR DATABASE, CHECK THIS ONE FOR SOLICITORS FROM YOUR AREA WHO OPERATE IN OHIO. IF THEY'RE TAKING ADVANTAGE OF GROUPS IN THE BUCKEYE STATE, I'LL BET THEY'RE DOING THE SAME TO CHARITIES IN YOUR AREA, TOO."

IF YOU HAVE RECENTLY ACQUIRED CAR SKILLS – BASIC OR ADVANCED – AND HAVE BEGUN APPLYING THEM IN YOUR REPORTING, LET US HEAR FROM YOU. CONTACT BRENT JOHNSON AT BJOHNSON@NICAR.ORG

Online and onward

By Bruce Garrison
University of Miami

It might seem obvious to say it, but computer use for daily reporting and other forms of newsgathering continues to grow. Research over the past five years has traced a steady pattern of increased use for daily stories and special projects.

Almost 90 percent of newspapers used computers in newsgathering and 97 percent used online services in newsgathering in 1998. The discrepancy may lie in the fact that some respondents perceived online use as different from computer use, which, to them, meant use of offline databases.

The research is based on national mail censuses with a longitudinal design conducted through the Computer-Assisted Reporting Research Project at the University of Miami. Each spring since 1994, self-administered questionnaires were mailed to papers with Sunday circulations of 20,000 or more.

Furthermore, there is growth in the number of responding newspapers that have their own Web sites. In 1998, almost 83 percent of newspapers had online editions – up from 67 percent a year earlier.

Frequency measures

Data in Table 1 show that more than 92 percent of 1998 respondents use the Internet in newsgathering – steady growth since 1994 when it was used by only one in four newsrooms.

Local government information is also widely used and widely available. Not every local government has made its records available on the Web, but the proportion is increasing annually and will likely continue to grow.

Commercial services that acquire public and private databases and package them for sale are also widely used by American journalists. Lexis/Nexis, a vast collection of libraries of public records and publication archives databases, is the leading commercial resource, used by 36 percent of responding newsrooms. Its use has jumped noticeably in the past year. America Online, once the leading commercial online resource, declined slightly.

Table 2 shows that news researchers, who once did almost all of the online research at the beginning of this decade, take on a significantly different role as the decade ends. As online research has become more user-friendly and accessible, these individuals have become trainers or coaches for others in the newsroom. As a result, an increasing proportion of reporters and editors, the data show, are doing their own research when possible.

Table 3 shows that the frequency of using online resources has increased steadily over the five-year period. Daily use of online tools has grown from about one-quarter of newsrooms to nearly two-thirds in 1998. Similarly, the number of newsrooms that have never used online tools has almost disappeared.

Search engine selection

Journalists tend to use two search tools. AltaVista, one of the original search engines on the Web, and Yahoo!, a search index, are the choices of nearly two-thirds of respondents.

Search engines are selected for a wide range of reasons. The most commonly cited reason, in response to an open-ended question, was that one-quarter of users started with what they considered a "major search engine." Other

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NICAR'S DATABASE LIBRARY CAN CONVERT DATA FROM ALL TYPES OF GOVERNMENT SYSTEMS. THE STAFF CAN TAKE NINE-TRACK TAPES, 4MM DAT TAPES, 3480/3490E CARTRIDGES, PRINT IMAGE FILES OR TRI/TR2 TAPES, AND PUT THEM ONTO CD-ROM IN THE DATABASE FORMAT OF YOUR CHOICE. NICAR STAFF CLEANS AND CONVERTS THE DATA, AND PERFORMS INTEGRITY CHECKS. PRICES ARE BASED ON THE SIZE OF YOUR NEWS ORGANIZATION. CALL THE DATABASE LIBRARY AT (573) 882-0684 FOR MORE INFORMATION.

POWER BOOST: THE DATABASE LIBRARY HAS PURCHASED A 3480/3490/3490E TAPE DRIVE. IN THE LIBRARY'S EXPERIENCE PROCESSING LOCAL AND FEDERAL DATA SETS, IT APPEARS THAT MANY AGENCIES ARE MOVING TOWARD THE 3490E FORMAT, WHICH IS WRITTEN AT 36-TRACK. IF YOU RECEIVE DATA IN THIS FORMAT, NICAR CAN NOW PROCESS IT.

Table 1: Leading online resources in newsrooms

Service	1994	1995	1996	1997	1998
Internet/WWW	25.0%	44.6%	66.5%	91.6%	92.4%
Local govt. online	38.9	27.2	28.3	46.0	54.1
Lexis/Nexis	28.8	28.2	28.8	25.7	36.2
America Online	17.3	38.0	47.2	42.5	35.1
PACER	—	19.5	23.2	27.4	28.1
Autotrack	—	—	—	20.4	27.0
FedWorld	—	19.9	20.6	19.9	21.1
Usenet Newspgroups	—	—	—	—	21.1
Any type of BBS	35.6	31.4	35.6	23.9	20.5
Dow Jones	16.3	12.2	13.3	15.5	20.5
DataTimes	14.9	26.8	24.5	19.9	19.5
Dialog	26.4	22.3	18.5	15.0	16.2
CompuServe	38.0	39.4	41.6	26.5	13.0

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reasons were familiarity with the engine, the type of search site selected, a "hit or miss" approach, choice based on the type of information needed, whatever search engine was the default site, the recommendation of an expert, convenience, speed and whether it was bookmarked.

Most users did take advantage of the advanced search options available. About 75 percent of respondents used advanced tools at some level, while only 17 percent reported not using them or did not know if they used them.

Web site pros and cons

The attraction of information on the Web lies in its large number of state and federal government sites. State sites, in general, and one particular federal site, the U.S. Census, were the most commonly used sites. One in four journalists reported that their news organizations used these sites.

Use of newspaper archive and online newspaper sites and a person-finding site, Switchboard, was also common.

Journalists tend to view the quality of Web sites the same way that they view human sources or hard-copy documents. There is concern for the quality of information found on Web sites. To be considered a journalistically strong Web site, respondents cited reputable sources most often (81 percent), but validity and accuracy (78 percent) were also viewed as important characteristics. More than two-thirds of journalists want searchable sites with ease of access and speed. Similarly, weak Web sites contained inaccurate information, useless or bad content, bad links and no attribution.

Lack of verification (54 percent), unreliable information (45 percent), lack of site credibility (44 percent), bad sourcing (44 percent), difficulty in finding a site (24 percent) and truthfulness (18 percent) are the most cited problems for using Web sites.

With Web expansion, journalists have numerous opportunities to communicate with sources and gather information in new ways. Electronic mail (90 percent) dominates use of non-Web Internet tools. After e-mail, Internet use drops off. File transfer protocol is used by about half of respondents (51 percent) and bulletin board systems are used by about one-quarter (28 percent). Audio conferencing, audio streaming, Internet telephony, push technology and video conferencing, in contrast, have yet to be adopted in newsrooms for newsgathering.

Finding information is the success story of online resources in newsrooms. It is used for backgrounding for stories (15 percent) and for locating difficult-to-find information (9 percent). Journalists believe extending government coverage and finding sources are other online successes. On the other hand, not taking advantage of online potential is mentioned most often (30 percent). Lack of access (15 percent) and slow learning of online tools are also causes of frustration in newsrooms.

Bruce Garrison can be reached at
(305) 284-2846 or by e-mail at
bruce@miami.edu

Table 2: Individuals conducting online research

Position/title of person	1995	1996	1997	1998
Reporter	23.5%	31.8%	48.2%	44.9%
Librarian/researcher	25.3	17.2	15.5	15.7
Anyone in newsroom	22.6	22.3	21.7	29.7
Editor	3.6	4.3	2.7	1.1
None/missing	14.5	21.0	11.1	7.0
Other	10.4	3.4	0.9	1.6

Table 3: Frequency of use of online resources

Frequecy	1994	1995	1996	1997	1998
Daily, more often	27.4%	28.9%	36.9%	51.8%	63.2%
Weekly, more often	12.1	22.0	25.8	28.8	25.4
Monthly, more often	3.6	9.8	12.9	4.9	2.7
Less than monthly	1.4	5.8	4.3	7.1	3.8
Missing/never used	38.9	33.8	20.2	5.3	4.9
Other	17.3	—	—	—	—

NICAR's Database Library has the following health-related databases available:

- **Medical Device Reports, 1974 - 1996: A** database listing medical devices that have failed, how they failed and manufacturer information
- **CDC HIV Surveillance Data 1996:** information from AIDS cases reported to state and local health departments

For more information on these databases and others that are available, point your Web browser to *www.ire.org/datalibrary/databases/index.html*

Health data online

By Matthew Hilburn
NICAR

Sniffing out the perfect data to use in your health care stories alone can be enough to cause carpal tunnel syndrome. The sheer volume of data out there can also cause a bad case of ICD-9 code 780.4. (You'll have to look that one up.) Still, there is a lot of very useful data to be found. While not nearly comprehensive, this list will hopefully reduce your time searching. The health care sleuth should keep in mind that quite a bit of the information on the Web is in the form of reports and journal articles. Also remember that government sites often use Adobe Acrobat file (*.pdf) format, so installing Adobe Reader, which is free, will prove extremely useful.

Centers for Disease Control and Prevention

Probably the first logical stop on any search for medical data is the **Centers for Disease Control and Prevention** (*http://www.cdc.gov*). This monster site deserves extensive explanation, but to thoroughly catalog all the data available would take up volumes. It's a fairly easy site to navigate, so your best bet is to dig around and familiarize yourself with all that's available.

One of the most useful areas within the CDC site is **WONDER** (*http://wonder.cdc.gov*). Registering offers users the opportunity to save work in progress and access "members only" data. With WONDER you can:

- Search for the Morbidity and Mortality Weekly Report articles;
- Query the CDC's extensive collection of data sets, which document mortality, cancer incidence, hospital discharges and AIDS;
- Find contact information for CDC staff members, other health professionals, or other Wonder users; and
- Send e-mails of most search results either in HTML or ASCII format for easy portability into database programs.

One recent addition to the CDC site is the searchable ICD-9 codes. Click on "Get Info" and select the ICD Finder, something finally making sense of these often confusing International Classification of Disease numbers. Unfortunately, you can only search by keyword, not by ICD number.

National Center for Health Statistics

National Center for Health Statistics (*http://www.cdc.gov/nchswww/default.htm*)

The NCHS is the nation's principal health statistics agency and a good place to start your search. Follow the link to the Data Warehouse where there are links to an abundance of information, including downloadable ICD-9 conversion tables, downloadable statistics for Health People 2000 and more.

National Institutes of Health

Another must-see site is that of the **National Institutes of Health** page for Health Information (*http://www.nih.gov/health*), which has links to the following:

- **National Institutes of Health Office of Dietary Supplements** (*http://odp.od.nih.gov/ods/*), which includes a link to the new International Bibliographic Information on Dietary Supplements (IBIDS) database.

Dietary Supplements seem to be the focus of a lot of media attention these days, and now the NIH has opened a huge Web site dedicated to available research on the effectiveness of these popular supplements. Its intuitive interface allows users to enter a dietary supplement into the search engine.

- **National Center for Complementary and Alternative Medicine** (*http://altmed.od.nih.gov/nccam/*), which provides information on unconventional health care practices and disseminates research findings.
- Cancer information is available from the **National Cancer Institute** (*http://www.nci.nih.gov/*). For easy access to all clinical trials information from the NCI, click on the Cancer Trials link, which will provide information for health professionals, patients and the public concerning cancer treatment, screening, prevention, supportive care, and clinical trials.
- The "Search Databases" link on the Web site of the **National Library of Medicine's** MEDLINEplus (*http://www.nlm.nih.gov/medlineplus/*) provides links to AIDS databases, cancer databases and literally tens of others.

A few examples: Alcohol and Alcohol Problems Science Database from the Na-

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From the "Taking the temperature of your local hospital" handout (#852 in the IRE Resource Center), which was provided at the 1998 IRE National Conference by Dave Davis of The Plain Dealer and Rick Linsk of the Asbury Park Press, here are other Web sites to consider:

- CDC National Nosocomial Infections Surveillance reports, which gives estimates of hospital-borne infection rates in selected, unnamed hospitals – www.cdc.gov/ncidod/hip/surveillnnis.htm
- For organ transplants information, see the United Network for Organ Sharing at www.unos.org and TransWeb at www.transweb.org

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Medical resources

tional Institute on Alcohol Abuse and Alcoholism; Rare Diseases Clinical Research Database from the Office of Rare Diseases; Smoking and Health Database from the National Center for Chronic Disease Prevention and Health Promotion; AMA Health Insight from the American Medical Association; the Mayo Clinic Health Oasis; and the USDA Nutrition Database.

Health and Human Services

The direct link to research and data of the **Department of Health and Human Services** (*http://www.os.dhhs.gov*) is located at *http://www.hhs.gov/policy/research.html*. There you'll find links to several of the databases already mentioned as well as the following: National Center for Toxicological Research Gopher; Molecular Biology Databases; Toxicology and Environmental Health Information Program; and the Health Care Financing Administration.

HHS also developed and maintains a **Healthfinder** site (*http://www.healthfinder.gov/*). Clicking on the database section under "More Tools" links you to an exhaustive listing of health-related sites. You will also find specific information on "Hot Topics" such as AIDS, cancer, child care, diabetes, food safety, Medicare and tobacco.

Other important sites

Medscape (*http://www.medscape.com*) offers an abundance of medical journal articles from clinical journals and medical news providers. You must register, but it's free.

Click on the extensive listing of health Web Sites under "Health Resources" on **InteliHealth** (*http://www.intelihealth.com/IH/ihtIH*), health information from Johns Hopkins. Jump to the **InteliHealth Professional Network** (*http://ipn.intelihealth.com/ipn/*) using the logo in the top right corner of the homepage. There are links to clinical databases, including MEDLINE (among the largest biomedical databases with more than 9,000,000 references to journal articles in all fields of medicine and related disciplines), as well as government and research databases. Also included is a link to **MedCite**, an advanced medical literature service.

See the "Health Care" link on **Public Agenda's** Web site (*http://www.publicagenda.org/*). Most interesting is the "Story Angles" link, which gives ideas for stories, facts and perspectives. The "Sources and Resources" link offers just what it advertises. The "Notable and Newsworthy" link also presents a useful collection of recent articles on health care. Not a lot of hard data, but the site might get those creative juices flowing.

Despite the humorous name, the Internet Grateful Med (*http://igm.nlm.nih.gov*) site is dead serious about providing data through links to the following health-related databases: MEDLINE (biomedical journals since 1966), AIDSLINE (references to recent AIDS literature), AIDSDRUGS (description of substances used in AIDS-related trials), AIDSTRIALS (AIDS-related clinical trials), BIOETHICSLINE (references to bioethics literature), ChemID (directory of chemical compounds), DIRLINE (directory of organizations), HealthSTAR (health services and technology assessment research), HISTLINE (literature about history of health-related professions), HSRPROJ (project records for research in progress), OLDMEDLINE (biomedical journals from 1960 to 1965), POPLINE (references to population, family planning and developing-country issues), SPACELINE (research from space life sciences), and TOXLINE (references to toxicology information).

The **Medical Expenditure Panel Survey** (*http://www.meps.ahcpr.gov/data.htm*) is a representative national survey of health care use, expenditures, payment sources and insurance coverage for the U.S. It is also a national survey of nursing homes and their residents.

At the Web site for the **Health Care Financing Administration** (*http://www.hcfa.gov*), which administers the Medicare, Medicaid and Child Health federal insurance programs, you'll find national health expenditure tables, projections, Medicare enrollment statistics, trends by state and county, Medicare utilization statistics, and more. It's a well-designed, easy-to-use site loaded with information.

Matt Hilburn can be reached by e-mail at hilburn@nicar.org

TO STEER YOUR CAR PROJECTS IN THE RIGHT DIRECTION, ORDER THE SECOND EDITION OF *COMPUTER-ASSISTED REPORTING: A PRACTICAL GUIDE* BY BRANT HOUSTON. IT PROVIDES A GATEWAY TO THE FIELD FOR BOTH BEGINNING AND EXPERIENCED JOURNALISTS WHO NEED TO LEARN ESSENTIAL SKILLS AND GET UP TO SPEED IN THE COMPUTER AGE. A PC DISK WITH DATA EXERCISES IS INCLUDED.

FOR A LIST OF OTHER TITLES AVAILABLE FROM IRE AND NICAR, OR FOR INFORMATION ON ORDERING ONLINE, VISIT THE IRE BOOKSTORE AT WWW.IRE.ORG/STORE/BOOKS/

Bits, Bytes and Barks

IRE Web site overhaul

Investigative Reporters and Editors has launched a revamped Web site aimed at better serving current members and drawing future members.

The new site, while containing many of the features of the former site, is easier to navigate, offers more options for doing business with IRE staff and debuts some new features.

There are more online registration forms and order forms. The IRE Store offers books, tapes and other IRE goods for easy purchase. Along with the popular job posting board, a fellowship/grant posting board is now available.

The site will soon make use of members-only areas allowing members to access the latest issue of *The IRE Journal*, reporter tipsheets, archived listservs, a personal information update area and more. Members will receive passwords in the mail before any members-only gates go up.

Work on the site will continue. Educators especially will be sought out to contribute to the IRE Journalism Educators Center.

Suggestions are welcome. Contributions are urged. E-mail should be sent directly to Deputy Director Len Bruzzese at len@ire.org.

Moving on

Ford Fessenden, formerly with *Newsday*, has joined *The New York Times*. If you have recently switched locales, let us hear from you. Send an e-mail to Brent Johnson at bjohnson@nicar.org.

The Editor Boot Camp, May 13-15

This new computer-assisted reporting boot camp for editors is an intensive three-day workshop tailored to the needs of newsroom managers. This includes top editors or news directors, managing editors, AMEs, assignment editors and other editors directing reporters. This boot camp will teach editors the things they need to know to make CAR successful in their newsrooms. They'll experience just enough hands-on work to understand what their reporters are tackling and what more is possible. They'll also hear from other editors who have been there before them, and not only survived, but flourished. They'll hear how to negotiate for electronic records without turning to a lawyer right away. Like all IRE training sessions, they'll leave with practical suggestions to put into use back home.

For more information, call IRE and NICAR at (573) 882-2042 or visit the IRE Web site at www.ire.org.

IRE National Conference

The Investigative Reporters and Editors National Conference, co-sponsored by *The Kansas City Star* and KCTV, will be held June 3-6, 1999 in Kansas City. You may also register online or download an early registration form at *www.ire.org/resources/conferences/kansascity/index2.html*.

Information on other IRE and NICAR national and regional conferences is available at *www.ire.org/training/conferences.html*.

Investigative Reporters and Editors, Inc.
138 Neff Annex
University of Missouri
School of Journalism
Columbia, MO 65211

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