

**Question:** In 2017 the cost of an abdomen CT scan was how many times more in the US than Holland?  
 A) same      B) 3 times      C) 5 times      D) 10 times      E) 15 times

## Avoid Falls in the Elderly

Two [experts wrote](#) in the *New England Journal of Medicine* about the importance of avoiding falls in community-dwelling, older adults. Most of us know an older adult who has taken a serious fall and was never the same again. How can falls be avoided? The authors begin by noting that almost 1/3<sup>rd</sup> of adults over 65 years old fall at least once each year. They define ‘fall’ as an unintended event that leaves the person on the ground, floor, or lower level. I remember a nasty fall my father took at a breakfast buffet as he was walking with a plate of food. He was quite embarrassed.

There are intrinsic and environmental factors that contribute to the risk of falls. One of the ways to detect fall risk in a person is to have them do a ‘Timed Up and Go’ test ([TUG](#)). This test is simple. Sit in a chair. Get up and walk at your normal pace for 10 feet, turn around and walk back to the chair, and sit down. If this takes more than 12 seconds, the person is a fall risk. Intrinsic factors that increase fall risk include the following: impaired balance, gait problems, poor vision, or lightheadedness upon standing. Fall risk may be increased by medication or alcohol use.

If a person is found to be a fall risk, then evaluation of gait, balance, and strength should be performed to design an exercise program to mitigate risk. After a serious fall at home, my father benefited greatly from physical therapy. That ultimately gave him a lower risk of falling than he had before his serious fall. Rehabilitation works.

The experts mention the importance of a home assessment for the presence of things that increase fall risk. Apparently, Medicare may pay for such an assessment but is unlikely to pay for home modifications. My father, who remained home until

his death, was in a minefield of steps that several times caused him to experience serious falls. Even though we installed a ramp to cover double steps and a lift to go from one floor to the next, he managed to get to small sets of steps and hurt himself. Safety advocates cannot overemphasize the importance of evaluating older folks for intrinsic-fall risk and removing fall hazards from their home environment.



## Aspirin to Prevent Clots after Hip and Knee Replacement

A group of [British scientists](#) used a meta-analysis of quality studies to discern if aspirin to prevent clots after total hip or knee replacement is as good as more expensive drugs such as rivaroxaban (Xarelto) or dabigatran (Pradaxa), or others such as warfarin. I’ve provided the brand names because you have likely heard these advertised. The investigators distilled 437 potentially useful articles down to 13 involving a random control trial, which is the gold standard for such investigations. Across the board, aspirin was found to be statistically comparable to other anticoagulants. The investigators rated the quality of data from low to high. Aspirin did not increase wound bleeding, a potential side effect of anticoagulants.

As I looked over the details of the data, I found some unsettling facts. For example, aspirin doses ranged from 81 mg to 1500 mg. The doses were administered once or twice each day, and this continued for a range of 9 d to 42 d. One must question the heterogeneity of such data and ask

whether any defensible conclusion can be made. Given the high number of hip and knee replacements performed around the world, doctors need to figure out what works and what does not in high quality trials with plenty of randomly distributed subjects. If you are troubled by the high cost of medical care and your doctor agrees, you may want to try aspirin for anticoagulation after a knee or hip replacement.

### **Why is American Health Care So Expensive?**

In a [JAMA Forum article](#) an MD discusses the reasons for high prices in health care ‘empires.’ Prices for health care increase for three reasons: an aging population, the frequency of use of services, and the price paid for each service. Higher prices for health care contributed about half the cost increases from 2017 to 2018. How do our prices for services compare with other developed countries? The author suggests a look at this link: [prices of healthcare services by country](#). I’d say that you MUST look at this link and ask yourself, “What are we in America doing wrong? Our life expectancies are lower than other developed countries. What must change?”

The author of this article cites a specific example. Outpatient magnetic resonance imaging and computed tomography cost 4-5 times more in the U.S. than in other developed countries. The author notes that cardiac bypass, angioplasty, hip replacement, knee replacement, appendectomy, hysterectomy, and normal birth are priced 2-4 times higher in the U.S. than in other developed countries.

The medical tourism industry seems to be doing well. The AARP published a guide a few years ago ([AARP Medical Tourism](#)). Medicare coverage is limited for procedures performed in foreign countries ([Medicare coverage out of US](#)). The CDC has a guide on medical tourism ([CDC Medical Tourism](#)). I cannot recommend medical tourism; however, it may be worth looking into for certain procedures that may be performed safely in a country that you have wanted to visit.

### **Are Pharmaceutical Companies Making Large Profits?**

The ever-increasing cost of medications has been painfully noticed by many Americans. A team of [investigators](#) asked if the profits made by pharmaceutical companies are out of line with other

American companies. From annual financial reports of companies, they compared the median annual profit margins from 2000 to 2018 of 35 large pharmaceutical companies with 357 companies on the S&P 500 listing. They deduced that pharmaceutical companies had a 76% profit margin, whereas the S&P 500 companies had only a 37% margin. Compensating for company size and reporting year, and comparing only companies with research and development costs, the gross profit margin difference dropped to 30%.

An expert looked at the above study, and then gave some interesting [perspectives](#) on the cost of drugs. He noted that a sign of high profits in an industry is the rate of entry of new companies. Pharmaceutical production has the second largest number of new companies of any industry as measured by amount of venture capital invested. Another way to look at drugs is to measure their clinical value vs price. For a true breakthrough-drug the value to cost ratio seems favorable. However, many anti-cancer drugs do not pass usual cost-benefit criteria. The writer feels that government measures to limit drug prices would stifle innovation. Here is an interesting article comparing drug prices in developed countries and the reasons that drug prices are so high in the U.S. [Drug Price Comparisons](#). Roughly 10% of Americans buy their drugs from foreign sources.

In another opinion article, [two authors](#) wrote about the steady increases in drug prices and how pharmaceutical companies manipulate the system to their advantage. Roughly 1 in 4 Americans have trouble affording their prescription drugs and of these, the most in need of their prescriptions are least able to afford them. Proposed legislation from the House has been stopped by Senate leaders because government control of prices is considered ‘socialism.’ The authors note that California has banned drug companies from paying generic makers to keep their product off the market so that branded drugs control the market. The law has been challenged in the courts based on its presumed interference with interstate commerce. You cannot make this stuff up. Of course, the high contributions of pharmaceutical companies to political campaigns helps to sustain the status quo.

It’s likely that in the chaos generated by the COVID-19 virus that some pharmaceutical

companies will seize the opportunity to gouge the public. Perhaps preventing price gouging is socialism. It seems to me that the message of COVID-19 spread is that we are living in this small planet TOGETHER. If we don't start viewing mankind that way, we are doomed.

### **Nutrition in Hospitalized Patients**

Based on [an article](#) in *Annals of Internal Medicine* addressed to hospitalists, it would be difficult to overestimate the value of nutritional support in medically complex patients. A recent meta-analysis using 27 studies showed that nutritional support reduces both death and unscheduled readmission by 25%. The authors indicate that within 48 hours of admission to a hospital, patients should be screened with the Nutritional Risk Screening 2002 tool or comparable tool. This must not be optional. The authors provide a 4-step algorithm for nutritional support: screening, medical assessment, define a nutritional plan, and administer and monitor the execution.

The authors note that the hospitalist is 'well positioned' to make this happen. I'd note that the patient advocate is also well positioned to make nutritional support happen. If you are looking after a medically complex patient, ensure that their nutritional assessment has been performed and the results acted upon. Do not rely on the patient's attending physician or hospitalist to do this. Doctors do not receive substantive training in the importance of nutrition.

Nutrition is not just an issue in hospitalized, older adults. A [recent report](#) from the Government Accountability Office entitled *Nutrition Assistance Programs – Agencies Could Do More to Help Address the Nutritional Needs of Older Adults* expounds on the many ways federal nutrition programs could be improved. The USDA oversees 4 of the programs and the HHS oversees 2 of them. The report urges HHS to get going on revising nutritional needs of older adults, especially those with chronic conditions. There is no doubt that adequate nutrition leads to better health outcomes.

### **Epidemic of Syphilis**

A [review article](#) in the *New England Journal of Medicine* laments the recent increase in the number of reported cases of syphilis. The number of

cases reported to the CDC increased 80% from 2014 to 2018. In that year, 86% of the cases were in men and more than half of these reported having sex with men. In women there is a strong link between use of illicit drugs and syphilis. This disease has a complicated natural history involving primary and secondary stages. The disease may be transmitted from asymptomatic individuals. There is some promise of a vaccine in years to come. The authors point out that traditional strategies (screening, treatment, education) for control must adapt to the reality of 'geosocial networking apps' that lead to anonymity among sexual partners.

### **The Game of Prior Authorization**

Three experts wrote about the burden placed on patients, clinicians, and healthcare organizations by [prior authorization](#) of procedures. The genesis of prior approval began in the 1980s when insurance companies became aware that not all procedures proposed by clinicians were needed. Denial or later reversal of approval by an insurance company for a presumably needed procedure may seriously stress a patient. The authors point out that recourse is limited in such cases and even with approval, the insurance company may ultimately refuse to pay because the typical contract does not guarantee payment. Then the medical bill becomes the responsibility of the patient. The writers declare that patients must be protected from these sorts of bills.

In my opinion, patients should be told before a procedure what their out-of-pocket costs will be, and this must be binding on the provider and insurer. This is what a [reasonable patient](#) wants and must become a routine part of informed consent and shared decision-making. Patients are tired of a menu without prices.

### **Care of Homeless Americans**

A large [team of investigators](#) compared the hospital care of homeless people with that of people living at home. They examined records of 25,000 homeless and 1,830,000 non-homeless people in Massachusetts, New York, and Florida from 2010 to 2015. After balancing demographics, the investigators found that after a heart attack the homeless were less likely to undergo coronary angiography (40% vs 71%), percutaneous coronary intervention (25% vs 47%), or coronary artery

bypass surgery (2.5% vs 7.0%). Mortality was higher in homeless people (8.9% vs. 6.2%). On any given night about 560,000 human beings are homeless in the USA. Most of us live in communities where we seldom see homeless folks. Getting optimal care for them is going to be a challenge. Just so you know.

## Sites and Links

CDC fails to report outbreaks of dangerous pathogens:

<https://cddep.org/blog/posts/the-untimely-reporting-of-drug-resistant-outbreaks/>

Increasing anxiety in healthcare workers dealing with Coronavirus: <https://www.latimes.com/california/story/2020-03-02/healthcare-workers-anxiety-as-coronavirus-takes-root-in-the-us>

Did the CDC drop Coronavirus testing data?

<https://www.theverge.com/2020/3/2/21161693/cdc-coronavirus-testing-numbers-website-disappear-expansion-us>

Seattle woman with coronavirus symptoms struggles to get tested: <https://www.dailykos.com/stories/2020/3/3/1923885/-Seattle-woman-with-coronavirus-symptoms-shares-her-infuriating-attempts-to-get-tested?detail=emaildkre>

FDA issues new box warning for Singulair and its generics:

[https://www.fda.gov/safety/medical-product-safety-information/singulair-montelukast-and-all-montelukast-generics-strengthened-boxed-warning-due-restricting-use?utm\\_campaign=FDA%20MedWatch%20Singulair%20%28montelukast%29%3A%20Strengthened%20Boxed%20Warning&utm\\_medium=email&utm\\_source=Eloqua](https://www.fda.gov/safety/medical-product-safety-information/singulair-montelukast-and-all-montelukast-generics-strengthened-boxed-warning-due-restricting-use?utm_campaign=FDA%20MedWatch%20Singulair%20%28montelukast%29%3A%20Strengthened%20Boxed%20Warning&utm_medium=email&utm_source=Eloqua)

Over dependence on China for our drugs: <https://www.c-span.org/video/?470077-5/washington-journal-rosemary-gibson-discusses-us-reliance-china-lifesaving-drugs>

CDC was ill prepared to react to the coronavirus threat:

<https://www.politico.com/news/2020/03/06/coronavirus-testing-failure-123166>

So far we are losing the fight against the coronavirus (Kevin Kavanagh, MD):

<https://www.infectioncontroltoday.com/coronavirus/viewpoint-were-losing-fight-against-covid-19-so-far>

Insights into Washington State nursing home where coronavirus got a foothold in the US:

[https://www.cnn.com/2020/03/08/politics/coronavirus-washington-nursing-home-life-care-center-kirkland-cnntv/index.html?fbclid=IwAR0BX03cuCMKygdh7RzLqnXP\\_HufleieJD5OzOw3tePIctzpUyxEmb95zzvM](https://www.cnn.com/2020/03/08/politics/coronavirus-washington-nursing-home-life-care-center-kirkland-cnntv/index.html?fbclid=IwAR0BX03cuCMKygdh7RzLqnXP_HufleieJD5OzOw3tePIctzpUyxEmb95zzvM)

U.S. response not so good compared to some other countries (NPR): "Our response is much, much worse than almost any other country that's been affected," Dr. Jha says:

[NPR US COVID 19 response compared to other countries](https://www.npr.org/2020/03/08/8251970379)  
<https://www.bbc.com/news/world-asia-51970379>

Bumps in testing for COVID-19 in the US (JAMA):

[https://jamanetwork.com/journals/jama/fullarticle/2762951?gclid=8990155a-9e10-433c-86a3-07d0715675cb&utm\\_content=weekly\\_highlights&utm\\_term=031420&utm\\_source=silverchair&utm\\_campaign=jama\\_network&utm\\_medium=email](https://jamanetwork.com/journals/jama/fullarticle/2762951?gclid=8990155a-9e10-433c-86a3-07d0715675cb&utm_content=weekly_highlights&utm_term=031420&utm_source=silverchair&utm_campaign=jama_network&utm_medium=email)

Pre-symptomatic transmission of COVID-19 seems high:

<https://www.infectioncontroltoday.com/covid-19/covid-19-ips-other-healthcare-workers-greater-jeopardy-thought>

Deadly errors being made in response to COVID-19:

<https://www.vox.com/2020/3/16/21181025/coronavirus-covid-19-us-testing-pandemic>

South Korea did MUCH better in responding to the

coronavirus than the U.S.: [https://www.reuters.com/article/us-health-coronavirus-testing-specialrep/special-report-how-south-korea-trounced-u-s-in-race-to-test-people-for-coronavirus-idUSKBN2153BW?utm\\_medium=Social&utm\\_source=twitter](https://www.reuters.com/article/us-health-coronavirus-testing-specialrep/special-report-how-south-korea-trounced-u-s-in-race-to-test-people-for-coronavirus-idUSKBN2153BW?utm_medium=Social&utm_source=twitter)

**PSAN Video on MedWatch and reporting of drug side effects, especially of COVID-19 drugs:**

[https://www.youtube.com/watch?v=2\\_2DmKvh9Mc](https://www.youtube.com/watch?v=2_2DmKvh9Mc)

PSAN statement on what must be done to stop COVID-19

(from patients for patients): [https://97285586-5443-4e03-b0bb-3bc35e349156.filesusr.com/ugd/bb8e9a\\_971d85b890e848c58fc47a3850653e1b.pdf](https://97285586-5443-4e03-b0bb-3bc35e349156.filesusr.com/ugd/bb8e9a_971d85b890e848c58fc47a3850653e1b.pdf)

Chaos at the CDC hampered early response to COVID-19:

<https://www.propublica.org/article/internal-emails-show-how-chaos-at-the-cdc-slowed-the-early-response-to-coronavirus>

ACE Inhibitors linked to severe COVID-19 symptoms:

<https://www.infectioncontroltoday.com/covid-19/evidence-continues-link-ace-inhibitors-severe-covid-19-symptoms>

Find past newsletters:

<http://patientsafetyamerica.com/e-newsletter/>

## PATIENT PAGES

[Aspirin for Prevention of Cardiovascular Disease](#)  
[Screening for Cognitive Impairment in older adults](#)  
[Surprise Medical Bills](#)



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**Answer to question: answer (D)** <https://healthcostinstitute.org/in-the-news/international-comparisons-of-health-care-prices-2017-ifhp-survey>