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<http://PatientSafetyAmerica.com>

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Question: As measured by the number of reported COVID deaths per million residents, how does the U.S compare to China? A) about the same B) 10 times worse C) 25 times worse D) 100 times worse

Beware Lung Cancer Screening Sites

There are many reasons to fear lung cancer. It is the leading [cause of death](#) from cancer in men and women, totaling about 143,000 deaths per year in the U.S. The five-year survival rate is about 23%. Even occasional smokers have an increased risk of lung cancer. Your decision to be screened for this cancer is complicated and you should be wary of the information presented on websites that offer this service. A [team of investigators surveyed](#) 162 lung cancer screening sites, searching for honesty about the risks and benefits of the screening. Their findings should trouble anyone who hopes to get straight answers about the value of lung cancer screening.

They found that 98% of the sites presented benefits of the screening but only 48% presented any harms of screening, with false positives being the most common potential harm. Only 22% of the sites suggested that patients should discuss benefits and potential harms with their doctor. Such a discussion is part of expert guidelines for lung cancer screening.

Three [experts commented](#) about shared decision making in the context of lung cancer screening. They pointed out that shared decision making is not being practiced for this type of screening. When it is, the influence on the patient's decision may be minimal or important, depending on which study one cites. In a study of Medicare patients, only 61% decided to go ahead with screening after shared decision making. The authors note that shared decision making can be only as good as the information provided. The authors provide principles for a patient/physician guide: how big in absolute terms is the risk of death from lung

cancer? What are the benefits of screening and the potential harms? Clinicians must communicate variability and uncertainty in the available information.

Finding Errors in Your Medical Record

A large [team of investigators](#) asked how often in ambulatory care do patients find errors in their medical record. They surveyed patients treated at one of 79 academic and community ambulatory centers in 3 healthcare systems in the U.S. They received responses from 23,000 patients of which about 4800 reported a mistake in their records, and 2,000 were reported to be serious. The more serious errors included wrong information about diagnosis, mistakes in the patient's history, and inaccurate information about medications, allergies, and test results. The demographics of those reporting errors showed more reports by women, by the more educated, by sicker patients, and by older patients.

The point here is obvious. Periodically review your medical record for mistakes and omissions. View yourself as part of your care team. You do not want to become a victim of medical harm because your records were inaccurate.

Non-daily Smoking and Your Health

A group of PhD's and public health [experts](#) asked whether episodic smoking affects one's health. They linked a tobacco use database to a death index, finding more than 500,000 matches. Smokers were grouped as daily smokers, never smokers, or non-daily smokers. Daily smokers smoked about 600 cigarettes per month, whereas the lifelong, non-daily smokers smoked about 40 per

month. They searched for an association between all-cause mortality and number of cigarettes smoked by non-daily smokers. Even for those smoking only 6-10 cigarettes per month, the all-cause mortality was higher than those who never smoked. For the group of life-long, non-daily smokers, the hazard ratio was 85% higher for all-cause mortality than for never smokers. They recommend that people cease all smoking, *totally*.

Preferences of Seriously Ill Patients

Seriously ill older patients may face some difficult decisions about their intensity-of-care near the end of life. A [small team of investigators](#) ask 180 such patients if they would trade a year off their life expectancy of 5 years and die at home, to avoid the alternative of spending the final 3 weeks of their 5-year lifespan in an ICU, dying there on life support. Of the 180 patients aged 60 or older, 156 said they would make that 1-year tradeoff. The authors caution that patients must have their preferences declared *before* they become too ill to communicate these.

Colonoscopy after 75

A [team of Canadian investigators](#) asked whether the frequency of complications following an outpatient colonoscopy was higher in older patients. They examined 38,000 records of patients undergoing a first-time colonoscopy in Ontario in the years from 2008 to 2017, breaking their age groups into those between 50 and 74 years old and those 75 and older. They compiled the rate of complications (ER visits and hospitalizations) in the 30 days after the colonoscopy. The rate of complications in the younger group was 2.6% and in the older group it was 6.8%. They listed independent risk factors for complications as follows: anemia, heart arrhythmia, heart failure, high blood pressure, kidney disease, liver disease, smoking and obesity.

The authors cautioned that colonoscopy “needs to be carefully considered in patients older than 75 years.” This is especially true in patients with any of the above risk factors. I would advise talking to your primary-care doctor about your benefits and risks of various screening options. The answers will not be simple.

Reporting Quality of Patient Care

The ongoing pandemic has bubbled up the challenges of current reporting of the quality of medical care. Two [experts described](#) the current barriers to efficient reporting as follows: it is too labor intensive, it takes too long to produce data, and it lacks standardization. The Centers for Medicare and Medicaid Services (CMS) declared that they would not use any such data from hospitals for the first half of 2020 to assess performance. The authors opine that this decision was necessary to focus efforts on dealing with the pandemic.

The authors propose solutions to each of the three problems above. Automated data capture systems must be developed to reduce labor demands. To improve the data lag, data in the Electronic Health Records must be used rather than claims data. To standardize the measures, there should be an expert committee that selects the data to be abstracted and how this would be processed. Standardization will facilitate comparisons of hospital quality. We should not be looking the other way when it is time to report quality measures when the system is stressed (my opinion).

COVID Collection for June

7-day rolling averages by county (Harvard Global Health Institute): <https://globalepidemics.org/key-metrics-for-covid-suppression/>

Excellent video from PBS on what went wrong with our response to the coronavirus (1 ½ hours long): <https://www.pbs.org/wgbh/frontline/film/the-virus/>

Trump’s plan to withdraw from the World Health Organization:

<https://www.statnews.com/2020/05/30/who-withdrawal-dire-consequences/>

<https://www.forbes.com/sites/jacquelyncorley/2020/05/31/as-us-pulls-out-of-who-universal-health-coverage-also-takes-a-hit/#aada3a618ab4>

Too many deaths in Sweden from delays in lockdown:

<https://www.bloomberg.com/news/articles/2020-06->

[03/man-behind-sweden-s-virus-strategy-says-he-got-some-things-wrong](https://www.theguardian.com/world/2020/mar/03/man-behind-sweden-s-virus-strategy-says-he-got-some-things-wrong)

Blame-game may be coming over huge number of COVID deaths in nursing homes:

<https://www.infectioncontroltoday.com/covid-19/26000-covid-19-deaths-nursing-homes-might-spur-federal-state-blame-game>

COVID-19 in Maryland nursing homes, a call for improvements:

<https://www.marylandmatters.org/2020/06/04/opinion-covid-19-and-nursing-homes-a-path-forward/>

Creating a structurally competent healthcare system after COVID (JAMA):

https://jamanetwork.com/journals/jama/fullarticle/2767027?guestAccessKey=a1a81ddb-d7b5-4160-b06f-b463d8efa47f&utm_source=silverchair&utm_medium=email&utm_campaign=article_alert-jama&utm_content=olf&utm_term=060420

Convalescent plasma did not improve healing from COVID (JAMA):

https://jamanetwork.com/journals/jama/fullarticle/2766943?guestAccessKey=cb48a9e4-60d5-4dd8-ba2d-3a4790b99737&utm_source=silverchair&utm_medium=email&utm_campaign=article_alert-jama&utm_content=olf&utm_term=060320

Expert comment:

https://jamanetwork.com/journals/jama/fullarticle/2766940?guestAccessKey=87dedcf4-4cc4-4a4f-a2a6-f1d3beed085b&utm_source=silverchair&utm_medium=email&utm_campaign=article_alert-jama&utm_content=olf&utm_term=060320

But this just in on convalescent plasma:

https://dellmed.utexas.edu/news/covid-19-convalescent-plasma-therapy-is-safe-with-76-of-patients-improving?utm_campaign=MDSC_FY19-20_Newsletter_eNews_EML_0630&utm_medium=email&utm_source=Eloqua&elqTrackId=8ef615d0b14c4972bdfaad3216b63786&elq=a08d0fe995b2401abbc472b7d30a2895&elqaid=18401&elqat=1&elqCampaignId=14639

JAMA Open – COVID rate in adjacent counties in Iowa and Illinois compared, stay at home had about a 30% effect in reducing cases:

https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2766229?utm_source=silverchair&utm_medium=email&utm_campaign=article_alert-jamanetworkopen&utm_content=mthlyforyou&utm_term=060720

Rapid changes to health system may be here to stay:

<https://khn.org/news/rapid-changes-to-health-system-spurred-by-covid-might-be-here-to-stay/>

U.S COVID response has been poor compared to other countries: <https://time.com/5850680/u-s-response-covid-19-worse-than-chinas/>

How healthcare works in other countries (The Commonwealth Fund):

https://www.commonwealthfund.org/international-health-policy-center/countries?utm_source=alert&utm_medium=email&utm_campaign=International%20Health

Opinion on how to learn from the COVID-19 experience (Victor Fuchs):

https://jamanetwork.com/journals/jama/fullarticle/2767352?guestAccessKey=811e7ce1-2e9f-41f6-8da2-8c7f90c9415e&utm_source=silverchair&utm_medium=email&utm_campaign=article_alert-jama&utm_content=olf&utm_term=061220

FDA withdraws emergency approval for hydroxychloroquine for use against COVID-19:

<https://www.statnews.com/2020/06/15/fda-revokes-hydroxychloroquine/>

Kevin Kavanagh, MD on the COVID-19 winners and losers: <https://www.courier-journal.com/story/opinion/2020/06/16/coronavirus-kentucky-we-must-come-together-lose-battle/3191282001/>

<https://www.courier-journal.com/story/opinion/2020/06/16/coronavirus-kentucky-we-must-come-together-lose-battle/3191282001/>

Dexamethasone looking useful in preliminary testing:

https://www.recoverytrial.net/files/recovery_dexamethasone_statement_160620_v2final.pdf

Excellent source on the tests for COVID-19:

<https://www.dshs.state.tx.us/coronavirus/docs/COVID19-PCRvsSerologyTesting.pdf>

Rapid increase in COVID-19 cases among Latinos:

<https://www.politico.com/news/2020/06/18/rising-coronavirus-cases-among-latinos-alarm-public-health-experts-329248>

U.S has been putting healthcare money in the wrong place:

<https://www.bloomberg.com/news/articles/2020-06-11/u-s-health-care-system-was-totally-overwhelmed-by-coronavirus>

WHO's collection of clinical trials related to COVID-19 treatments (BMJ Open):

<https://bmjopen.bmj.com/content/10/6/e039978>

Expert comment on new hydroxychloroquine data from Brazil (JAMA):

https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2765500?guestAccessKey=79d5d154-7de4-4a8f-bce3-906058ccf66e&utm_source=silverchair&utm_medium=email&utm_campaign=article_alert-jama&utm_content=etoc&utm_term=062320

Excellent commentary on the status of dealing with COVID 19:

https://jamanetwork.com/journals/jama/fullarticle/2766600?guestAccessKey=048ff08e-18b4-455d-808d-81a4cfc533a8&utm_source=silverchair&utm_medium=email&utm_campaign=article_alert-jama&utm_content=etoc&utm_term=062320

Trump administration to gut CDC and blame it for his failings:

<https://www.politico.com/news/2020/06/23/trump-cdc-overhaul-coronavirus-335039>

Remdesivir priced at \$2,300 per patient in the U.S.:

<https://www.msn.com/en-us/health/other/gilead-prices-covid-19-drug-candidate-remdesivir-at-2-340-per-patient-in-u-s/ar-BB16672s?ocid=spartan-dhp-feeds>

Nurse investigator uncovers many errors in patient treatment in NY during the COVID days:

https://articles.mercola.com/sites/articles/archive/2020/06/27/elmhurst-hospital-coronavirus.aspx?cid_source=dnl&cid_medium=email&cid_content=art1HL&cid=20200627Z1&et_cid=DM573743&et_rid=903765657

Interview with Dr. Singh on how to avoid diagnostic errors during the pandemic:

https://www.youtube.com/watch?v=RDjLtwNHTSI&feature=youtu.be&mc_cid=9cc05e7bcf&mc_eid=3f45b243d6

COVID-driven job losses net nearly ½ million new ACA signups:

<https://www.healthcarediver.com/news/as-americans-lose-job-based-coverage-aca-marketplace-sets-record-with-near/580623/>

Find past newsletters:

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

Pages for Patients:

What is anosmia:

<https://jamanetwork.com/journals/jama/fullarticle/2767634>

Convalescent Plasma:

<https://jamanetwork.com/journals/jama/fullarticle/2767634>



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Answer to question: (D) The U.S. death rate is about 100 times worse than in China.

<https://time.com/5850680/u-s-response-covid-19-worse-than-chinas/>