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<http://PatientSafetyAmerica.com>

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Question: *Of older men screened for colorectal cancer, what portion were screened outside guidelines?*
A) 15% B) 30% C) 45% D) 60% E) 75%

Dealing with Different Hospital Rankings

I wish I could recommend a clear way to determine which hospitals offer the best care for patients, but that is not possible at present. Although the *U. S. News and World Report* rankings received a good grade in a [recent article](#) in the *New England Journal of Medicine (NEJM)*, [three experts opine](#) that variation in rankings have more to do with the underlying health of the populations being served than quality of medical care delivered by the hospital. They point out that the *U.S. News rankings* correlate poorly with those from Leapfrog and the Centers for Medicare and Medicaid Services (CMS). Folks from Leapfrog pushed back hard on the conclusions in the *NEJM* article. The three experts do not support the ranking system used by *U.S. News* because it conveys a false sense of accuracy. They prefer the systems used by CMS and Leapfrog, which involve a star rating from 1 to 5 or a letter rating from A to F, respectively. This solves the problem of over-precision.

If I were weighing the quality of care in my area for a given medical procedure, I would look at all 3 rankings, and I would query the web to **determine if there are centers of excellence for the procedure in my area.**

Variations in Cancer Screening

One might naively suppose that screening for various cancers would be consistent across the country because the science behind screening is well established. A team of [nine investigators](#) addressed

the question of whether female Medicare recipients were being screened for cervical, colon or breast cancer past the age where U. S. Preventive Task Force Guideline recommendations say screening is of little value. The guideline age limits are as follows: cervical cancer (65 years), colorectal cancer (75 years), and breast cancer (75 years). They performed a telephone survey of 155,000 community-dwelling residents. The rate of screening was compared between metropolitan areas and non-metropolitan areas. The odds of over-screening in metropolitan areas, based on the guideline criteria, were 1.23 (colorectal cancer), 1.20 (cervical cancer), and 1.36 (breast cancer).

These recommended screenings are for woman at average risk for these cancers. Two of the reasons for over screening are that health care systems may incentivize excess screening and public health campaigns may not reveal the recommended age limits to women. The overall rates of over screening in women were as follows: colorectal cancer 19%, cervical cancer 47%, and breast cancer 22%. **The warning for those who would be screened is to ask about guidelines for screening and whether your risk of any of these cancers is average or above average.**

Overtreating Pneumonia with Antibiotics

The overuse of antibiotics contributes to the emergence of antibiotic-resistant bacteria that may be challenging to treat. A large team of [investigators](#) searched about 195,000 records of patients treated at 4 hospitals, searching for those with community or hospital acquired pneumonia (AP). The question

they addressed was how often patients are prescribed antibiotics in the absence of signs indicating pneumonia. Roughly 12,000 of the 195,000 patients were treated for possible AP. The markers of pneumonia they used were elevated temperature, elevated white cell count, elevated respiratory rate, and low oxygen saturation. Of the 9,500 patients with possible community AP, 19% had none of these indicators on presentation, and of the 2,700 patients with hospital-acquired AP, 14% had none of these indicators on the first day of antibiotic treatment.

Moreover, more than one-third of the patients continued to receive antibiotics three or more days after the signs of pneumonia had disappeared. The authors suggest that there is an opportunity for better stewardship of antibiotic prescribing. As a patient advocate, it is always a good idea to ask the doctor about the purpose of an antibiotic and how a diagnosis was made that suggested the need for an antibiotic.

How Many Heart Arteries Need a Stent?

Up to half the patients with a sudden heart attack and in cardiogenic shock (clinically unstable) will die. The question is whether to place a stent in the culprit-artery that precipitated the heart attack, or to put stents in it and other heart arteries as well. A study published in 2017 suggested that the short-term mortality in patients that received multi-vessel stents was higher than those receiving only the culprit-vessel-only stent.

Two [MDs comment](#) on the most recent findings from an observational study of real-world outcomes that support the findings from the more limited study in 2017. The authors hope that updated guidelines will lead to less stenting of non-culprit lesions. The reason for higher short-term mortality when stents are placed in non-culprit vessels may be associated with the inherent risks in inserting more stents and spending more time in anesthesia.

In a case of acute heart attack and ensuing instabilities, there will be no role I can see for a patient advocate. As a patient advocate, you can only hope that the victim of the heart attack is taken

to a medical center where skilled and informed treatment is the norm.

Hospitals Overbill Medicare \$1 Billion

A new report from the Inspector General of the Department of Health and Human Services, based on investigation of a sample of hospital claims, found that U.S. hospitals overbilled Medicare approximately \$1 billion. This was accomplished by improperly assigning a ‘severe malnutrition diagnosis code’ to patients. The report was released in July 2020 (Report Number A-03-17-00010) and assessed improper billing for the years 2016-2017. Of the claims investigated for severe malnutrition, 82 percent were improperly coded. This appears to be a case of substantial overbilling to the government by wrong assignment of the patient’s nutritional status.

My point in reporting this to you is not that you can do much about this sort of problem. It is a reminder that the U.S. healthcare system is built around profits and not necessarily high-quality patient care. It also suggests that your tax dollars would be misspent if it were not for government inspectors that discover such tactics.

COVID-19 Summaries:

COVID-19 Deaths in Three Democracies

Without being political, which is a challenge for me, I will simply let the data speak for themselves on COVID-19 deaths. A [viewpoint article](#) from two Canadian MDs compared the death rates as of July 13th in three countries: Taiwan, Canada, and the U.S. Taiwan spends about half as much of its GDP on healthcare as Canada. It has reported 2 COVID-19 deaths per 100,000 population. In Canada, the deaths per 100,000 have been 286. In the U.S., a country that spends 50% more of its GDP on healthcare than Canada, the deaths per 100,000 population have been 1014.

The authors suggested 4 reasons why Canada has been able to contain COVID-19 deaths better than the U.S. These are as follows: Canada has less

political polarization, federal and provincial governments cooperated, there is far less distrust of science and public health in Canada, and no public officials have expressed doubt about the seriousness of the pandemic since late March.

COVID-19 and School Closures

Here I will use an editorial by [two experts](#) to describe the estimated impact of school closures on the number of COVID-19 cases and deaths in the U.S. In my opinion, the viewpoint is well balanced and acknowledges that ‘The decision to reopen schools for in-person educational instruction during the fall of 2020 is among the greatest challenges that the US has faced in a generation.’ The estimates that elicited the viewpoint originated in a complex study published in *JAMA*.

The findings were that school closure was associated with a 62% decrease in COVID-19 incidence and a 58% decrease in mortality. In absolute terms, this association amounts to a decrease of 420 cases per week and 13 deaths per week per 100,000 people. If this were extrapolated to the US population, the association would be roughly 1.5 million fewer cases per month and 40,000 fewer deaths in a half month period this spring. The editorialists note that disentangling school closures from other closures is nearly impossible. What we may glean from this analysis, in my opinion, is that closures of schools and other gathering places can be intelligently associated with major reductions in mortality, at least this past spring. Times are different now and the number of cases is beginning to fall in many states.

The editorialists balance this shocking finding with the downside of keeping students from in-person schooling. The impact is falling disproportionately on poor communities and may have long term health impacts since education is associated with better health.

COVID-19 Collection

Nursing Home oversight and COVID-19 (KFF):

<https://www.kff.org/coronavirus-covid-19/issue-brief/key-questions-about-nursing-home-regulation-and-oversight-in-the-wake-of-covid-19/>

Ways and Means of the US House of Representatives on overprescribing of antipsychotics in nursing homes:

https://waysandmeans.house.gov/sites/democrats.waysandmeans.house.gov/files/documents/WMD%20Nursing%20Home%20Report_Final.pdf

New hospital COVID-19 reporting bypasses the CDC, has many problems (NPR):

<https://www.npr.org/sections/health-shots/2020/07/31/897429054/covid-19-hospital-data-system-that-bypasses-cdc-plagued-by-delays-inaccuracies>

SARS-CoV-2 infection and impact on infection reporting:

[https://www.ajicjournal.org/article/S0196-6553\(20\)30634-9/pdf](https://www.ajicjournal.org/article/S0196-6553(20)30634-9/pdf)

USA Today (Jane O’Donnell) COVID-19 impact on other infections in hospitals:

<https://www.usatoday.com/story/news/2020/08/05/some-hospital-infections-up-feds-waived-safety-oversight-reporting/5537817002/>

Mental health of Americans compared to residents of other wealthy countries during the pandemic:

<https://www.commonwealthfund.org/publications/issue-briefs/2020/aug/americans-mental-health-and-economic-consequences-COVID19>

Kevin Kavanagh, MD on preventing COVID-19 in school children (16 minute video):

https://www.youtube.com/watch?v=6Z3mh-TmMJs&feature=emb_title

Texas Medical Board warns Dr. Immanuel about false COVID-19 cures:

<https://www.houstonchronicle.com/news/health/article/Medical-board-warns-Dr-Immanuel-others-touting-15455333.php>

United States is far behind other rich countries in virus response: <https://www.axios.com/rich-countries-coronavirus-data-united-states-cc412dd5-ef7d-4dc9-a891-e300712860e7.html>

Trump administration reverses decision on CDC's role in COVID data collection:

<https://www.marketwatch.com/story/trump-administration-puts-cdc-back-in-charge-of-hospitals-covid-19-data-collection-2020-08-20>

Wedding expecting 175 blocked in New York:

<https://www.yahoo.com/news/york-blocked-wedding-175-expected-164731632.html>

Defunding public health and poor response to pandemic in Florida: <https://khn.org/news/floridas-cautionary-tale-how-starving-and-muzzling-public-health-fueled-covid-fire/>

Vaccine profits and big Pharma – always about money: <https://khn.org/news/rather-than-give-away-its-covid-vaccine-oxford-makes-a-deal-with-drugmaker/>

Boston Globe on COVID-19 outbreak from a wedding in rural Maine:

<https://www.bostonglobe.com/2020/08/29/nation/how-an-intimate-wedding-rural-maine-led-states-largest-covid-outbreak-disaster-that-spread-hundreds-miles/>

Administration arm-twisting and agency bungling at the CDC and FDA. These are dangerous times for science and public trust (WP):

https://www.washingtonpost.com/health/convalescent-plasma-treatment-covid19-fda/2020/08/29/e39a75ec-e935-11ea-bc79-834454439a44_story.html?hpid=hp_national-right-4-0_hse-latest-feed%3Ahomepage%2Fstory-ans

Eric Topol, MD open letter to FDA Commissioner: tell the truth or resign:

https://www.medscape.com/viewarticle/936611?src=mkm_covid_update_200831_mscpedit_&uac=329378DZ&impID=2535230&faf=1

Department of Health and Human Services plans to spend \$250 million on ads to put a positive spin on the COVID-19 pandemic:

<https://www.fiercepharma.com/marketing/hhs-solicits-bids-for-massive-250-million-advertising-campaign-to-inspire-hope-around>

Health Watch USA Newsletter, mostly on COVID-19 issues: <http://www.healthwatchusa.org/HWUSA-Publications/Newsletters/20200901-HWUSA-Newsletter.pdf>

Beware of any COVID-19 vaccine available before early November:

<https://foreignpolicy.com/2020/09/03/trumps-vaccine-cant-be-trusted/>

Find past newsletters:

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

PATIENT PAGES

[What is Lasik Eye Surgery?](#)

[Influenza Vaccine](#)

[Heart Failure](#)

[Opting out of Vaccines for your Child](#)

[What is COVID-19?](#)



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QUALITY FORUM
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Answer to question: answer (D), actual was 59%,

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2768709>