

*Question: Of Americans with glaucoma, what percent are unaware of it? A) 20 B) 40 C) 60 D) 80*

## Can American Dollars Buy Top Quality Healthcare?

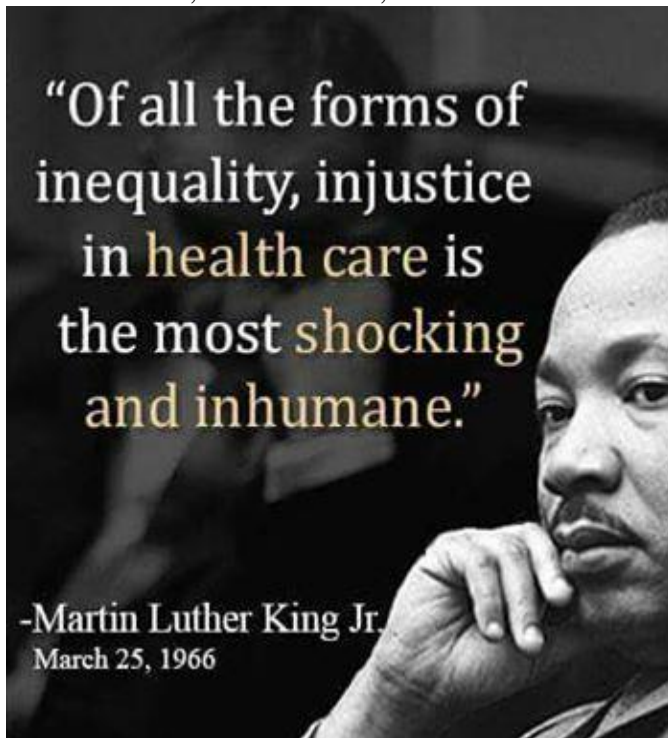
Americans tend to think that the rich in our land can buy the best healthcare in the world. A [new study compared](#) the outcomes of 6 indicators of quality for the 1% and 5% richest, white Americans with the average outcomes in 12 other developed countries. The investigators looked at the following indicators: infant mortality, maternal mortality, 5-year survival of patients with colon cancer, breast cancer, or childhood acute leukemia, and 30-day mortality after a heart attack. The investigators compiled outcomes from the beginning of 2013 to the end of 2015 as reflected in OECD data, CONCORD-3, cancer data, and Medicare data.

national average = 5.9. These are all higher than in the 12 comparison countries. The lowest of the comparison countries was Finland at only 1.7 deaths per 1,000 live births. For maternal mortality, the scale is number of deaths per 100,000 live births. The deaths were as follows: 1% richest = 10.0, 5% richest = 10.8, U.S. national average = 26.4. These are all higher than in the other 12 comparison countries. The worst-performing country among the 12 comparison countries was Canada at 6 maternal deaths per 100,000.

For colon cancer patients, the 5-year survival showed no clear distinction between the comparison groups. For breast cancer, the richest 5% of White Americans had a 92% survival rate, slightly higher than the 90% survival of all women in the U.S. These rates are higher than the averages in the 12 comparison countries. For acute lymphocytic leukemia, the richest 5% had a 93% survival rate, whereas the average in the U.S. is 90%. These survival rates are comparable to average rates in most of the comparison countries.

Heart attack (acute myocardial infarction) patient survival depended on how the data were 'adjusted' for effects that could bias the data, such as deaths outside hospitals. The 30-day fatality rates were about 8 to 9% for most groups, including the richest 1% and richest 5% in the U.S. The conclusion of the study suggested that care of heart attacks was worse in the U.S., but I did not discern this in the authors' data summary.

Clearly, the U.S. has work to do on infant and maternal mortality. These are substantially worse, even for rich Americans, than in other countries. In addition, for some outcomes, richer Americans have an advantage over poorer Americans. For some outcome measures, the rich in the U.S seem unable to buy the best care.



Infant mortality is counted as the deaths per 1,000 live births. The count in the U.S was as follows: 1% richest = 3.5, 5% richest = 4.0, and

## Hospital Nutrition Matters

Intentional nutrition support of hospitalized patients has been found to produce better outcomes. A [small team](#) of Swiss investigators compared the outcomes of 35,000 malnourished, hospitalized patients that had nutrition support with a matched set of patients that did not receive nutrition support in Swiss hospitals. They used administrative data from 2013 through 2018. The outcomes they assessed were as follows: 1) all-cause, in-hospital mortality, 2) 30-day, all-cause readmission to the hospital, and 3) discharge to a post-acute-care facility. Patients having been in an ICU were excluded.

The results were impressive. Of those patients receiving nutritional support only 7.2% died while hospitalized. For those not receiving nutritional support, 8.8% died. The hazard ratio for readmission to the hospital in 30 days was 0.94 when comparing those with nutritional support to those without nutritional support (a ratio of 1.0 indicates even odds). The need for patient discharge to a post-acute care facility, was only 42% of those receiving nutritional support but was 45% for patients that did not receive such support. This study adds to the body of medical literature that generally shows the association between nutritional support during hospitalization and improved outcomes. **For patients and their advocates, it is important to request screening for malnutrition early during hospitalization. If the patient is diagnosed with malnutrition, then nutritional support during hospitalization and after discharge is essential. Insist on it.**

## Tobacco Cessation Guidelines

The ‘gold standard’ for medical guideline recommendations is the United States Preventive Services Task Force ([USPSTF Home](#)). Please look at their website if you are unfamiliar with their work. That group has just announced its [recommendations for clinicians](#) in *JAMA* to help patients with tobacco-use cessation. One thing I like best about the USPSTF recommendations is that they give the strength of evidence available to support each recommendation. The ratings are shown in the table.

Grade	USPSTF Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

For tobacco cessation, there were four grades, two ‘As’ and two ‘Is.’ Adults and pregnant women were considered separately. Behavioral and FDA-approved pharmacological interventions were considered separately. The A recommendations advise clinicians to counsel all adults on cessation and provide behavioral interventions to facilitate that. Only if the adult is **not pregnant** are pharmacological methods given an A grade. Pharmacological interventions for pregnant women are given an I grade. The use of e-cigarettes to aid smoking cessation was also given an I grade.

An estimate from 2014 suggests that almost a half a million Americans die prematurely from

cigarette smoke. As of 2019, about 20% of adults smoke and 7% of women giving birth reported smoking. **I urge patients or their advocates to seek tobacco-cessation guidance from their primary care physicians or from clinicians available during hospitalization. Do not wait for them to come to you. That may not happen.**

## **The Challenge of Glaucoma**

Glaucoma is a progressive eye disease involving increased intraocular pressure due to optic neuropathy. Three experts wrote a [review article on glaucoma](#) in the *JAMA*. The disease may lead to gradual loss of central or peripheral vision. The main risk factors are getting older, a family history of the disease, or being of a group other than the non-Latino, white race. For example, the prevalence in black folks is twice that of white folks. Certain medications have also been associated with an increased risk. The only way to treat the disease is to lower intraocular pressure.

According to a 2013 USPSTF guideline, the low prevalence of glaucoma is the reason for not screening everyone. Medicare will pay for screening in individuals with risk factors for the disease. Treatment varies from medications to surgery. I recommend that anyone with risk factors for this disease or who suspect that their vision is degrading be screened by an ophthalmologist for glaucoma.

This summary of the investigators' review article is far too short to guide a person to becoming informed about glaucoma. I recommend finding the article in *JAMA* (January 12 issue) and reading it, perhaps with a medical dictionary handy. Alternatively, the Mayo Clinic has a less technical summary of the disease ([Glaucoma - Symptoms and causes - Mayo Clinic](#)).

## **Neonatal Abstinence Syndrome – Cause for Crying**

Some years ago, I talked with a couple of nurses from West Virginia about what caring for babies born to opioid-addicted mothers was like. They said that such babies suffered terribly as they were withdrawn from dependence on the opioid the mother had been ingesting. They said they had never dealt with something so heart-wrenching. A group of [investigators](#) characterized the increase in neonatal

abstinence syndrome (NAS) and maternal opioid-related dependence (MOD) from 2010 through 2017 in the U.S. During those years, the hospital NAS rate increased from 4.0 to 7.3 per 1000 live births. Concomitantly, the MOD hospital rate increased from 3.5 to 8.2 per 1000 births.

In 2017 the variation of the NAS rates were from 1.3 per 1000 births in Nebraska to 53.5 in West Virginia. The MOD rates varied from 1.7 in Nebraska to 47.3 in Vermont. In that same year, the mean time of hospital stay for babies with NAS was 9 days longer and \$14,400 more expensive than for ordinary babies. An excellent read about opioid addiction in the U.S. is *Dopesick – Dealers, Doctors, and the Drug Company that Addicted America* by Beth Macy (2018). Among nations of the world, the U.S. is tops by far for the level of addiction of its citizens as explained by [Why opioids are such an American problem - BBC News](#). I opine that this is a product of a medical industry focused on profits over patients, bogus science, and weak governmental oversight. Shame on us for what has been done to babies.

## **Treatment of Uncomplicated Appendicitis**

Two medical experts noted in a *JAMA* editorial that there has been 'considerable discussion' about the treatment of [uncomplicated appendicitis](#) with antibiotics instead of surgery. They note that recent studies have furnished 'robust' evidence that antibiotics-first is a safe and effective approach to treatment in adults and kids. The recent trials they cite, when combined with the weight of evidence, suggest a 70% success rate with initial antibiotic treatment. The optimal approach using antibiotics has not been fully established.

The authors note that non-surgical options for treatment of appendicitis should be offered to patients as part of shared decision making and informed consent. They suggest a decision aid and a standard document that explains the treatment options in language suitable for patients. As a person with acute appendicitis or one who is advocating for such a person, you must ask the clinician about using an antibiotic treatment as an initial approach. An article from *JAMA Surgery* from 5 years go describes [Shared Decision Making in Uncomplicated Appendicitis: It Is Time to Include](#)

[Nonoperative Management | Emergency Medicine | JAMA | JAMA Network.](#)

## COVID and Media Links

COVID may force Texas to expand Medicaid to protect vulnerable Texans: [After A Decade Of Refusing Medicaid Expansion, Texas Lawmakers Might Be Forced To Reconsider | KUT Radio, Austin's NPR Station](#)

Surprise medical bills will fall to insurers to be paid: [Insurers lose multiyear lobbying fight over surprise medical bills | TheHill](#)

Hospital transparency bill is signed into law over objections of hospitals: [Trump's Hospital Price Transparency Rule Takes Effect \(managedhealthcareexecutive.com\)](#)

[Hospital Prices Just Got a Lot More Transparent. What Does This Mean for You? | Kaiser Health News \(khn.org\)](#)

Hospitals to release prices...sort of: [As of Jan. 1, hospitals must publicly list their prices --- here's what they won't reveal - MarketWatch](#)

Finger pointing on vaccine distribution: [Feds overpromised and underdelivered on coronavirus vaccines, state health officials say - CNN](#)

Reforming American healthcare: [Employers Can't Fix U.S. Health Care Alone | Commonwealth Fund](#)

What we must do until the vaccine is widely administered: [What We Must Do to Curb COVID-19 Before Vaccines Roll Out | Time](#)

Medical mistrust by blacks in the wake of COVID: [https://www.commonwealthfund.org/publications/new-sletter-article/2021/jan/medical-mistrust-among-black-americans](#)

Hospitals and nursing homes not accountable for many mistakes (ProPublica): [https://www.propublica.org/article/the-nursing-home-didnt-send-her-to-the-hospital-and-she-died](#)

Texas anti-vax group received federal \$\$ at height of the pandemic: [Texas-based anti-vaccine group got Paycheck Protection Program funds in May | The Texas Tribune](#)

CDC worries over increased transmissibility of pandemic virus: [Emergence of SARS-CoV-2 B.1.1.7 Lineage — United States, December 29, 2020–January 12, 2021 | MMWR \(cdc.gov\)](#)

CDC vaccine tracker, updated daily, by state and totals: [CDC COVID Data Tracker](#)

Biden's 10 executive orders to address pandemic recovery: [Here are the 10 executive orders Biden signed to combat the Covid pandemic \(cnbc.com\)](#)

COVID-19 challenge with more virus mutations (AP): [A new COVID-19 challenge: Mutations rise along with cases \(apnews.com\)](#)

Drug companies keep raising prices: [Axios Vitals](#)

Nursing Home fines and deficiencies across the U.S. [Nursing Home Inspect \(propublica.org\)](#)

COVID vaccines appear quite safe: [https://www.usatoday.com/story/news/health/2021/01/28/covid-19-vaccines-cdc-safety-data-pfizer-moderna-coronavirus/4281434001/?csp=chromepush](#)

How doctors stack medical boards: [https://hospitalwatchdog.org/op-ed/](#)

The U.S. is flying blind to coronavirus mutations (WP): [https://www.washingtonpost.com/health/2021/01/29/genetic-sequencing-mutations-coronavirus/](#)

Health Watch USA newsletter on COVID: [http://www.healthwatchusa.org/HWUSA-Publications/Newsletters/20210201-HWUSA-Newsletter.pdf](#)



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**Answer to question: Either B or C is equally correct. The estimate is 50%; see glaucoma article.**