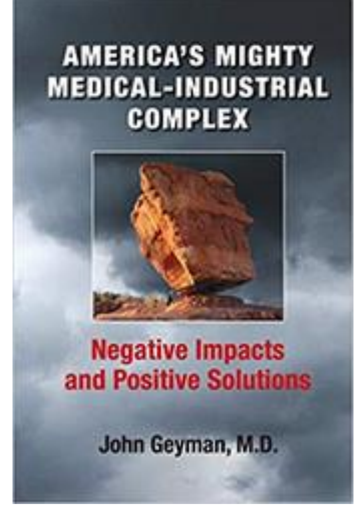
PSA

Patient Safety America Newsletter

August 2021 http://PatientSafetyAmerica.com John T. James, Ph.D.

Question: In the US, readmission rates for 6 common procedures were highest in what type of hospital?
A) public B) non-profit C) for-profit

Book Review: **America's Mighty Medical-Industrial Complex – Negative Impacts and Positive Solutions.** By: John Geyman, MD



The author is now an emeritus professor of family medicine at the University of Washington School of Medicine, having enjoyed a long career as a practicing physician in family medicine and as a leader in the field. He was the founder of 2 family medicine journals. Lately, he has done research and written extensively on health policy. This book is critical of the way capitalism has poisoned healthcare in the U.S. and how this egregious harm to the American public might be repaired. He traces the history of the seepage of capitalism into healthcare beginning in the late 1900s, destroying medicine as a moral enterprise. He shows how the current medical industry has turned its back on those who need quality, affordable, and accessible healthcare. He uses our failures in response to the pandemic as a lens through which these shortcomings of American healthcare became magnified.

Given this economic and human harm fostered by the current non-system, Dr. Geyman offers some remedies. He is no fan of the Affordable Care Act nor of our safety net provisions for those outside any putative system. He makes the point that employer-supported healthcare is not sustainable and saps the economy of dollars needed elsewhere. After comparing several options to solve our current problems, he comes out in favor of Medicare for all. I believe he would say that we as a nation must decide what values should be reflected in our healthcare system. He uses many quotes from a remarkable array of sources to support his points as he creates his case for what must happen. He notes that the passage and Supreme Court acceptance of Citizens United in 2010 unleashed a huge increase in billionaire contributions to federal political campaigns. Suddenly, corporations became people with free speech and lots of money.

I support almost everything Dr. Geyman wrote, discovering as I read that my depth of despair about the American healthcare industry was further deepened by his insights. I might have placed more emphasis on safer care and accountability for improvement; however, his book fills an important niche that informed Americans will want to explore as they decide, independent of the sea of foolish political hype, how to vote in upcoming elections. Capitalism does not support safe, equitable, and cost-effective healthcare. 4 ½ Stars. About $10 in paperback.

Automated Software Spreads Misinformation about COVID and Masks

As we witness a resurgence of COVID in this country, noting that there is a correlation between low-vaccine states and the magnitude of resurgence, public health professionals must ask how the misinformation that drives the antivaxxers

and anti-mask-wearers is being spread. A diverse group of 7 investigators sought an answer to this question by probing the spread of misinformation about a highly publicized Danish study that supported the importance of masking (https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2780748). They followed the dissemination of two kinds of misinformation. One was that the study showed that mask wearing *harms* the wearer, and the second was that the study involved a *conspiracy*.

Their approach was to compare the two types of misinformation between Facebook sites that used automated dissemination and those that did not. Posts claiming mask harm represented 20% of the posting on the automated sites and only 8% of those not automated. Posts claiming a conspiracy were 50% of those on the automated sites and only 20% on the non-automated sites. The authors note that scientific studies are easy targets for automation of misinformation. They offer some possible solutions to curtail this practice. The warning here is that we must all be careful what we believe. **If possible, draw your conclusions from the original source rather than a social media platform.**

Real Approval of New Alzheimer Drug

Unless you have been living in a remote cave, you are probably aware of the controversial, accelerated approval of a new Alzheimer drug (Aducanumab) by the FDA. The FDA's expert advisory panel that reviewed the data recommended nearly unanimously not to approve the drug. That decision was overridden by the FDA leaders, noting that the drug reduced amyloid-β, which has been weakly linked with Alzheimer disease. Unlike in many other countries, approval of a drug in the U.S cannot depend on how much it costs. In my opinion, this creates a magnet for marginal drugs that cost a small fortune. This one will cost $56,000 per year.

The authors of a viewpoint article in *JAMA* (https://jamanetwork.com/journals/jama/fullarticle/2782333) opined that the real approval could happen if the Centers for Medicare and Medicaid Services (CMS) sanctions payment for the drug. Most of the 6 million sufferers from the disease are elderly. If 30% of these patients use the drug, then annual spending on it would amount to an increase in annual drug costs of $134 billion.

The CMS could allow the drug only for those with mild-to-moderate dementia or constrain it to use only in a clinical trial until further insight is gained into its effectiveness and safety. The writers point out that CMS approval could give false hope to those who suffer from Alzheimer disease and those who care for them. At this point, I would be extremely cautious when considering use of his drug. Tests exist for Alzheimer disease and seem to be able to detect mental declines within a year (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5929311/). I see no reason not to perform further studies on the drug's cognitive effectiveness and safety by comparing it to placebo in Alzheimer patients.

Cycling for Health

Three editors of *JAMA Internal Medicine* note a new study in their journal showing the longevity benefits of cycling. This adds further to the evidence of health benefits of cycling. I recall a visit to Leiden, Netherlands some years ago. Cycling was the major means of getting around, and I never saw an obviously obese person. The danger there, as a pedestrian, was to know how to avoid getting hit by a cyclist.

Is there a New Dawn for Obesity Treatment?

The results of a recent trial comparing a drug + lifestyle intervention to placebo + lifestyle intervention found that the drug (semiglutide) yielded a 15% weight reduction compared to a placebo's reduction of 2.5% over a trial of 68 weeks https://pubmed.ncbi.nlm.nih.gov/34160581/). In other words, the lifestyle intervention yielded a 2.5% reduction, but the addition of the drug added another 12.5% reduction. The drug must be subcutaneously injected once per week and has several adverse gastrointestinal side effects. These can be controlled by gradually ramping up the dose. The author notes that there is a long and disappointing history of drugs that were supposed to

help reduce obesity, so this new drug is coming to market after many disappointments. Some weight-loss drugs were withdrawn after years of use because of adverse heart effects or an association with cancer. About 40% of adult Americans are obese, so if the initial promise of this drug holds up over time, it is a big deal – a new dawn, if you will.

A study published in *JAMA Network Open* (https://pubmed.ncbi.nlm.nih.gov/34081137/) described an investigation to determine whether a smart phone app in addition to lifestyle changes could enhance the weight loss in a group of 204 diabetic patients living in Singapore. The smart phone was used to track weight loss, diet, exercise, and blood glucose over a 6-month period in which a dietician was being informed of the results. Those using the app lost an average of 3.6 kg compared to a loss of 1.2 kg in the lifestyle controls. The average weight of the participants was about 85 kg, so the weight losses were equivalent to 4.2 % and 1.4% of body weight, respectively. These are small reductions compared to the drug described above; however, the length of the app study was about 38% as long as the drug study (26 weeks/68 weeks). Perhaps, if the app study had lasted 68 weeks, there would have been a weight loss comparable to the drug study**. The message to patients who want to lose weight is to ask your primary care doctor about apps that might assist you.**

Objectives to Improve Primary Care in the U.S.

It is no secret that primary care has a history of being neglected in the U.S. A new report (https://pubmed.ncbi.nlm.nih.gov/33944903/) from the National Academy of Medicine chronicled a long history of giving recommendations that were ignored. Their current recommendations fall into 5 categories: 1) Pay primary care *teams* to serve patients rather than primary care physicians, 2) ensure that high-quality primary care is available to everyone, 3) train primary care teams where people live and work, 4) develop information technology that serves patients and teams, and 5) track the quality of primary care and its implementation. The U.S. continues to fall behind other developed nations in the availability, quality, and equity of primary care. The report suggests that the government needs to implement these goals.

In my opinion, the report is an ideal that is unlikely to receive much attention because fee-for-service remains the backbone of the American healthcare industry. Physicians typically chose to specialize because that is where money is made. For example, according to one website that recruits physicians, most pediatric physicians are near the bottom of the salary range ($186-223,000), whereas, surgeons of various types make much more ($485-617,000). Follow the money and you will understand our lack of emphasis on primary care.

Effect of Prescription Drugs Before Knee Replacement Surgery

One of the greatest, unaddressed risks older patients face is polypharmacy, the use of more drugs than are needed for optimal health. One measure of use of too many drugs is the preoperative overdose risk score (ORS), which asses the past and present use of opioids, sedatives, and stimulants. A study in *JAMA Network Open* described the results of an investigation into whether preoperative ORS were associated with worse outcomes when patients have a total knee replacement, or arthroplasty (https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2781460). ORS scores range from 0 to 999. Those with a sore of '0' have not recently taken or now use drugs on the ORS list. The authors used records from more than 4,300 patients treated in a tertiary hospital in 2018-2020. Their average age was 66 years, and their average BMI was 33. The outcomes measured were as follows: prolonged length of stay in the hospital, non-home discharge, 90-day readmission, and 90-day reoperation.

For simplicity, we should look at the extremes. Comparing the above adverse outcomes between patients with no prescription drug history (ORS = 0) and those with an ORS above 500, the odds ratios of adverse outcomes for the latter were as follows: 3.7, 4.1, 4.4, and 6.1, respectively The message for patients needing a joint replacement and that use prescription drugs on a sustained basis is

that they should follow their surgeon's orders when he or she suggests that their surgery will be scheduled once they cease using certain prescription drugs. Patients should be offered help to do that.

Hospital Star Ratings by the Centers for Medicare and Medicaid Services (CMS)

It is a good idea to check the star ratings of hospitals in your area to get some guidance about where you wish to have a potentially risky procedure (https://www.medicare.gov/care-compare/). The site is fun to explore. For example, within 25 miles of my house there are 26 hospitals. Each star ranking has an overall rating and a patient-feedback rating. Many hospitals did not qualify for ratings, but among those that did, the scores ranged from 5 stars overall and 5 stars from patients' reviews to 2 stars for overall and 2 stars for patient reviews. The hospital that received 5+5 was an orthopedic hospital.

What is new in star ratings? Two experts wrote that several changes have been made this year by CMS to improve the ratings (https://pubmed.ncbi.nlm.nih.gov/33999111/). Hospitals with insufficient data are excluded. There are 5 general categories of ranking, but these have been consolidated into a single star ranking (with patient review separate). The experts argue that "grading on a curve" (Allowing only a small percent to have a top rating) is unfair to hospitals. The data are not well audited now, so there is more opportunity for underreporting. The last suggestion is that review outside CMS and its technical expert panels should be encouraged.

The message for patients is that the CMS star rating system is imperfect but getting better. It is a good place to begin your search for a top hospital. You may also want to check Leapfrog's hospital safety rating (https://www.hospitalsafetygrade.org/).

COVID and General Links

COVID 19 lessons learned in the U.S. (Kevin Kavanagh, MD):
https://youtu.be/eV8lBv7ADU4 by CMS

Fascinating website on the spread of COVID research:
https://pudding.cool/2021/03/covid-science/

July 2: Health Watch USA Newsletter (mostly COVID related):
http://www.healthwatchusa.org/HWUSA-Publications/Newsletters/20210701-HWUSA-Newsletter.pdf

Excellent resource on practical aspects of company responses to COVID on an international basis (Arizona State University): COVID-19 Diagnostics Commons | College of Health Solutions (asu.edu)

California Medical Association fights against doctor accountability:
Doctors' lobby scores 'major victory' on Calif. bill to hold physicians accountable (modernhealthcare.com)

High risk doctor continues to practice in IOWA:
https://iowacapitaldispatch.com/2021/07/02/unidentified-doctor-who-poses-high-risk-to-the-public-continues-to-practice/

Colon cancer associated with decades ago overuse of antibiotics:
https://www.medscape.com/viewarticle/954225?src=WNL_mdpls_210706_mscpedit_nurs&uac=329378DZ&spon=24&impID=3489549&faf=1

How reformers of American healthcare can learn from other countries (Commonwealth Fund):
https://www.commonwealthfund.org/blog/2021/how-us-can-learn-other-countries-reforming-health-care-system-qa-thomas-rice

Leapfrog's report on patient surveys of hospitals and ambulatory surgical centers: https://www.leapfroggroup.org/patient-experience-report

California medical board keeps negligent doctors in business:
https://www.consumerwatchdog.org/news-story/botched-surgeries-and-death-how-california-medical-board-keeps-negligent-doctors

States and regulators must stop physician sexual abuse:
https://msmagazine.com/2021/06/08/end-doctor-physician-sexual-abuse-george-tyndall-larry-nassar/

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Answer to question: (C). America's Mighty Medical Industrial Complex, John Geyman, MD, pg 132