



March 2022

<http://PatientSafetyAmerica.com>

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Question: Nursing home private equity was \$3 billion in 2000. What is it today?
A) \$10 billion B) \$30 billion C) \$60 billion D) \$100 billion E) \$200 billion

Diagnosing Prolonged Grief Disorder (PGD)

PGD may be diagnosed when after 12 months a person experiences distressing symptoms over the loss of a close attachment characterized by intense yearning for the person and consistent thoughts that interfere with living. This disorder is expected to be more prevalent during and after the current pandemic. Three experts wrote about how a physician could diagnose this disorder.¹ The criteria (paraphrased here) were as follows: part of you has died, disbelief about the death, avoidance of reminders, intense emotional pain, difficulty living normally, emotional detachment from others, life has no meaning, and intense loneliness. If one experiences any 3 of these 8 criteria daily for a month at a clinically significant level, then they may have PGD.

There are 7 aspects to treatment of PGD, paraphrased as follows: accept loss, manage grief, see future promise, strengthen relationships, talking about the death, living with reminders, and connecting positively with reminders. If left untreated, PGD may lead to intense distress, poor health, premature death, and suicide. My personal experiences with people who have lost adult children suggests that people supported by a faith community in which they can do ‘grief share’ tend to avoid PGD. Ideally, one’s primary care physician should screen for the possibility of PGD if her patient has experienced the recent death of a loved one.

Deaths of Despair Increasing in the US

Two experts wrote a ‘special communication’ in *JAMA Psychiatry* on the recent

report from the National Academy of Science (NAS) in which their experts searched for the cause of the high level of deaths of despair in the US compared to 16 other developed countries.² They define ‘deaths of despair’ as those from suicide and alcohol or drug poisoning. The writers of the communication were critical of the NAS report because it failed to ask why deaths are increasing in the US and declining in all the other countries. The writers use anthropological insights and current health data to discern that the core reason for our outlier status is our lack of communal support at all phases of our life cycles.

They provided several examples of where our communal support falls short. After going through the importance of community in the evolution of our species, the writers ask, ‘What has been lost since we evolved?’ One thing is the 2-parent family. One fourth of US children grow up in a single parent family. Another loss is the 2-generation nurturing – parents *and* grandparents contributing to rearing of children. The writers note that as the income gap increases in the US, more people are thrown into unsustainable conditions that lead to despair.

Why is there less despair in other developed nations? Single parent families are much less common in other countries (14%). All other nations support prenatal and maternal needs by offering an average of 16 weeks off with an average of 3/4th of salary paid during that time. Public schools are supported at the federal level, avoiding the problems wrought when funding is from property taxes at the community level. Poorer communities have worse public schools. The US has the highest public

¹ <https://pubmed.ncbi.nlm.nih.gov/35107569/>

² <https://pubmed.ncbi.nlm.nih.gov/35107578/>

college tuitions and medical care is about twice the average of the 16 other developed nations. We could learn a lot from other nations' successes,' but I would not hold my breath on that possibility. We think we are the greatest of nations, and that is that.

Is Your Blood Pressure Monitor Accurate?

A team of 7 experts investigated the number of validated blood pressure (BP) monitors that are sold around the world and published their findings in a *JAMA* letter.³ Given the prevalence of hypertension, accurately measuring BP is essential. Their finding should be of concern. Only 9% of the 3400 different devices found in the Medaval database had evidence of validation performed in compliance with international standards. The survey included upper-arm devices and wrist devices. If you have found large differences between your home BP readings and your readings in the doctor's office, you may want to compare simultaneous readings in her office. If you wish to discover more information about the validation of your BP monitor, you may check this database.⁴

Patient Safety Eroded in Hospitals During the Pandemic

It should be no surprise that markers of patient safety showed a decline in safety during the pandemic. The system and those working inside it were stressed at unprecedented levels, so a decline in patient safety was inevitable. Experts from The Centers for Medicare and Medicaid Services (CMS) and The Centers for Disease Control and Prevention (CDC) wrote a perspective article for publication in the *NEJM*.⁵ Examples of worse patient safety included central line associated bloodstream infections in hospitals were 28% higher in the second quarter of 2020 compared to the same quarter in 2019. Likewise, falls causing major injury increased 17% and pressure ulcers 42%. The authors declare their intention at their respective agencies to renew attention to patient safety and encourage a more robust system to deal with crises such as pandemics.

³ <https://pubmed.ncbi.nlm.nih.gov/35166811/>

⁴ <https://onlinelibrary.wiley.com/doi/10.1111/jch.14065>

⁵ <https://www.nejm.org/doi/full/10.1056/NEJMp2118285>

Dry Eye Disease

A couple of experts wrote a brief update on the causes of dry eye disease (DED) and treatment options.⁶ There are two general types of DED, caused by insufficient tear production or by rapid evaporation of tears when produced. The latter, which is more common, is due to the composition of tears, which may be lacking lipids. A sedentary lifestyle and depression are associated with higher DED risk. Exercise and a diet with reduced calories may improve symptoms. Barring that, medications and artificial tears are available. Tools are available to diagnose the condition based on patient responses to a questionnaire. It may be appropriate to engage an ophthalmologist in patient care. DED is common – about 5% of the adult population has the illness. If you think you may have this illness, speak to your primary care doctor. You may be sent on to a specialist for diagnosis and treatment.

Cataract Extraction and Dementia Risk

A large group of investigators asked if extraction of cataracts in Medicare aged adults was associated with less dementia.⁷ More than 3000 patients with no discernable dementia were followed for a total of 23,500 person years. They were tested biennially until dementia was detected using a standardized test. The results were corrected for a variety of potential confounders. The bottom line was that those having had cataract extraction were about 30% less likely to experience dementia, including Alzheimer's disease. The authors opine that further research is needed to discern the basis for the relationship between cataract extraction and lower risk of dementia. I think the results bear confirmation; however, if I had cataracts that were discernably affecting my vision, I would have my lenses replaced.

Trajectory of Prescription Drug Misuse (PDM) over 32 Years

In recent years PDM has increased in the US, causing addiction, visits to the ER from overdoses, and premature death. Investigators followed a group of individuals from age 18 to age 50 with a starting year from 1976 to 1986 and an

⁶ <https://pubmed.ncbi.nlm.nih.gov/35103781/>

⁷ <https://pubmed.ncbi.nlm.nih.gov/34870676/>

ending year from 2008 to 2018.⁸ PDM is defined as use of opioids, stimulants, or sedatives. About half of the original group of more than 26,000 patients completed the series of surveys performed during the 32 years each was studied. The study's questions included the following: how has PDM changed during the study interval, how often does PDM lead to substance use disorder (SUD), and what patient characteristics are associated with PDM?

The investigators noted that of the respondents reporting PDM about 40 percent were using more than one drug. Characteristics of those with PDM included binge drinkers of alcohol, cigarette smokers, and marijuana users. The authors conclude that people need to be screened for PDM and SUD from adolescence through middle adulthood. The magnitude of the problem is expressed by the report that 96,000 people died from drug overdoses in a recent year. In my opinion, the message is that if you or someone you care about starts PDM in adolescence or as a young adult, they must be watched and counseled to reduce chances of SUD with its attendant risks of addiction and death.

Huge Physician Level Practice Variations

One nonsense term in medicine is the idea of a 'standard of care.' A huge team of investigators, using insurance claims data from 2016 to 2019, set out to address care delivered in 5 metropolitan service areas (MSAs) using 14 common clinical scenarios in 7 specialties.⁹ The MSAs were designated as follows: southeast1, southeast2, southcentral, midwest, and west. Their goal was to discern differences between MSAs and especially, differences within MSAs in the frequency of use of the defined procedures in the clinical scenarios.

The analyses were complex and extensive. They found substantial difference between MSAs and within MSAs. Herein I will give a few examples of general variation by quintiles (Q1 to Q5) of the combined groups. For statin use in coronary artery disease the variation was 54-71% (Q1) to 30-43% (Q5). Appropriate prenatal screening in pregnant women varied from 83-94% (Q1) to 31-66% (Q5). Within MSAs variations were exemplified by

kidney function testing by endocrinologists in diabetic patients in the west MSA, which varied from 85% (Q1) to 23% (Q5). In contrast, in the southcentral MSA the range was 93% (Q1) to 70% (Q5). The investigators noted that there were large variations in practice patterns in many common scenarios, despite clinical practice guidelines in place to reduce such variations. I would have been less charitable. Many physicians are not following clinical practice guidelines. The message to patients is that they must ask their clinician about guidelines pertinent to their diagnosis and treatment. Look for decision aids to help understand your options. Please also remember, physicians are supposed to be held to the 'standard of care' for their patients, but this concept is nearly meaningless. A much better standard would be to hold them to following well-vetted clinical practice guidelines.

Bogus Treatments for Chronic Back Pain

Chronic low back pain offers a 'poster child' for misuse of treatments. In a Clinical Review & Education article in an 'evidence to practice' section of *JAMA Internal Medicine* an expert describes the evidence base for interventions for chronic (lasting more than 12 weeks) low back pain.¹⁰ About 10% of the adult population has this condition and its treatment costs about \$90 billion per year.

The procedures with an especially poor track record include: gabapentanoids (anticonvulsant and nerve pain medication with serious side effects), opioids, epidural steroid injection, vertebroplasty (cement injected into a fractured vertebra), and spinal cord stimulators. The author favors active solutions such as yoga or core strengthening, and acupuncture. He points out that patients are not being fully engaged in decisions about their care, calling for more shared decision making. He further notes that payments for procedures are not well aligned with what works for patients. Evidence-based treatments could reduce costs and make patients happier with outcomes. The patient must engage in shared decision making with his clinician, perhaps selecting a specialist who deals with the orthopedic and neurological aspects of low back pain.

⁸ <https://pubmed.ncbi.nlm.nih.gov/34982159/>

⁹ <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2788513>

¹⁰ <https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2787206>

Links of Interest

Neo-Nazis protest at Boston Hospital:

<https://www.wgbh.org/news/local-news/2022/02/02/neo-nazis-target-anti-racist-doctors-at-brigham-and-womens-hospital-calling-them-anti-white>

Pending Medicare penalties for more than 700 hospitals based on hospital acquired conditions:

<https://www.advisory.com/daily-briefing/2022/01/31/hac-penalties>

Hospitals providing the most unnecessary care:

<https://www.beckershospitalreview.com/finance/20-hospitals-health-systems-that-provide-the-most-unnecessary-care-johns-hopkins.html>

New York 'Nursing Home Mafia' in action against patients:

<https://prospect.org/health/nursing-home-slumlord-manifesto/>

Excellent Pharmed Out video on Pharma grooming of patients:

https://sites.google.com/georgetown.edu/pharmedout/#h.fjgb5s_xrwytp

COVID vaccine developed at Walter Reed Army Hospital promises to guard against all variants:

<https://prospect.org/health/making-the-next-coronavirus-vaccine-truly-public/>

Ivermectin and the shadowy world of COVID and

telemedicine: <https://www.npr.org/sections/health-shots/2022/02/09/1079183523/what-a-bottle-of-ivermectin-reveals-about-the-shadowy-world-of-covid-telemedicine>

A scientifically clueless opinion driven by capitalist politics

and Pharma's influence in Congress: <https://republicans-energycommerce.house.gov/news/gop-to-hhs-secretary-becerra-cms-proposed-medicare-coverage-would-deny-alzheimers-treatments-to-patients-who-need-them/>

See trailer for new film called inhospitable. Why US healthcare costs so much:

<https://miamifilmfestival2022.eventive.org/films/61f189526239a200d2d658c8>

Patient safety surveys in Florida:

<https://www.jdsupra.com/legalnews/florida-continues-pursuit-of-improved-3650654/>

California nurses beg for safer hospital staffing levels:

<https://www.nationalnursesunited.org/press/oc-nurses-to-hold-informational-picket-for-patient-safety>

Nurse staffing bill in Washington State:

<https://www.wsha.org/articles/tell-your-legislators-to-protect-patient-safety-and-access/>

Pharma stole the goodness in insulin, which was discovered

100 years ago: <https://healthydebate.ca/2022/02/topic/history-matters-insulin/>

WHO video on air pollution and health:

[https://www.who.int/emergencies/diseases/novel-coronavirus-](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/media-resources/science-in-5/episode-66---air-pollution-a-public-health-emergency)

[2019/media-resources/science-in-5/episode-66---air-pollution-a-public-health-emergency](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/media-resources/science-in-5/episode-66---air-pollution-a-public-health-emergency)

Overdoses from drugs reached record in 2021:

<https://www.commonwealthfund.org/blog/2022/overdose-deaths-surged-first-half-2021-underscoring-urgent-need-action>

Mass General hospital pays \$14.6 M in whistle blower lawsuit over unsupervised surgeries:

<https://www.bostonglobe.com/2022/02/18/business/mass-general-pays-146-million-settle-suit-it-defrauded-governments-by-leaving-surgeries-unsupervised-trainees/>

When your doctor is not a doctor:

<https://newrepublic.com/article/165235/when-urgent-care-doctor-is-not-doctor>

Our public health system needs an overhaul:

<https://thehill.com/opinion/healthcare/594959-our-public-health-system-needs-an-overhaul-congress-can-start-here>

Medicare penalizes hospitals for harmful conditions and then gives them 5 stars (go figure):

<https://khn.org/news/article/health-care-paradox-medicare-penalizes-dozens-of-hospitals-it-also-gives-five-stars/>

55 hospitals penalized by Medicare for patient complications 8 years in a row:

https://www.beckershospitalreview.com/finance/the-55-hospitals-penalized-by-medicare-8-years-straight-over-patient-complications.html?utm_medium=email&utm_content=newsletter&fbclid=IwAR3JD5L1ufnS0SsNTY-A8c6-rmJsxGo1EOuUclDvtBNanMZgB3DbBb9jb5o

Maternal mortality in the US rose sharply during 2020, the first year of the pandemic (NYT):

<https://www.nytimes.com/2022/02/23/health/maternal-deaths-pandemic.html?referringSource=articleShare>

Becker's Hospital Review on overpaid CEO's in the medical industry:

https://www.beckershospitalreview.com/compensation-issues/17-overpaid-healthcare-ceos.html?utm_medium=email&utm_content=newsletter

Find past newsletters:

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



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Answer to question: (D), more than \$100 billion according to an AP article by Ricardo Alonso-Zaldivar (March 1, 2022)