

Question: *What fraction of Medicare patients are harmed while hospitalized?*
 A) 1/20 B) 1/10 C) 1/5 D) 1/4 E) 1/3

Patient Safety Deserves More Attention

The publication by the Institute of Medicine of *To Err is Human* in 2000 set off a muted firestorm of attention to patient safety. A team of patient safety experts who have had loved ones harmed by medical errors wrote an article entitled *Who Killed Patient Safety?*¹ It is about the declining attention to patient safety in recent years. To them, it seems that the organizations focused on patient safety have acquiesced to the hospital industry. They noted that recently the National Academy of Medicine has declared: *[We] believe the country is at a relative standstill in patient safety progress. Although the original To Err Is Human report commanded national attention more than two decades ago, the country has not achieved the level of safety in daily patient care that we have come to expect from other industries, such as when we board an airplane. Continuing on the current trajectory is not likely to produce substantial improvements in patient safety.*

Although some agencies have action plans for improving patient safety, the commitment by institutions that deliver care seems lacking, with a few exceptions. The authors note that the World Health Organization has established an action plan for safer care worldwide, including an imperative to *Engage and empower patients and families to help and support the journey to safer healthcare.* The idea is to make healthcare as safe as flying on a commercial airliner. That is a lofty goal. In the meantime, patients must seek evidence-based care while hospitalized, have an assertive advocate present and insist on shared decision-making before

any invasive procedure or drug is imposed on your body. A template for SDM may be found in a publication of mine.²

Screening for Melanoma

As we enjoy the sunshine of summer, we must protect ourselves from too much exposure. Within the past couple of months, I have attended a memorial service for a relatively young man who died of metastatic melanoma. His first sign that something was wrong was his breathlessness. I had heard that he ignored a skin lesion so long that the melanoma had metastasized beyond effective



treatment. Thus, an article in *JAMA Dermatology* caught my eye because it was about appropriate screening for melanoma.³ Melanoma is often an unusually aggressive cancer at a small volume. For example, a 1 mm melanoma has the about the same survival rate as a 2 cm breast cancer tumor. Melanomas also mutate more often, enabling more rapid transformation from benign to malignant

¹<https://journals.sagepub.com/doi/full/10.1177/2516043522107778>

²<https://bmjopen.bmj.com/content/bmjopen/9/7/e028957.full.pdf>

³<https://jamanetwork.com/journals/jamadermatology/article-abstract/2790697>

cancer. The 5-year survival for malignant melanoma that has reached distant organs is only 30%.

One idea supported by recent research was to ask primary care physicians to screen for melanoma. In my opinion, this is a good idea if the clinician is trained to spot suspicious lesions. The authors opine that the best approach to avoid overdiagnosis of melanomas is to target populations that have a higher rate of this cancer. These include the following: older people, those without regular access to a dermatologist, those with a history of skin cancer, those with a family history of melanoma, and those who have spotted something suspicious. There are simple guides to help you screen yourself for skin cancer.⁴ Protect yourself from excess sun exposure.

Medicare Advantage Plans

Like so many things these days, the name we use for something can be misleading. Just over 40% of Medicare beneficiaries are enrolled in Advantage plans. So, whose advantage are we talking about – the patients, the doctors, the hospitals, or the insurance companies. A new report from the Office of the Inspector General (OIG) found that too often insurers deny, or delay needed care by beneficiaries.⁵ Insurers have a stake in not permitting payment for some procedures to improve their bottom line, which is their fixed payment from the government minus what they spend on enrollees' care. While most procedures are approved, the number of denied requests runs into the millions each year. Insurers' Advantage! The main denials are for advanced imaging (MRI and CT scans), placement in a skilled nursing facility after hospital discharge, or placement in an inpatient rehabilitation facility after hospitalization. There are Medicare rules on when to approve or deny a procedure, but the rules are sometimes ignored.

It seems that the 15 Advantage Plans studied (covering 80% of the total Advantage beneficiaries enrolled) also refuse to pay physicians for services they deem unnecessary. In one month in 2019, physician claims for payment were improperly denied 30,000 times even though they met Medicare

rules. Apparently, about 130,000 denied claims did *not* meet the rules for payment. The OIG called for Medicare to issue new guidance on clinical criteria for Advantage Plans. Plenty of guidance is available on selecting Advantage Plans and supplements.⁶

Why Do Young Adults Fail to Seek Help for Depression?

A team of three experts sought an answer to this important question in today's world.⁷ They noted that depression is most prevalent in the 18 to 25-year-old age group compared to other age groups. They determined how many of the 21,000 young adults in a representative sample that had a major depressive episode (MDE) in the years 2011 to 2019 sought treatment for this condition. About 11,000 had not sought treatment. In their sample of untreated individuals, 30% had a household income of \$20,000 or less, and 57 percent experienced severe functional impairment because of their MDE.

The reasons for not seeking treatment in the last year of the study (2019) were as follows: high cost (55%), not knowing where to go (38%), could deal with problem without treatment (31%), and fear of being committed (23%). Obvious targets for change include Medicaid expansion to cover mental health costs and providing information on locations where services can be found. The investigators also recommended destigmatizing mental health services and having gender-specific interventions available for young men.

I might caution that this study covered only one type of mental health problem. How any of this might relate to gun violence remains an unanswered question. Obviously, we all need to be sensitive to angry young men who might be inclined to gun violence.

Resident Hours and Patient Safety

A large group of investigators asked whether limiting first-year residents' work hours improves

⁴ <https://www.wikihow.com/Check-for-Skin-Cancer>

⁵ <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2792414>

⁶ <https://www.webmd.com/connect-to-care/medicare/how-to-choose-a-medicare-advantage-plan#:~:text=How%20to%20Choose%20A%20Medicare%20Advantage%20Plan%2C%20Based,plan.%20Covering%20supplemental%20benefits%20is%20not%20enough.%20>

⁷ <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2792128>

patient safety.⁸ By way of background, in 2011 the Accreditation Council for Graduate Medical Education limited the number of consecutive hours first-year residents could work to 16. This limitation was removed in 2017. The investigators ask physician participants to reveal their serious medical errors in 2002 through 2007 and again in 2014 through 2017. This would be errors made before the limit went into effect and after it was mandated. The 16-hour limit was associated with a 1/3rd reduction in serious medical errors compared to no worktime limit. There are clearly implications for patients being treated in teaching hospitals. Although the pandemic has disrupted work hours, it may still be a good idea to ask about resident work hours if you expect treatment in a teaching hospital.

Thyroid Treatment and Cardiovascular Mortality

A large team of investigators asked if under or over treatment with synthetic thyroid hormones is associated with cardiovascular mortality in 700,000 veterans (mostly men) with a median age of 67 years.⁹ The follow up from treatment averaged 4 years for cardiovascular mortality. The increased mortality in patients with exogenous hyperthyroidism was 29-39% and for those with hypothyroidism the excess mortality was from 50-260% higher when compared to euthyroidism persons (those with natural and normal thyroid hormone levels). The authors suggest that clinicians avoid under-treatment or over-treatment of thyroid diseases, especially in patients with cardiovascular risks. This was an observational study, so it does not demonstrate cause-and-effect. None-the-less, if I were being treated for a thyroid condition, I would be vigilant about keeping my thyroid hormone levels in the acceptable range.

Trusting CMS's Hospital Compare Rankings

The Center for Medicare and Medicaid Services (CMS) each year publishes star rankings of hospitals that treat beneficiaries. Those rankings range from 1 to 5 stars and are often used by patients to decide which hospital to trust with their

care. A team of British researchers asked an important question. How much would the rankings change if a 'reasonable alternative' to the current CMS computation process were used?¹⁰ They used Hospital Compare Data from 3339 US hospitals posted in 2021. Even minor changes in the specifications for calculating star ranking often caused a change in star ranking. Given the investigators' alternative standardization method, 55% of the hospitals had their star ranking change. The authors call for complete transparency from CMS in how they decided to weight factors from their database that contribute to star rankings.

Informative Links

On crowding in emergency departments:

https://www.kevinmd.com/2022/05/a-voice-from-the-lower-decks-of-health-care.html?fbclid=IwAR2WD1IH9HLi_w8lQ61Q3sDtuOCFVYCSJSQtzPMcKKDa4akmP4fiyOLPyvg

Preventable hospitalizations by state ranking:

https://www.beckershospitalreview.com/rankings-and-ratings/preventable-hospitalizations-50-states-washington-dc-ranked.html?fbclid=IwAR1-I7fW8tbScJTU0vaEtPrU6VXqZG2CeYNdwiLyAgpRab5XucMg0_2_E

Federation of State Medical Boards FINALLY adopts rules for disciplining doctors giving misinformation to the public:

https://www.medpagetoday.com/special-reports/exclusives/98562?xid=nl_medpageexclusive_2022-05-09&eun=g1330759d0r&utm_source=Sailthru&utm_medium=email&utm_campaign=MPTExclusives_050922&utm_term=NL_Gen_Int_Medpage_Exclusives_Active

One fourth of hospitalized Medicare patients experienced harm in 2018:

<https://oig.hhs.gov/oei/reports/OEI-06-18-00400.pdf>

Suppression of patient safety data:

[Feds want to suppress data on how bad the pandemic made patient safety:](https://www.feds.gov/sites/leahbinder/2022/05/11/hospital-errors-worsened-during-the-pandemic-say-)

<https://www.forbes.com/sites/leahbinder/2022/05/11/hospital-errors-worsened-during-the-pandemic-say->

⁸<https://qualitysafety.bmj.com/content/early/2022/05/09/bmjqs-2021-014375>

⁹<https://pubmed.ncbi.nlm.nih.gov/35552725/>

¹⁰<https://jamanetwork.com/journals/jama-health-forum/fullarticle/2792402>

[federal-officials-now-they-want-to-suppress-the-data/?sh=1814911021f9](https://www.commonwealthfund.org/blog/2022/are-pharmacy-benefit-managers-next-target-prescription-drug-reform)

Reform pharmacy benefit managers:

<https://www.commonwealthfund.org/blog/2022/are-pharmacy-benefit-managers-next-target-prescription-drug-reform>

Ed Yong learned a lot while covering the pandemic (30 minute, excellent video):

<https://law.yale.edu/yls-today/yale-law-school-videos/ed-yong-normal-led-two-years-covering-pandemic>

Balanced info on Medicare Advantage Plans:

<https://www.commonwealthfund.org/publications/explainer/2022/may/medicare-advantage-policy-primer>

Value based approach to America's high drug prices:

<https://www.commonwealthfund.org/publications/explainer/2022/may/medicare-advantage-policy-primer>

A double standard for nurses and doctors (STAT News):

<https://www.statnews.com/2022/05/13/radonda-vaught-case-double-standard-nurses-physicians/>

Political interference in material from four major agencies of the HHS department:

<https://www.gao.gov/products/gao-22-104613>

South Korea turns to cameras in operating rooms:

https://www.union-bulletin.com/seattle-times/south-korea-turns-to-surveillance-as-ghost-surgeries-shake-faith-in-hospitals/article_f1dd3a24-1500-55c9-aa0e-01848a1e26ce.html

N.J. nursing homes are understaffed and overwhelmed:

<https://www.nj.com/politics/2022/05/understaffed-and-overwhelmed.html>

Fired nurse in Iowa alleges some frightening shenanigans in her former hospital:

https://www.beckershospitalreview.com/legal-regulatory-issues/nurse-fired-for-allegedly-reporting-questionable-patient-deaths-sues-iowa-hospital.html?utm_medium=email&utm_content=newsletter

FDA warns hospital-associated drug manufacturer of PET-scan drug to clean up its facility:

<https://www.beckershospitalreview.com/pharmacy/b>

[righam-and-women-s-gets-fda-warning-for-drug-manufacturing.html?utm_medium=email&utm_content=newsletter](https://www.beckershospitalreview.com/pharmacy/b)

Important data about patient smoking often missing from EHRs:

<https://abouthealthtransparency.org/2022/05/electronic-health-record-system-failed-to-reflect-important-data-about-smoking/>

Drug mix-ups are just a few keystrokes away:

<https://khn.org/news/article/medication-cabinet-hospital-drug-errors/>

Open payments to clinicians (US gov):

<https://openpaymentsdata.cms.gov/>

Patient advocates angry at CMS proposal to suppress hospital safety data:

<https://www.medpagetoday.com/special-reports/exclusives/98843>

Doctors must look beyond obesity (KHN):

<https://khn.org/news/article/bias-doctors-obesity-education/>

Hospital overuse during COVID (Lown Institute):

<https://lownhospitalsindex.org/2022-winning-hospitals-avoiding-overuse/>

Prescription for reducing bias in medical care (Commonwealth Fund):

<https://www.commonwealthfund.org/publications/podcast/2022/may/prescription-reducing-bias-medical-care>

Health Watch USA Newsletter:

<https://www.healthwatchusa.org/HWUSA-Publications/Newsletters/20220601-HWUSA-Newsletter.pdf>

Answer to question: d) 1/4, reference, <https://oig.hhs.gov/oei/reports/OEI-06-18-00400.pdf>



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Find past newsletters:
<http://patientsafetyamerica.com/e-newsletter/>

