PSA

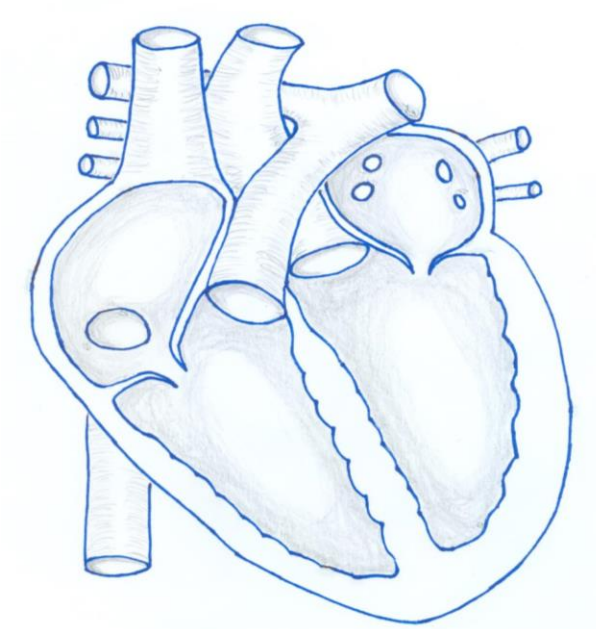
Patient Safety America Newsletter

October 2022 http://PatientSafetyAmerica.com John T. James, Ph.D.

Question: How many surgeries can a single anesthesiologist juggle? A) 1 B) 3 C) 5 D) 7

Cost of Heart Procedures Varies

There is an adage that says, 'You get what you pay for.' That is far from true for cardiovascular procedures as a team of experts found when they compared costs for several common procedures among 20 top-ranked hospitals.[1] The procedures they considered and the within-institution, median price ranges were as follows: echocardiogram ($200-2600), stress test ($460-3200), right heart catheterization ($2800-9400), percutaneous coronary intervention ($660-25,500), coronary angiogram ($2900-9200), and pacemaker insertion ($510-20,000).



It appeared to me that the investigators were unable to explain such large price variations. I might suggest that few patients price-shop for cardiovascular procedures, so there is little incentive for hospitals to lower their costs. Keep in mind, these hospitals were top ranked by *U.S. News and World Report*, so the variations seem unexplainable in terms of quality of care. Readers may wish to undertake serious cost and quality shopping when receiving care for their heart. The marketplace for that is a mess.

Incentives to High Drug Prices in the U.S.

An invited commentary in the *JAMA Internal Medicine* addressed the question of why drug prices in the US are so high.[2] This question was posed in the wake of the 'discovery' that identical drugs for pets and for humans cost much more for humans. The expert's opinion posited several forces that keep drugs much more expensive in the U.S. than other developed countries. He argues against the often-offered view from Pharma that the high cost of drug development drives up costs. He attacks this myth, showing that drug companies spend much more on other practices, such as stock buybacks. He argues that compensation of many Pharma CEOs is directly dependent on their ability to reap high profits, so decisions at this level are profit-driven rather than patient-need driven.

The author notes that for many drugs, the government's support of drug development amounts to 25% of the total cost of development. He asks, 'Shouldn't American taxpayers get more benefit than they do in the form of reduced prices for drugs developed with large support of taxpayer money?'

[1] https://pubmed.ncbi.nlm.nih.gov/35849412/

[2] https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2796061

His last point is that Pharma spends hundreds of millions of dollars on lobbying Congress to keep drug prices high. The commentary asks how much longer we Americans will tolerate exceptionally high drug prices simply because Pharma's goals center more on profits than the needs of patients.

The message here for patients is to ask your clinician's help in price shopping for drugs he says you may need for your health. Likewise, you may wish to ask him what the specific indication is for each drug you have been prescribed. You might also ask if it is off label for you or has a box warning from the FDA.

Anesthesiologists Juggling too Many Patients During Surgery

Associations between risks to patient outcomes and multiple, simultaneous surgeries have been well established. A group of investigators wondered if a similar association might exist between the number of simultaneous surgeries overseen by anesthesiologists and the outcome for patients.[3] The investigation involved the records of 579,000 patients seen in 23 academic and private hospitals in the years 2010 to 2017. The number of overlapping surgeries overseen at one time were broken into four groups as follows (n=number of subjects in that group): 1 (n=49.000), 1-2 (n=247,000), 2-3 (n=216,000), and 3-4 (n=67,000).

The results were somewhat curious. The morbidity-and-mortality percentages were as follows: 1 (5.5%), 1-2 (5.1%), 2-3 (5.25%), and 3-4 (5.75%). Most of the comparisons were to the 1-2 group. The investigators found that the 3-4 group was 14% more likely to experience an adverse outcome (morbidity or mortality) than the 1-2 group. It is unclear why there appeared to be better outcomes when 1-2 overlapping operations were attended rather than a single operation attended. The message to my readers may be to ask how many operations the anesthesiologist will be attending before you have serious surgery. The anesthesiologists may be part of a company that contracts to the hospital, so this may not be easy to determine.

Reporting Your Health Status

The FDA has just approved 'patient-reported changes in health status' as a workable outcome parameter for evaluating the performance of a drug.[4] The basic idea is for the clinician to prescribe the drug in question, and then the patient records her health status over the course of a specified time. When this is done in a collection of patients, it is possible to discern what changes occur that are important to patients. The example given is the understanding that a change of 5 points in a standard questionnaire for patients with COPD (chronic obstructive pulmonary disease) is meaningful to patients. Other tests quantify the heart failure patient's changes that have been deemed predictive of hospitalization and mortality.

When health status is collected over time, it forms a trajectory that may be useful in predicting the disease course in the future. The patient may be given an intervention to determine if that has improved the trajectory of a disease. If such a disruption in the course of the disease is apparent in a sufficient number of patients, then the intervention may be deemed useful. Of course, this all depends on the patient consistently and objectively reporting her health status. A similar approach may be used by the patient alone. For example, the patient may determine if a weight loss of 15 pounds improves their blood pressure. If more weight is lost, does the blood pressure continue to improve? Another example would be an improved diet and exercise to avoid diabetes. How much is enough to prevent that diagnosis and is it sustained? Self-monitoring health status makes a lot of sense to me.

Alcohol Consumption and Risk of AFib

An invited commentary in *JAMA Network Open* described the accumulating association between heavy alcohol consumption in older people and AFib (atrial fibrillation), adding that more

[3] https://pubmed.ncbi.nlm.nih.gov/35857304/

[4] https://pubmed.ncbi.nlm.nih.gov/35980698/

recently this association has been found in younger individuals who are not usually at risk of AFib.[5] Some studies have shown a 'J' shaped curve in which the risk of AFib is a little higher in those consuming very little alcohol, but the risk turns upward once the amount of alcohol consumption increases past 4 US standard drinks/week. Paradoxically, the Framingham Heart Study found no association between alcohol consumption and long-term risk of AFib. The expert commentators offered possible explanations for this paradox. In the end, any increase in risk of AFib is mitigated by drinking no more than 2 US standard drinks per day (my inspection of the original graph suggests no more than 1 US standard drink/day is without effect). The writers opined that they cannot recommend starting alcohol consumption to reduce AFib risk.

Medical Debt and Social Determinants of Health

One of the unfortunate properties of the U.S. healthcare industry is that it forces many households into debt from medical bills. This is not a property of healthcare systems in other developed countries. A team of investigators asked how medical indebtedness affects social determinants of health, which included the following: inability to pay rent or mortgage, inability to pay utilities, eviction or foreclosure, and food insecurity.[6] They used data from a nationally representative sample of U.S. adults during the years of 2018-2020.

They found that 10% of adults and 18% of households carried medical debt. In 2018 the mean medical debt was $21,700. Living in a Medicaid-expansion state protected many people from medical debt. Acquiring medical debt from 2017-2019 increased the likelihood that all four social determinants of health would worsen. Having health insurance did not fully mitigate the problem. Persons with low and middle income and health insurance had a 10% chance of acquiring medical debt, whereas the low-and-middle-income, *uninsured* adults had a 15% chance of having medical debt. *Forbes* has an article on medical debt and options for managing it.[7]

Medicare Advantage Plans and Quality of Care

A small team of investigators studied the association between the cost of Medicare Advantage Plans and the quality of care they provided in 2016-2017.[8] The measures of quality included CAHPS (Consumer Assessment of Healthcare Providers and Systems) and HEDIS (Healthcare Effectiveness Data and Information Set). They found a small association between the quality of care and the cost of the plans to the consumer. However, they found that there were high-quality plans among the plans with the lowest premiums.

It is no secret that Medicare beneficiaries receive more low-value care than they should. Despite efforts to identify and mitigate the use of low value care, there has been little change over the past two decades. A large team of investigators studied almost 2 ½ million records from 2019 to determine if low-value care was more prevalent in beneficiaries enrolled in Traditional Medicare Plans than those enrolled in Advantage Plans.[9] They discovered that on average people enrolled in the advantage plans received 9% fewer low-value services than those on the traditional plans.

Medicaid and Healthcare Equity

Across the U.S healthcare industry there are far-reaching discussions about how to mitigate the inequities in our system.[10] Two experts propose in an editorial in the *JAMA* that inequities are being addressed through Medicaid, a 55-year-old program to deliver healthcare to poor Americans. It began as an 'afterthought' to Medicare, but thanks to the Affordable Care Act, it has expanded healthcare insurance coverage to the point that only 8% of

[5] https://pubmed.ncbi.nlm.nih.gov/36053540/
[6] https://pubmed.ncbi.nlm.nih.gov/36112374/
[7] https://www.forbes.com/advisor/health-insurance/medical-debt/
[8] https://jamanetwork.com/journals/jama-health-forum/fullarticle/2795747
[9] https://jamanetwork.com/journals/jama-health-forum/fullarticle/2795747
[10] https://jamanetwork.com/journals/jama/article-abstract/2796396

Americans are uninsured, and only 4% of children are uninsured. The decision of 12 states (such as Texas) not to expand Medicaid have left a total of 3.7 Americans without insurance that would have had it if expansion had been granted. Medicaid requires a national standard for services; however, beyond that base, states may develop strategies to mitigate inequities in coverage. For example, Medicaid now covers people with 133% of the Federal Poverty Level. States must comply.

The authors discuss efforts in California to make Medicaid more equitable. Included in that state's plan is an effort to provide services that address social determinants of health such as poor-quality housing, food insecurity, and limited transportation. If successful, such a plan is going to reduce healthcare inequities and save lives. In my opinion, greater focus on health care as opposed to medical care is going to make a huge impact on inequities.

Links of Interest

North Carolina – Nurses can be sued for following doctor's orders: https://nurse.org/articles/north-carolina-overturns-nurse-ruling/

FDA issues a communication of cancer risk with breast implants: https://www.fda.gov/medical-devices/safety-communications/breast-implants-reports-squamous-cell-carcinoma-and-various-lymphomas-capsule-around-implants-fda?utm_medium=email&utm_source=govdelivery

Celebrated New England physician has astonishing record of malpractice settlements: https://www.masslive.com/news/2022/09/celebrated-new-england-surgeon-yvon-baribeau-has-one-of-the-worst-malpractice-records-in-country-globe-investigation-finds.html?fbclid=IwAR2_GjJeptUR4V5YtMq5zd2NQh7p4TKf1paje9A0unMuE4-YJf1B3JO2KkU

Texas anesthesiologist suspended by medical board: https://www.wfaa.com/article/news/local/texas-medical-board-suspends-doctor-compromised-iv-bag-investigation/287-6d7d36a9-526e-47aa-b38c-9919f4d21587

Americans give US health care system failing marks: https://apnews.com/article/covid-health-medication-prescription-drug-costs-drugs-63b342945f9b6ab3ce0ed3920deb935a

Another Texas doctor gets away with extensive harm to patients: https://www.texasobserver.org/rogue-surgeon-red-eric-scheffey-texas/

U of Michigan to pay $490 M to victims of a doctor who abused patients: https://www.clickondetroit.com/news/local/2022/09/17/university-of-michigan-to-pay-490m-to-anderson-survivors/

Behavioral health in the US: https://www.commonwealthfund.org/publications/explainer/2022/sep/behavioral-health-care-us-how-it-works-where-it-falls-short

Advancing health equity – lessons from other countries: https://www.commonwealthfund.org/blog/2022/advancing-health-equity-learning-other-countries

Inflation Reduction Act and healthcare: https://www.commonwealthfund.org/publications/podcast/2022/sep/what-inflation-reduction-act-really-means-health-care

Joint Commission threatens to remove accreditation of Johns Hopkins Hospital: https://www.thebaltimorebanner.com/community/public-health/johns-hopkins-hospitals-accreditation-is-at-risk-because-it-poses-a-threat-to-patients-accreditor-says-U2YHYNXI3RFJDAYNSKWOPBYDIE/

Veteran's Administration Hospitals better control MRSA infections than private hospitals, which saw a resurgence of this during the pandemic: https://aricjournal.biomedcentral.com/articles/10.1186/s13756-022-01158-z

How to get rid of antidepressant drug use: https://www.newsweek.com/how-kick-antidepressant-drugs-without-triggering-relapse-new-research-1745509

How a hospital reaped huge profits by exploiting the poor in Richmond, VA: https://www.nytimes.com/2022/09/24/health/bon-secours-mercy-health-profit-poo

Profits over patients: https://www.nytimes.com/2022/09/24/business/nonprofit-hospitals-poor-patients.

Doctors creating their own, less rigorous, board certifications: https://www.statnews.com/2022/08/29/doctor-recertification-board-nbpas/

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

Answer to question: (B). 3-4 at once.