

Question: How many US hospitals were sanctioned by Medicare last year?
A) 200 B) 400 C) 600 D) 800 E) 1,000 Is your hospital one of them? See the answer box.

Too Low Diastolic Blood Pressure?

I remember long ago that most concern about unhealthy blood pressure (bp) was focused on the lower number – the diastolic pressure. Recently, more attention has focused on the systolic, or higher number. Current US targets for bp management are ‘less than 130/80 mmHg.’ A team consisting mostly of [Chinese cardiologists](#) ask if there is potential harm if medications are used to achieve a systolic target below 130 mmHg, resulting in a low diastolic blood pressure that may be harmfully low.



The primary outcome they measured was the occurrence of all cause death, a non-fatal heart attack, or non-fatal stroke. The study population involved more than 7,500 people of average age 66 years. The patients typically had several chronic health problems such as diabetes or kidney failure. The investigators found that when treatment resulted in a diastolic bp below 60 mmHg, there was roughly a 50% increase in the risk of the primary outcome

when compared to those with an average diastolic bp of 70-80 mmHg. The authors opine that the cause of the increased association with harm, because of lower diastolic bp, may be that the pressure is too low to fully fill the heart’s left ventricle, resulting in reduced blood circulation (perfusion).

If you are taking bp reducing medications and you consistently measure diastolic pressures below 60 mmHg, speak to your doctor about your concerns. Your medications may be doing harm.

Your Aching Lower Back

A [large team of investigators](#) asked what patient factors are associated with transitions from acute back pain to chronic back pain in outpatients within 6 months of acute pain. The investigators examined records of more than 5,200 patients reporting to their primary care doctor with low back pain. Almost 1/3rd of these patients converted to chronic back pain within 6 months. Factors associated with increased risk of this conversion included the following: obesity, smoking, severe baseline disability, and diagnosed depression or anxiety. Guideline-nonconcordant care was also associated with higher likelihood of conversion to chronic back pain.

The lesson for patients is to ask how one might have experienced an acute bout of lower back pain and then avoid that behavior. Personally, I found that as my grandkids got older and heavier, I had to kneel to hug them rather than lift them off the ground for a hug. As I write this, I am experiencing acute lower back pain that may have resulted from a minor sledding accident. Above all, none of us want to abuse our backs to the point where we experience chronic back pain. I find that Yoga stretching exercises help relieve my back pain.

Approval of Cancer Drugs

In an ideal world, developed countries with capable regulatory infrastructure would be expected to approve drugs to treat cancer in a way that makes their approved lists similar. An [invited commentary](#) on two studies that compared cancer drug approvals in the US, UK, and Canada found remarkable differences in approval. In the US, an FDA approval elicits a green light for marketing the drug at whatever price it will bear. In the UK and Canada, drugs for cancer treatment are less likely to use surrogate endpoints before approval, and any marketing is contingent on negotiation of price with the government. A ‘surrogate endpoint’ is one that is thought to be related to the desired outcome. For example, the desired outcome for a person with cancer is a prolonged, quality of life. A surrogate endpoint for a drug might be measurable tumor shrinkage.

The authors opine that the global cancer drug approval system (ecosystem) is broken. Drugs approved in the US may eventually be sold in other countries at high prices, but in the end, there is far too much doubt about the safety and efficacy of such drugs. If your oncologist recommends a chemotherapy for you, make certain you learn all you can about the safety and efficacy of the drug. I know several older cancer patients who, once they learned the side effects of chemotherapy, decided to forgo this method of treatment. I also know a few that were miserable as their chemotherapy robbed them of any quality of life.

When to Get a Knee or Hip Replacement

Three experts [wrote an article](#) reviewing the diagnosis and treatment options for osteoarthritis, which typically affects hands, feet, knees, and hips. Changes in tissue around the joints leads to stiffness, limited function, and pain. This condition is diagnosed by physical examination (e. g. enlarged joints) and imaging (e. g. loss of spaces between bones forming joints). The list of treatments includes the following: exercise, weight loss, anti-inflammatory drugs, and steroid injections. Some drugs inhibit bone growth and relieve pain (not opioids). Ultimately, if these fail to work, then joint replacement may give relief.

My point in summarizing this review is to warn patients to exhaust all options before accepting a knee or hip replacement. If, after complete shared decision making with your doctor, you decide to have a knee or hip replacement, you must ask about the pedigree of the joint proposed for use in your body. I know people who wish they had done this before getting a joint replaced.

Artificial Intelligence Applied to Knee Osteoarthritis Decisions

A forward-looking [team of investigators](#) asked whether an artificial intelligence (AI)-enabled, decision aid produced better patient satisfaction and outcomes when compared to patients receiving only educational material when they were experiencing advanced knee osteoarthritis. The AI-enabled decision aid included education, preference assessment, decision quality, and outcome assessment. It was noteworthy that the AI-enabled decision aid did not require more clinician time. There were 69 patients in the experimental group and 60 in the control group. The patient ages ranged from 45 to 89 years old.

The patients who used the AI-enabled aid experienced better decision quality, shared decision-making, satisfaction, and physical outcomes when compared to the control group. The message here is that informed consent and shared decision-making can be performed much better than it is now done. Patients must simply insist on having complete answers to their well-thought-out questions and concerns. Ask about decision aids.

Risk of Incomplete Medication History

Four [experts wrote](#) about the ‘toxic’ effects of not having a complete history of patient medications. The authors tell the story of a 40-year-old woman hospitalized for severe abdominal pain. She had been previously admitted twice with no conclusive diagnosis found. She was taking several medications, one of which was methotrexate. During her most recent visit it was determined that she was suffering from the toxic effects of that drug. The authors cite a study from 2005 showing that 40% of hospitalized patients have medication discrepancies that have potential for harm. Patient related factors

and physician factors may be involved in barriers to knowing medication history.

Is the patient taking all medications as prescribed? If not, then what is the cause? Maybe it is high cost. Does the patient have confusion about taking medications? Help is available. Physician factors may include inadequate time to explore patient history or inadequate understanding of harms associated with medications. Regarding the latter, a clinical pharmacist may be consulted for potential harms. In my opinion, the patient or patient's advocate has a key role in preventing medication toxicity. I would also recommend medication reconciliation in which medication experts determine the prescribed medications are appropriately prescribed and if the patient's medication history is accurate. Transitions of care, say between hospital and outpatient care, are critical times for medication errors to occur in the patient's history.

Dietary Management of Electrolytes

Three MDs in a [nephrology service](#) write about how outpatient dietary management may contribute to improvement in electrolyte disorders. This is an especially sensitive issue to me because my son died from potassium depletion that was sufficiently severe to cause life-threatening heart arrhythmias, especially during vigorous running, which he was inclined to do. Although my son's hypokalemia (low serum potassium) was mild, he had clearly associated heart arrhythmias such as long QT syndrome. If a dietary history had been taken it would have shown a potassium deficient diet, and a competent general history would have suggested potassium loss for vigorous activity in a hot climate. This was all missed by his cardiologists.

The authors of the present study write about a 97-year-old woman who has experienced many health issues and has been repeatedly hospitalized. She tends to have low sodium, which may cause her to be hospitalized. As the story begins, her previous hospital visit was unpleasant and the pandemic was raging, so her doctors were left to come up with an unusual solution. They recommended that she consume some condensed chicken soup, only partially diluted with water. This resolved the woman's sodium depletion. The authors give a table

describing the foods that may be useful for restoring electrolyte levels, including potassium.

I note with sadness the authors' list of foods that could have saved my son's life: orange juice, carrot juice, banana, sun dried tomatoes, and avocado. During his medical evaluation, I suspected potassium depletion was behind his hypokalemia and initial syncope. The last email I sent him before his fatal syncope was a list of foods that I thought he might eat that contained lots of potassium. Alternatively, he could have been given a prescription for potassium chloride. The biggest mistake I ever made was to trust his cardiologists to know what they were doing.

Diet and Colorectal Cancer

In the late 1970s when I was researching colorectal cancer, it was well known that the typical western diet had components that were associated with an increased risk of that cancer. To more thoroughly study associations, a team of [experts screened](#) nearly 10,000 publications. They found that 45 meta-analyses, which associated 109 potential dietary factors with colorectal cancer, were suitable for their investigation. They discovered that 5 associations were convincing, 2 were highly suggestive, 10 suggestive, and 18 weak. The 'convincing' dietary factors causing *increased* risk were red meat consumption and more than 4 alcohol drinks/day. The incidence of colorectal cancer associated with *decreased* risk were increased dietary fiber, calcium supplements, and increased yogurt consumption.

In my opinion, there is a precaution in all this because colorectal cancer risk is not the only thing to consider. Some experts strongly favor dietary increases in magnesium over calcium, which competes for magnesium absorption, potentially causing adverse effects from [magnesium deficiency](#). Other precautions may include how red meat is prepared and what type of fiber one consumes. Eat a balanced diet and get screened if you have risk factors for colorectal cancer.

COVID COLLECTION

Trump officials lobbied against support for states to vaccinate citizens: [Trump officials lobbied to deny](#)

[states money for vaccine rollout last fall \(statnews.com\)](#)

Government Accountability Office report: Trump administration ignored 27 of 31 recommendations to improve government's response to the pandemic: [GAO-21-265, COVID-19: Critical Vaccine Distribution, Supply Chain, Program Integrity, and Other Challenges Require Focused Federal Attention](#)

Disciplinary actions against doctors plunged during the pandemic: [Why complaints about doctors are falling despite stressed system \(cnbc.com\)](#)

Politicians should be held accountable for 'social murder,' Medscape: [Politicians May Be Guilty of 'Social Murder' in COVID Response \(medscape.com\)](#)

Georgia officials seize vaccines intended to be given to teachers: [Rural community in shock after Georgia raids clinic vaccinating teachers \(nbcnews.com\)](#)

What is missing from COVID response (Ashish Jha, MD, interview): [The U.S. Is Missing Key Opportunities to End the COVID-19 Pandemic | Commonwealth Fund](#)

Black people get only 5% of COVID vaccines: [Just 5 percent of vaccinations have gone to Black Americans, despite equity efforts - POLITICO](#)

Origin of corona virus variants (NPR): [Coronavirus Mutations In Boston Patient May Hold Clues To Variant Origins : Goats and Soda : NPR](#)

Hopeful opinion on pandemic virus mutants (Kevin Kavanagh, MD): [Beginning of the End? Some Hopeful COVID Developments | Infection Control Today](#)

CDC reports of harm and death associated with 25 million Pfizer and Moderna vaccines: [At least 271 deaths, 9,845 adverse events after COVID vaccination so far: CDC data - EReporterof.comEReporterof.com](#)

About 40% of US COVID deaths could have been prevented with response similar to that in other developed nations: <https://www.usatoday.com/story/news/health/2021/02/11/lancet-commission-donald-trump-covid-19-health-medicare-for-all/4453762001/>

Tough state bills to curtail drug price increases: <https://khn.org/news/article/as-drug-prices-keep-rising-state-lawmakers-propose-tough-new-bills-to-curb-them/>

TAKE CHARGE principles that apply to medical care during the pandemic and always: <https://medium.com/@lorietheridgenerbonne/takecharge-51ef8b514e84>

The Lancet on health policies of the past 4 years in the U.S. (it is free to read but you must register): [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)32545-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32545-9/fulltext)

Hospitals just penalized by Medicare: [Look Up Your Hospital: Is It Being Penalized By Medicare? | Kaiser Health News \(khn.org\)](#)

Is the FDA too careless in approval of cancer drugs? [Is FDA Getting It Right on Cancer Drug Approvals? | MedPage Today](#)

Doctors often get away with malpractice thanks to lax state medical boards: [Do Frequent Malpractice Offenders Often Get Away With It? \(medscape.com\)](#)

Postpartum strategies to address maternal mortality: [Closing Gaps in Maternal Health Coverage: Assessing the Potential of a Postpartum Medicaid/CHIP Extension | Commonwealth Fund](#)

Biden's Surgeon General nominee is money bags full of conflicts of interest: [Op-Ed: Vivek Murthy's Multimillion Dollar Conflicts Are Cause for Concern | MedPage Today](#)

Private equity firms are killing nursing home patients: [Nursing home deaths spike after private equity acquisitions, study finds - Vox](#)

Doctors getting away with sexual misconduct in New York State: [Did New York let doctors get away with sexual misconduct? | \(cityandstateny.com\)](#)



NATIONAL
QUALITY FORUM
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MISCELANEOUS ARTICLES

Answer to question: Best answer is (D). According to Kaiser Health News, the number was 774 ([Look Up Your Hospital: Is It Being Penalized By Medicare? | Kaiser Health News \(khn.org\)](#)).