Patient Safety America Newsletter

December 2023 http://PatientSafetyAmerica.com John T. James, Ph.D.

Question: What portion of low-and-moderate income Americans skip needed healthcare due to cost?
A) 25% B) 50% C) 75% D) all do

Hospital Pricing and In-Network Providers

In general, when we shop for a product or service, we want to know what it will cost and if it is of dependable quality. Doing that in the U.S. healthcare non-system can be nearly impossible. A team of investigators asked if hospital cash prices for two shoppable procedures (vaginal delivery and brain MRI) were different when reported to a 'secret shopper' via phone compared to online prices.[1] The investigators engaged 60 hospitals – 20 top-ranked hospitals, 20 safety net hospitals, and 20 hospitals that were neither. About 1/3rd of the hospitals provided online and phone prices for vaginal deliveries. Of the 22 hospitals reporting, only 3 showed a match between online and phone prices.

> Deliver Your Baby at Dollar Dripping Hospital for $10,000, or $5,000 or maybe $3,500. Guess which price.

Of the 60 hospitals tested, about 80% reported online and phone prices for brain MRIs. Of the 47 that did this, only 9 showed a match between online and phone prices. The phone prices were requested by the 'secret shopper' as the lowest cash price.

A commentary on the above research noted that it affirmed other findings about hospital pricing irregularities and added a point that for Medicare Advantage Plans, a Senate investigation found that 80% of mental health listings for clinicians were inaccurate or the clinician was unavailable to take new patients.[2] The point is that government efforts to improve transparency in the healthcare industry have far to go to match what healthcare consumers expect. It is not easy to 'do your homework' when choosing a hospital for 'shoppable' procedures. I would recommend that when you get a cash price quote on the phone, you record the date, time of the call, and the person giving you that information. If you receive a much higher bill, simply pay the amount reported to you via phone.

Shared Decision-making (SDM) in Surgery

Three MDs wrote their view of the importance of SDM when a patient faces the option of surgery for their condition.[3] They describe a three-step process: 1) inform the patient of reasonable options, 2) provide detailed information about each option, and 3) elicit the patient's preferences to converge on a decision. The authors describe some specific instances where decision aids have made the SDM process more efficient and have led to greater patient satisfaction and less patient regret after the chosen procedure was performed.

The authors seem to place some emphasis on getting the data needed through follow-up studies after procedures to be able to provide subsequent patients with the information they need. This should have happened long ago for many procedures. For example, if I were considering a procedure, I would insist on knowing the benefits, risks, and constraints

[1] https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2809589

[2] https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2809596

[3] https://pubmed.ncbi.nlm.nih.gov/37466987/

during recovery. Risks must be communicated as the severity of the risk and the probability of that outcome. Too often data is lacking for the clinician to be able to provide complete information on risks, including severity and probability.

Lives Saved by Cancer Screening

Cancer screening is big business. A team of eight researchers asked how many lives are saved by such screening.[4] The 'gold standard' for cancer screening is created by the U.S. Preventive Services Task Force, which regularly updates its recommendations based on recent data. They looked at four types of cancer as follows: lung, colon, breast, and cervical. They estimated the number of lives that could be saved over their lifetimes per 100,000 eligible for recommended screening by a 10% increase in use of the recommended screening procedures. They estimated that such an increase in screening would result in 226, 283, 82, and 81 lives saved per 100,000 eligible persons, respectively. Rendered in terms of all Americans who are eligible for recommended screening according to guidelines, a 10% increase in screening would save 1,000, 11,000, 1,800, and 1,700 lives, respectively. There was considerable uncertainty in these estimates and the assumption was made that screening was equitable.

There are some precautions my readers should understand. These estimates were for people at usual risk for each type of cancer. For example, your risk of breast cancer is higher if you have a first-degree relative who has had breast cancer. According to the CDC, there are many other factors that increase your breast cancer risk.[5] Likewise, your lung cancer risk is going to depend on your smoking history, among other factors.[6] Cervical cancer risk also depends on several factors.[7] There are also different methods of screening and a variety of risk factors. The latter were characterized in the JAMA paper cited above (Reference #4).

[4]https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2812260

[5]https://www.cdc.gov/cancer/breast/basic_info/risk_factors.htm

[6]https://www.cdc.gov/cancer/lung/basic_info/risk_factors.htm

[7]https://www.cdc.gov/cancer/cervical/basic_info/risk_factors.htm

Private Equity Invading Healthcare

An article in the Commonwealth Fund distribution characterizes a growing risk to American healthcare.[8] According to the article, about 1 trillion dollars have been spent in the last decade on purchasing healthcare entities by private equity firms. Such practices are expected to impact quality, cost, and access to healthcare. In my opinion, none of these impacts will be favorable to patients. Private equity investors are looking for quick monetary returns on their investments. In many cases, there is no concern about what this does to the healthcare of patients. On costs, it is common for firms to raise prices and increase utilization for larger profits. Evidence on nursing home acquisition shows a 10% increase in mortality when managed by private equity firms. The authors state in the end, 'In this sense, the growth of private equity is a symptom, not the cause, of our health system's failure to meet the needs of Americans.'

U.S. Healthcare Costs too Much

An article in the Commonwealth Fund distribution compared the impact of high medical care costs on struggles with debt payment in nine wealthy countries.[9] It involved representative samples of adults in those countries to determine the impact of healthcare costs on people skipping needed healthcare. The data were partitioned into a 'low and moderate income' group and a 'high income' group. The data show that in the U.S., 46% of people in the low/moderate income group were likely to skip or delay needed healthcare. Only 29% of the high-income group did this. For both U.S. groups, their percentages were higher than any of the other eight counties' percentages. For example, the U.K. had 16% of low/moderate income people with skipped or delayed care and 10% of high-income people who skipped or delayed needed care.

Please take time to read this article and inspect the revealing graphics. Then ask yourself why patients in the U.S. consistently come out as losers compared to patients in other wealthy countries. There are graphics for mental health care and dental care worth viewing.

[8] Commonwealth Fund on private equity

[9] Commonwealth Fund on Costs of healthcare in high income countries

App-based Interventions for Depression

A small team of investigators sought to determine if people with moderate or severe depression could have their symptoms improved by use of a mobile app intervention.[10] They performed a meta-analysis that distilled 2128 potentially useful studies down to 13 that were deemed useful. These involved studies of 1460 patients with moderate or severe depression. The apps were used by patients for 3 to 24 weeks. Studies from a variety of countries were included. The primary outcome was the change in the level of depression before and after the intervention.

Table 2 in the study is especially informative. It plots the effect of the 16 apps used in the 13 studies regarding whether the outcome favored the controls or those using the app. Four of the 16 app interventions yielded no effect, and the others gave at least a moderate effect in lowering depression symptoms. Noteworthy was the observation that patients already undergoing psychotherapy were helped less by the app intervention. Interestingly, those who used the app for 8 weeks or less improved more than those who used it longer. The outcomes did not appear to be sensitive to whether professional support was provided through the app. The authors suggest that app interventions work best when employing 'cognitive behavioral therapy' or 'behavioral activation.'

If you wish to know more about those therapies, have a look at these: Cognitive behavioral therapy - Mayo Clinic and Behavioral Activation (Guide) | Therapist Aid. I'm not a behaviorist but I find this approach to relieving depression in our society to be promising, accessible, and not too expensive. Chatbots have been developed for managing mental health. Here is one with a fascinating name: Relational Agent for Mental Health | Woebot Health. It is not FDA approved.

Atrial Fibrillation (AFib) and Onset of Dementia

A group of Chinese medical scientists decided to assess the U.K. Biobank for relationships between AFib and dementia onset for 430,000 patients.[11] They divided the age of onset of AFib into the following categories: <65 years old, 65-74 years old, and > 75 years old. Compared to patients without AFib, the 30,600 that had AFib had a 42% higher risk of onset of all-cause dementia during the study period. In the group that had AFib, the younger age group had a 23% higher risk of developing all-cause dementia. The causes of dementia included Alzheimer Disease and vascular dementia.

Many risk factors are known for dementia and Alzheimer Disease. The authors opine that since effective treatments for these illnesses are not forthcoming, more attention should be given to treatment of conditions associated with increased risk. They suggest cognitive monitoring for those with early onset AFib. The authors discuss a possible mechanism that links early onset dementia to AFib. AFib disturbs blood flow to the brain and may cause micro embolisms that reduce perfusion of brain cells that leads to 'molecular events that lead to dementia.' Some of the symptoms of AFib are subtle, such as tiredness, weakness, reduced ability to be active, and lightheadedness. In my opinion, if you have these symptoms, you may want to get an electrocardiogram.

Interesting Links

Apple podcasts on disciplinary failures protecting the public from dangerous medical care:

Episode 1
https://podcasts.apple.com/us/podcast/nyc-now/id1681278959?i=1000630522780

Episode 2
https://podcasts.apple.com/us/podcast/nyc-now/id1681278959?i=1000631294458

Episode 3
https://podcasts.apple.com/us/podcast/the-united-states-of-anxiety/id1155194811?i=1000632765374

[10] https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2812076

[11] https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2811523

AI done right may benefit patients. Done wrong, it will enable more secrets about patient harm: https://www.statnews.com/2023/10/23/artificial-intelligence-chatgpt-bard-doctor-hospital-information/

Infant mortality rises for first time in 20 years in the US: https://www.axios.com/2023/11/01/us-infant-mortality-rate-rises-first-time-two-decades

Infant mortality up most in states that restrict abortion: https://truthout.org/articles/study-finds-16-increased-infant-mortality-in-states-that-restrict-abortion/

Comparative cost of giving birth by country: https://twitter.com/Public_Citizen/status/1719743167300321357

Hopkins Hospital found guilty of not taking care of Maya.: https://www.fox13news.com/video/1309273?fbclid=IwAR0ITbi8xxwdEaQEoh9uBtUQiC6lvP3INAFFEw4enTd2LgHM6Tg02FjfyMA

Imminent Danger from doctor repeatedly harming women: https://www.wnyc.org/shows/nyc-now/imminent-danger

Medicare beneficiaries struggle to pay medical bills: Can Medicare Beneficiaries Afford Health Care? Affordability Survey | Commonwealth Fund

Columbia University to set up $100 million fund for victims of its OBGYN predator: Columbia University 100 million assessment

United Health found a way to cut Medicare advantage patients off of rehab: https://www.statnews.com/2023/11/14/unitedhealth-algorithm-medicare-advantage-investigation/

Elder care and financial ruin, KFF: https://kffhealthnews.org/news/article/dying-broke-facing-financial-ruin-as-costs-soar-for-elder-care/

Harmful tactics in American healthcare: https://www.beckershospitalreview.com/finance/shrinkflation-hits-healthcare.html?utm_medium=email&utm_content=newsletter

Warning signs of sepsis: Warning of sepsis

Find out why your health insurer denied your claim (ProPublica): https://projects.propublica.org/claimfile/#below-the-fold

Do not allow your healthcare provider or hospital to deny you full access to your medical records: https://www.ropesgray.com/en/insights/alerts/2023/07/information-blockers-beware-oig-announces-penalties-of-up-to-1-million-per-information-blocking

How a malpractice insurer is alleged to have manipulated a settlement to get tort reform in IOWA: https://iowacapitaldispatch.com/2023/11/22/lawsuit-claims-insurer-conned-iowa-lawmakers-into-passing-tort-reform/

File your quality of care complaint with Medicare here: https://medicareadvocacy.org/cms-tells-public-to-file-complaints-about-quality-of-care-with-cms-locations/

HCA Hospital cutting costs risk patient care say doctors: https://www.statnews.com/2023/11/30/hca-mission-hospital-cost-cutting-appalachia/

Health Watch USA Newsletter: https://www.healthwatchusa.org/HWUSA-Publications/Newsletters/20231201-HWUSA-Newsletter.pdf

Answer to Question: (B), 46%, reference 9

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