Patient Safety America Newsletter

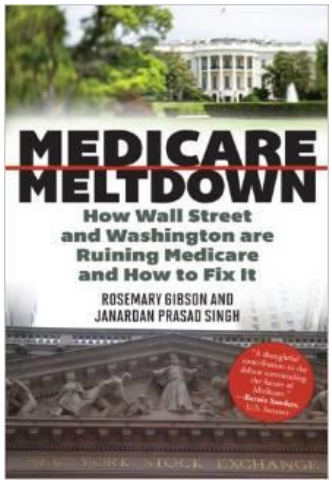
December 2014 http://PatientSafetyAmerica.com John T. James, Ph.D.

***Question**: What percentage of the U.S. population believes high costs of medical care is a very serious problem?*
***a)** 35% b) 50% c) 65% d) 80% e) 95%*

Book Review: **MEDICARE MELTDOWN**
By: Rosemary Gibson and Janardan Prasad Singh

Before you read this book you may want to take an extra blood pressure pill to manage the outrage that will come your way as you discover the dastardly ways your elected officials, government executives and Wall Street insiders are corrupting Medicare to the detriment of the tax payer and user of Medicare services. You'll get the inside scoop on overuse of procedures, withdrawal of doctors from treating Medicare patients, and the reasons behind the high cost of drugs. Gibson and Singh survey the promises of accountable-care organizations, and then attack price fixing, and bogus hospice care. They then trace much of this to legislative ineptness and the army of lobbyists that feed legislative bias.

They show how the medical device industry has coopted serious regulation of its charge-ahead-at-all-costs attitude. Get a different answer to who it is that is "entitled" by Medicare – hint - it's not patients. The authors reveal a sinister relationship between Wall Street investors and political leaders, drug companies, and for-profit hospitals. The illusions of a free-market healthcare industry are dispelled, and then the authors show how the poison of the quick-profit attitude of investors simply adds to the mess. Corporations are harshly reminded that they have, or should have, a fiduciary duty to the patient. The authors conclude with proposals to save some of the $170 billion that Medicare wastes each year. You should get a copy of this book for yourself and your legislators and tell them to read it, assuming they are literate. If you have a personal story about Medicare failures, then write your legislators and Medicare officials, making it clear that you want changes. Five stars. http://www.amazon.com/Medicare-Meltdown-Street-Washington-Ruining/dp/1442219793



On Physicians

Last month I gave a talk to a group of doctors as part of a meeting of the National Physicians Alliance. This is a forward-looking group of doctors that focuses on patient-centered care, refuse to be branded by the medical industry, and believe in a holistic approach to health. This meeting reinforced my opinion that there are a lot of quality doctors out there who care more about their patients than about making a pile of money.

My personal observations are clouded by a an international survey of public trust in physicians just published in the *New England Journal of Medicine*.[1] Public confidence in *leaders* of the medical profession has dropped dramatically from 73% to 34% in the years from 1966 to 2012 (Harris Poll). Only 23% of Americans say that they have confidence in the U.S. healthcare system. I might ask "what system;" there is no system.

Among 29 industrialized countries surveyed the confidence in physicians in the U.S. ranks low at 24th, positioned between Croatia and Chile. There is an important income difference. Low-income

Americans express less trust in doctors (47% trust) than those people not considered low income (63% trust). The most important problem with the U.S. healthcare "system," as viewed by the citizens of our country is the high cost. The writers suggest that if doctors do not assertively improve their public standing, they could be shut out of key policy decisions.

I disagree with this. My opinion is that doctors have plenty of fiscal clout to protect their interests during any changes in the landscape of healthcare delivery. They can ignore the erosion of public trust because they have all the power, at least compared to consumers of healthcare.

In another article about physicians, a group of ten investigators asked how often hospital clinicians know which of their patients have central venous catheters.[2] These devices, often used in ICU patients, facilitate access to the blood stream to administer drugs and monitor blood parameters. The risk of blood clots and infections due to central lines increases with time of use, so it is important to remove these catheters as soon as practical; however, evidence has accumulated that this does not happen. The investigators studied 450 ICU patients with central lines in three academic medical centers, asking clinicians whether their patient had a central line. Overall 21 % of the clinicians were unaware of this important facet of their patient's care. Interestingly, interns and residents did better (16% unaware) than hospitalists (30% unaware).

A perspective article in the *JAMA* discussed the problem of suicide in medical students and residents.[3] A Meta study (combining of many studies) from a decade ago found that male physicians are 40% more likely to commit suicide than males in the general population. Female physicians are 130% more likely to commit suicide than their counterparts in the population. Nationwide 300 to 400 doctors commit suicide each year. One study the article discussed had found that about half of fresh medical school graduates were burned out. Depression is also higher in young doctors than in educated people in other professions.

In my opinion, it is the way medical care is delivered in the U.S. that burns out doctors and makes them more prone to end their lives. Basically, our lack of an organized system of care places young doctors into a chaotic environment peppered with perverse incentives and pressure to produce revenue, often to begin paying off loans taken out for medical school. The patient-centered idealism of young doctors quickly erodes, and they become dehumanized in a system driven by profits. For-profit medical care grows steadily in the U.S.[4]

Banned Drugs in Dietary Supplements

The Food and Drug Administration (FDA) initiates recalls of products when they are found to contain ingredients that may possibly cause serious harm or death. During the last decade about half of the recalls have been for adulterants in dietary supplements. Most of the adulterants were anabolic steroids or similar compounds; these cause liver damage, distortions of male and female reproductive systems, cardiovascular harm, and psychological effects. The list of other banned adulterants is long and contains many poisons.

Four investigators asked if the dietary supplements now available on the shelves of retailers had been freed of the banned substances.[5] Supplements were bought on average about 1 year after the recalls. Two-thirds of the 27 supplements studied still contained substances banned by the FDA. The authors called for more aggressive enforcement of the law by the FDA and new laws to increase their enforcement power to ensure protection of the public from these poisons.

This is simply another example of the FDA being unable to protect the public from a healthcare industry that is driven by profits and unbridled by effective regulation. Follow the money - it will make you sick.

Defensive Medicine

One of the beliefs used to support tort reform, which severely limits the amount of money harmed patients can recover, is that doctors would waste less money if they could practice less defensive medicine. This practice occurs, it is alleged, when doctors fear being sued for large sums of money if they make a mistake that harms the patient; so they order more unnecessary procedures. A team of investigators asked whether doctors that have a

greater fear of being sued actually *do* order more defensive-medicine tests and procedures.[6]

The study included surveys from 36 physicians practicing in a tertiary-care hospital or one of two community hospitals and involved a total of almost 800 patients. The 36 physicians were asked to use a graded scale to rank defensiveness of their ordering when they looked back over their own orders. The mean cost of the tests ordered was $1700, of which only 3% was deemed to be associated with completely defensive medicine. Another 10% of the costs were deemed to be partially defensive. Physician beliefs about defensive medicine did not correlate with the cost of defensive orders. The authors conclude that "Our findings suggest that only a small portion of medical costs might be reduced by tort reform."

Additional findings support the idea that tort reform has little bearing on defensive medicine.[7] Three experts, using data from the Dartmouth Atlas and tort rankings from Pacific Research Institute found no correlation between reimbursements and tort rankings. In fact, in Texas there was a trend of progressively increasing costs once tort reform was passed. The authors assert that defensive medicine, which should be lower in tort-reformed states, is not a major driver of healthcare costs.

Many regard tort reform as it is applied to medical care to be unjust. By limiting the amount recoverable to $250,000, which is the typical limit, few lawyers will take even a good case for malpractice because the costs associated with suing will consume most of the monetary award if it were to come. Many physicians like the "safe harbor" idea. This concept is founded on the idea that if a doctor follows medical guidelines for patient care, then he cannot be sued for malpractice. One problem with this is that guidelines vary in quality and may be outdated after a few years. The bottom line for patients is that they, or their advocates, need to look out for inattentive care and, they must ask questions until they understand the reason for each procedure and the associated risks of harm.

Say What?

Two MDs expressed their view that Medicare needs to reconsider its coverage of hearing aids and simple vision aids.[8] The writers pointed out that 50 years ago when Medicare was born, the cost of hearing aids or then-available vision aids was not too high, so older adults should be able to pay for these without help from Medicare. Fifty years later these devices have become quite expensive, especially when considering the medical care that often goes with devices. The writers point out that the average cost of being fitted for a pair of hearing aids is about $3500. This cost is not easily borne by many Medicare beneficiaries.

The writers express caution that pilot studies are needed to assess the true benefits of sensory aids and the associated costs. Medicare already has enough problems paying its bills. The writers point out that evidence is growing that sensory-aid devices may actually save money because older users are less likely to experience cognitive impairment or dementia as they age.

Drug Pushers in Nursing Homes

We all want to live to an old age and experience minimal cognitive impairment. Unfortunately, many of us will succumb to dementia, and when this illness advances to the point where we are terminally ill, our medications should be focused on care alone.

A team of investigators asked how often nursing home residents with advanced dementia received one or more medications of questionable benefit.[9] They examined a long-term-care pharmacy database and found that of more than 5000 patients surveyed, 54% received questionable medications. The average cost per patient for 90 days of treatment with questionable drugs was more than $800.

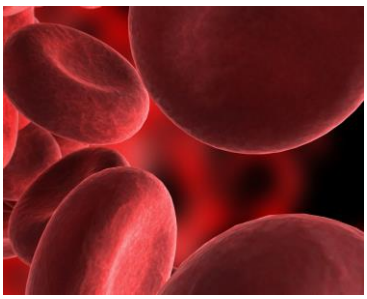
If you are an advocate for a patient with advanced dementia, insist on knowing what medications your patient is receiving and why it has been prescribed. Although such patients have lost track of their beautiful minds, they are human beings deserving of optimal medication.

Septic Shock and Transfusions

Last month I wrote about the epidemic of poorly treated sepsis in the U.S. In past newsletters I have written about the overuse of blood transfusions because they are given when the patient will not

benefit. A huge team of Danish investigators asked whether patients with septic shock would survive better if they were given blood transfusions at 7 g/dl or 9 g/dl hemoglobin.[10] They studied matched groups of about 500 ICU patients each and asked what their survival rate was 90 days after transfusions were given. The group transfused at a 7 g/dl had a 43% survival rate and the group transfused at 9 g/dl had a 45% survival rate – not statistically different. The median number of transfusions was one for the 7 g/dl group and four for the 9 g/dl group.

Two MDs noting the above study and the literature on transfusions in general observed that there should be a new normal for all transfusions, and that must be 7 g/dl hemoglobin.[11] Other trials have actually shown that lower transfusion levels benefit the patient more than higher ones. They called for new guidelines to codify their observation as the standard of care. Patient advocates need to be aware of this threshold and ask questions if their patient is receiving blood transfusions at too high a level of hemoglobin. Transfusions are a risky money-maker (roughly $1000 per unit) for hospitals and have been historically overused in the U.S.[12]



Overuse of Cardiac Telemetry

The American Heart Association as part of the "Choosing Wisely" campaign to reduce healthcare cost by discarding worthless procedures, recommended against cardiac telemetry for specific non-ICU patients. Five experts described the way they implemented this guideline to reduce cost.[13] When using the electronic ordering system doctors could designate monitoring by checking a box for many conditions; however, by changing the ordering system so that only patients with approved conditions according to the guideline would have monitoring appear in the ordering choices, the telemetry orders dropped by 50%. This change, and discontinuation of monitoring when it was no longer needed, was estimated to save almost $5 million in the authors' healthcare system.

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Answer to question this month: c) 65%, reference #1