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<http://PatientSafetyAmerica.com>

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*Question: What percent of deceased Medicare beneficiaries are dispensed drugs?  
 A) 1% B) 1.5% C) 2% D) 2.5% E) 3%*

## Human Rights Watch: Nonprofit US Hospitals are Violating Human Rights

An international human rights group has declared that the ways so called nonprofit hospitals in the US violate the human rights of uninsured and poorly insured patients ‘form insurmountable barriers to health care access.’<sup>1</sup> The report’s bottom line is this: ‘The US heavily relies on charity care from these privately operated nonprofit hospitals to



increase access to health care for patients who cannot pay for hospital services, such as emergency treatment, diagnostic work, and inpatient surgeries. But given the high prevalence of hospital-related medical debt in the US, this system is clearly not working.’

The report further places blame on the lack of government oversight in how these hospitals do

‘charity’ service to their communities. It notes that ‘As a result of inadequate regulation, many nonprofit hospitals operate more like for-profit corporations, charging high fees and aggressively pursuing medical bills against people who cannot pay, including through lawsuits and selling debt to third-party debt collectors.’

The authors of the report give specific recommendations on how this human rights violation may be rectified. The entities targeted by those recommendations include the following: federal legislators, the Internal Revenue Service, state legislators, The Consumer Financial Protection Bureau, The Center for Medicare and Medicaid Services, and non-profit hospitals themselves. The authors are careful not to place sole blame on hospitals for the high cost of hospital care in the US. The authors cite 2020 data on the *per capita* cost of hospital services, showing that the amount for the US is \$3,832. This may be compared to Germany (\$1,999 *per capita*) and Canada (\$1,492 *per capita*).

Please read this report and write to your state and federal legislators, asking what they intend to do to solve this cruel human rights violation in *our country*. Human Rights Watch may be a good organization for your donations.

## Private Equity and Oncology Clinics

Acquisition of healthcare service providers by private equity (PE) companies is always worrisome for those of us who advocate for safe and affordable care. There is a natural conflict between the cost and quality of care and the PE goal to make a profit. A team of three investigators sought to understand changes from 2003 to 2022 in the

<sup>1</sup> <https://www.hrw.org/report/2023/06/15/sheeps-clothing/united-states-poorly-regulated-nonprofit-hospitals-undermine>

acquisition of oncology clinics by PE companies.<sup>2</sup> The investigators found that in the two-decade period the number of PE-associated oncology clinics increased by more than 700. The states with the highest PE-associated clinics (25-30%) were Florida, Tennessee, and Nevada.

The authors conclude that ‘Involvement of PE in oncology should continue to be evaluated to determine implications on patient outcomes and health care costs. As increasing consolidation continues to affect the landscape of independent oncology practices, patients may face additional barriers to both accessibility and affordability of care.’ Before you receive treatment at an oncology clinic, you may wish to investigate whether it is PE-based or not.

### **Drugs Dispensed after Patient Death**

Three scientists asked how much is spent on drugs for Medicare beneficiaries after they die.<sup>3</sup> Their study was limited to HIV drugs and used data from July 2017. They examined records on 330,000 decedents with a mean age of 78 years in which 4890 decedents were dispensed drugs after death. When the authors extrapolated to 2019 data, they estimated that \$12.4 million dollars were wasted. This strikes me as a communication problem. Who is responsible for communicating to all the decedent’s pharmacies where medications are being dispensed to him? I would bet the answer is, ‘No one in particular.’

### **Volunteering for Health and Well-being in Children and Adolescents**

A handful of investigators, knowing that volunteering (unpaid work to benefit others) has a positive effect on health in adults, sought to discover if this effect extended to adolescents (12-17 years old) and children (6-11 years old).<sup>4</sup> They sought an association between volunteering and the health and wellbeing of US children and adolescents.

I have had many opportunities to observe the effect of volunteering on adolescents through mission trips in Texas that last from 3-7 days, depending on the age of the adolescents. Basically,

we work to improve the living conditions of a person who lacks the resources to live in a safe and functional home. We have replaced roofing; repaired rotted floors, porches, walls, and siding; built wheelchair ramps; painted entire houses; and replaced broken doors and windows. We do this in the summer heat of Texas. I have watched adolescents virtually transformed when they realize that they can learn and apply a skill that is of great value to an adult stranger. We encourage the adolescents to get to know each of their clients personally as part of their ‘mission experience.’ More recently, I have taken my grandchildren, as young as 11 years old, to work at a food distribution site where clients are provided food from the Houston Food Bank. I see a positive effect on them when they observe the gratitude expressed by those receiving food.

Now to the research findings. Child and adolescent health and wellbeing were characterized using five questions. The investigators evaluated 22,000 children and 27,000 adolescents. In children, volunteering was associated with a 25% increase in the odds of health reported as ‘excellent or very good’ and a 35% increase in the odds of the child being reported as ‘flourishing.’ In adolescents, the odds were 42% and a 97% increase in the positive effects, respectively. The investigators noted that their study does not demonstrate a cause-and-effect. That issue will have to be investigated in another study. It may happen that volunteering could become a means to mitigate some of the mental health issues that seem to be increasing in our children and adolescents.

### **Our Epidemic of Loneliness**

The US Surgeon General has made an appeal to deal with the ‘epidemic of loneliness’ in the US.<sup>5</sup> Apparently, loneliness affects about half the US adult population at some point in life. The plan for addressing this involves six improvements. One improvement targets more and better parks and libraries. Another seeks to determine the pros and cons of online connectivity. Of course, there is the

<sup>2</sup> <https://pubmed.ncbi.nlm.nih.gov/37126329/>

<sup>3</sup> <https://pubmed.ncbi.nlm.nih.gov/37227730/>

<sup>4</sup> <https://pubmed.ncbi.nlm.nih.gov/37252742/>

<sup>5</sup> [https://jamanetwork.com/journals/jama/article-abstract/2805292?utm\\_campaign=articlePDF&utm\\_medium=articlePDFlink&utm\\_source=articlePDF&utm\\_content=jama.2023.8662](https://jamanetwork.com/journals/jama/article-abstract/2805292?utm_campaign=articlePDF&utm_medium=articlePDFlink&utm_source=articlePDF&utm_content=jama.2023.8662)

ever-present call for more research on what works to reduce loneliness. There is a message here for all of us: execute a plan to reach out to someone who may be lonely.

### **Colonoscopies after Age 75**

There are a few benefits of getting old. I get a cheaper fishing license and discounts at restaurants. Maybe another benefit is not needing another colonoscopy!<sup>6</sup> A group of investigators from the Cleveland Clinic asked about the benefits and risks of colonoscopy in folks older than 75 years with a life expectancy of less than 10 years. They looked at the medical records of 7,000 individuals that fit these criteria. How many colon cancers were discovered by colonoscopy screening and how often were adverse effects of screening noted at 10 and 30 days after the procedure?

Of the patients subjected to colonoscopy 14/1,000 had sufficient adverse events to require hospitalization. Advanced cancer was detected in 5-6/1,000 patients under 85 years of age, but patients older than 85 years had a higher cancer yield at 10/1,000. This finding strikes me as an opportunity for shared decision making between clinician and patient. I would also be a little mistrustful of platforms that claim to predict one's life expectancy.

### **Hospital Quality Metric Reporting**

I have been directly involved in the process of endorsing metrics for hospitals that intend to assess quality of outcomes and patient safety. I am aware that complying with metrics is no simple and cost-free activity. A large team of investigators set out to determine how large the burden is from compliance with metrics reporting.<sup>7</sup> They looked at the cost incurred by the Johns Hopkins Hospital in the first six months of 2019. They estimated that 108,000 hours were spent by workers, costing the institute just over \$5M in personnel cost, and another \$600,000 in vendor costs.

About a quarter of the metrics reported were in the domain of 'pay for performance.' The authors made an appeal to reduce the number of metrics and turn more into electronic-based measurements, which use less personnel time. I might note that the

authors explain that the annual expenses of their hospital are about \$2.6 billion, so the \$5.6 million spent on metrics reporting is a small fraction of total expenses (0.2%). In my opinion, if hospitals had proven to the public that they were high-reliability organizations, there would be far less need for a cloud of metrics. Patients must have some hope that they can receive safe care that results in optimal outcomes.

### **Cardiologist Training in Patient Communication**

A team of investigators, mostly associated with Duke University, sought to determine the effect of coaching of cardiologists in patient communication to assess any improvement in five domains as follows: sitting down and making eye contact, opened ended questions, reflective statements, empathetic statements, and soliciting patient questions.<sup>8</sup> The intervention included coaching in all these domains. They found that the coaching intervention increased empathetic statements from 27% to 44%. Solicitation of patient questions increased from 5% to 22% after coaching. There were only 40 cardiologists involved in the study, so other changes due to coaching were not identified. The authors conclude with the observation that cardiologists can be coached to improve communication with patients; however, additional, and larger studies are needed. Basically, this was a pilot study (my opinion).

In my opinion, there is a lesson here for patients communicating with cardiologists or any critical-care clinician. Patients should *never* be afraid to ask questions and should expect clinicians to express an understanding of their concerns. Communication is an opportunity to engage your clinician in shared decision-making.

### **Hospice care and Integrity**

Hospice care can be a good thing as we live out our final days, but like many good things, the profit motive may turn it into a 'bad' thing, more focused on revenue than patient wellbeing. An MD expressed his view about the need for better oversight of hospice care because 73% of hospice

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<sup>6</sup> <https://pubmed.ncbi.nlm.nih.gov/37010845/>

<sup>7</sup> <https://pubmed.ncbi.nlm.nih.gov/37278813/>

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<sup>8</sup> <https://pubmed.ncbi.nlm.nih.gov/37036721/>

programs are for-profit.<sup>9</sup> These outfits are paid on a per-diem basis, so profits are made by keeping the actual cost of care as far below the daily payment as possible. A large study cited by the author found that for-profit hospice programs provide worse care than nonprofit programs. Twenty percent of for-profit programs are low performing, whereas 12% of nonprofit hospice programs were low performing. Profits are made by reducing professional visits to the patient or finding less expensive (less qualified) staff. You can find out about hospice care in your area at this site: <https://www.medicare.gov/care-compare/?guidedSearch=Hospice&providerType=Hospice>. The site is a bit awkward. When I submitted my zip code, 46 hospice programs appeared. Forty-two of these were listed as 'for profit.' About 1/3<sup>rd</sup> of 46 had a 'Family caregiver survey rating.' These ranged from 1 star to 4 stars on a 5-point system.

## Interesting Links

Update on National Patient Safety Board (PSAN's voice): <https://www.cnn.com/2023/05/30/health/national-patient-safety-board-health-care-kff/index.html>

Health Watch USA Newsletter (Kevin Kavanagh, MD): <https://www.healthwatchusa.org/HWUSA-Publications/Newsletters/20230601-HWUSA-Newsletter-2>.

Emerging infections (USA Today): <https://www.usatoday.com/story/opinion/2023/05/31/measles-mumps-marburg-emerging-infections/70268991007/>

Leapfrog hospital safety grades: <https://www.hospitalafetygrade.org/>

AHRQ on shared decision-making: <https://www.ahrq.gov/sdm/index.html>

How to fix American Healthcare: <https://imprimis.hilldale.edu/americas-broken-health-care-diagnosis-and-prescription/>

Major healthcare system denies care to patient with medical debt: [Allina Health System in Minnesota Cuts Off Patients With Medical Debt - The New York Times \(nytimes.com\)](https://www.nytimes.com/2023/06/03/health/allina-health-system-minnesota-cuts-off-patients-with-medical-debt.html)

Inhumane medical board: <https://www.npr.org/2023/06/03/1179941247/abortion-caitlin-bernard-indiana-doctor-medical-board>

N.H. hospital failed to report a highly dangerous heart surgeon, several patients died: [https://groups.google.com/g/patient-safety-action-network-group/c/MWvokwsuNs4/m/goYJxaVxBgAJ?utm\\_medium=email&utm\\_source=footer&pli=1](https://groups.google.com/g/patient-safety-action-network-group/c/MWvokwsuNs4/m/goYJxaVxBgAJ?utm_medium=email&utm_source=footer&pli=1)

Physician wants truth from his former employer, not money: <https://www.medpagetoday.com/special-reports/features/104794>

<sup>9</sup>[https://www.researchgate.net/publication/371042756\\_Hospice-The\\_Time\\_Is\\_Now\\_for\\_Additional\\_Integrity\\_Oversight](https://www.researchgate.net/publication/371042756_Hospice-The_Time_Is_Now_for_Additional_Integrity_Oversight)

FDA refuses to properly label certain drugs:

<https://thehill.com/opinion/healthcare/4037145-we-tried-to-improve-covid-vaccine-labeling-the-fda-said-no-thanks/>

Healthcare workers face stiffer penalties for coverups of patient harm: <https://www.propublica.org/article/healthcare-workers-face-stiffer-penalties-covering-up-abuse-illinois>

Forcing Americans into medical debt is a human rights issue: <https://kffhealthnews.org/news/article/human-rights-watch-medical-debt-crisis-diagnosis-debt-hospital-bills/>

Disciplinary info missing in CT doctor profiles: <https://www.ctpublic.org/news/investigative/2023-06-16/disciplinary-information-is-missing-from-some-doctor-profiles-in-ct-now-a-state-review-is-underway>

Marshall Allen's story of a man using his plan to defeat hospital overcharges:

[https://marshallallen.substack.com/p/how-a-real-life-david-beat-a-health?r=1g1nrw&utm\\_campaign=post&utm\\_medium=email](https://marshallallen.substack.com/p/how-a-real-life-david-beat-a-health?r=1g1nrw&utm_campaign=post&utm_medium=email)

A healthcare system that won't learn from its mistakes (podcast):

<https://www.healthaffairs.org/doi/10.1377/hp20220921.136711/full/>

Mistrust of U.S News rankings of medical institutions: [U.S News](https://www.usnews.com/stories/2023/05/31/mistrust-of-us-news-rankings-of-medical-institutions)

Healthcare system makes patients sick and CEOs rich: <https://www.levernews.com/the-system-makes-patients-sick-and-ceos-rich/?s=0>

Hospitals push patient into hospice to help death numbers (NBC news): <https://www.nbcnews.com/nightly-news/video/hca-hospitals-urge-staff-to-move-patients-to-hospice-to-improve-mortality-stats-doctors-and-nurses-say-183585349871>

Patient Page: Screening for depression and suicide risk in adults:

[https://jamanetwork.com/journals/jama/fullarticle/2806149?guestAccessKey=dac6c87c-0797-4bb7-9643-3e6b75da3b33&utm\\_source=silverchair&utm\\_medium=email&utm\\_campaign=article\\_alert-jama&utm\\_content=etoc&utm\\_term=062023](https://jamanetwork.com/journals/jama/fullarticle/2806149?guestAccessKey=dac6c87c-0797-4bb7-9643-3e6b75da3b33&utm_source=silverchair&utm_medium=email&utm_campaign=article_alert-jama&utm_content=etoc&utm_term=062023)

Commonwealth fund on rankings of state healthcare systems (Texas is 48<sup>th</sup> out of 51):

<https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance>

Learn health policies from other countries:

[https://jamanetwork.com/journals/jama-health-forum/fullarticle/2806645?utm\\_source=silverchair&utm\\_campaign=jhf&utm\\_medium=email&utm\\_content=new-this-week&utm\\_term=062323](https://jamanetwork.com/journals/jama-health-forum/fullarticle/2806645?utm_source=silverchair&utm_campaign=jhf&utm_medium=email&utm_content=new-this-week&utm_term=062323)

**Answer to Question: (B), 1.5% reference 3**



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

