A rural town loses its only hospital, restricting opioids in an ER leaves some patients in pain, the bleak future we face with fewer doctors and effective antibiotics, and more

Life Without Mercy

One year ago, Mercy Hospital in Fort Scott, Kansas, shuttered its doors after more than a century of service, leaving its rural community of 7,800 residents without a hospital. Although a local community health center has been helping to pick up the slack, and a hospital 30 miles south has taken over Mercy’s old emergency department, people must travel out of town—even across the state border into Missouri—to be hospitalized or deliver babies. What was once a 10-minute drive for a mother in labor is now a harrowing 20-30 mile journey to Pittsburg, Kansas, on a two-lane highway; others must go 90 miles north to Kansas City for treatment. The profound impact of Mercy’s closing has also been felt in other ways, collateral damage that includes lost jobs and defunct businesses, notably Fort Scott’s cancer and dialysis centers. The only hope for a town in need: new Medicare policies that may offer relief for rural residents that are suffering, and a potential expansion of Fort Scott’s health center to provide wellness care, imaging, women’s health care, and more—all the things any community needs to not just survive but to thrive. The need to find ways to provide safe care in rural areas will only become more important, as 21% of rural hospitals risk closure this year.
Behavioral Health — Mythbusting Mental Health

The stigma and misconceptions about behavioral health issues not only are a barrier to people understanding mental illness but also prevent some people from seeking help when they need it. Psychology Today shares five truths about mental health straight from therapists. Number one on their list: mental health is a continuum. Mental illness takes many forms and your mental health can change day to day—in fact, everyone experiences issues with their mental health to some extent. Among their enlightening and encouraging reminders, therapists importantly want people to know that mental illnesses are treatable. No one needs to deal with their symptoms on their own, and in fact they shouldn’t. Instead of overeating, drinking, or taking drugs, consider talk therapy and/or medication to manage your mental health problems. Start by talking to your doctor about the stresses or concerns in your life or go online to search for a therapist.

Long-Term Care — There’s No Place Like Home

Gerald Bennett, a 92-year-old WWII veteran, might be in an assisted living facility if not for Gloria Estrello, a 70-year-old neighbor who keeps him company, helps around his apartment, and stays in touch with his distant family. More than luck and kindness brought these two San Antonians together; Estrello works with Choose Home Senior Corps, a five-city pilot program created by the Department of Veterans Affairs and the Corporation for National and Community Service. She is one of about 200 trained volunteers over the age of 55 who have been paired with veterans to keep them in their own homes instead of institutional care for as long as possible. This offers people like Estrello a new purpose in their lives and allows veterans to retain the independence of living on their own—with a little help as needed and without the loneliness and depression that can come from isolation. The $2 million project also promises to reduce the rising costs of long-term care for veterans; currently at $6 billion annually, the VA expects it to reach more than $10 billion in the next four years.

Medication Safety — New Opioid Policy Has Pain Points for Sickle Cell Patients

In order to combat the growing opioid epidemic in the United States, St. Mary’s Hospital in Athens, Georgia, has introduced a new policy that requires opioid medications to be delivered via a diluted IV drip rather than by injection. According to some patients with sickle cell disease—who seek emergency care there to manage painful sickle cell crisis episodes—instead of offering much-needed, immediate relief, this new method of treatment feels like slow torture, and they say it also is less effective at reducing their suffering. Consequently, this attempt to treat all patients with chronic pain the same when it comes to opioids is drawing criticism and underscoring the difficulty healthcare providers face in balancing appropriate pain treatment with the risk of drug dependence.
Surgery — The Secret Life of Doctor Moms

Working parents struggle daily to balance the demands of their jobs and childcare, but the challenges are compounded when mom is a doctor—and especially when she’s a surgeon. Surgical residents typically work at least 80 hours a week, and inflexible 12-hour workdays don’t leave much time to spend with their children, let alone to take care of their own health. No wonder then that the Journal of the American Medical Association found that 39% of women who were pregnant in surgical residency considered dropping out. And although the number of men and women enrolled in American medical schools is just about even, only 23% of surgeons are women. There are numerous barriers for those who want to be both a good mother and surgeon, including short maternity leave, a lack of on-site day care, a lack of private spaces for breastfeeding, and the physical and psychological toll of parenthood. And on top of it all, pregnant residents often must deal with stigma and microaggressions, as well as a broken system that is not designed for mothers, which even may suggest they don’t belong in the operating room. Discouraging future surgeons from completing their training, or from even entering the field, is particularly troubling in light of a report from the Association of American Medical Colleges that suggests there will be 23,000 fewer surgeons in the United States by 2032.

Improving Diagnosis — Treat Yourself: That Mani-Pedi Could Save Your Life

While people may describe a day at the salon as “life-saving,” for some lucky individuals it is literally true. Sarah Burrows, a 54-year-old relationship counselor from the town of Macclesfield in Cheshire, England, credits a manicure-pedicure for saving her life when an observant nail technician spotted a suspicious mole on her chest. At her technician’s advice, Burrows went to her physician, who referred her to a dermatologist; although that mole was benign, the dermatologist identified two malignant melanomas on the backs of her legs. These skin cancers were surgically removed, and subsequently another was removed from her neck. Through a unique program in the United Kingdom called Masced (Melanoma and Skin Cancer Early Detection), beauticians like Burrows’ nail technician are being trained to identify potential melanomas in customers. Otherwise healthy people are more likely to visit a salon then visit their doctor, and beauticians typically get a close-up look at their customers’ face, back, and legs—the better to spot unusual marks and moles. Since Masced was introduced in February 2018, more than 10,000 beauticians have been trained via a 45-minute online course, and thousands of people have received referrals for skin cancer screenings and life-saving treatment.
Research shows that adverse childhood experiences (ACEs)—prolonged exposure to traumatic events in childhood—have a long-term effect on children’s development, causing biochemical changes in their brains and bodies that increase their risk of health problems like heart disease, depression, and cancer. To head off this problem, California has introduced ACEs screening for pediatric patients from low-income families who are covered by the state’s version of Medicaid, Medi-Cal. This makes California the first state to formally establish reimbursements for ACEs screening, an effort spearheaded by Dr. Nadine Burke Harris, California surgeon general and a national advocate for ACEs screening. The fledgling initiative involves voluntary screenings via a questionnaire at well-child visits, reimbursed on an annual basis, although a one-time screening is also available for adults. The next steps for those with a high ACE score aren’t yet certain, and not everyone agrees on what interventions are necessary, or even whether screenings and interventions are helpful, or perhaps can have a negative impact all their own.

Infection Prevention — What’s the Prescription to Save Prescriptions?

Developing a new antibiotic is a lengthy, expensive process fraught with failure along the way. But even when pharmaceutical companies get FDA approval for a new treatment and succeed in bringing it to market, many of them are losing out—forced into bankruptcy. Efforts to curtail the use of antibiotics, reluctance to adopt novel treatments, and the high cost of new antibiotics are all working against making antibiotic research a viable business model. But the true cost of not investing in new antibiotics and making them available commercially might be even higher: As more bacteria become resistant to traditional antibiotics, there are fewer effective methods of treating dangerous infections like MRSA, and the situation is only getting worse. Getting the right drug, increasingly a brand-new one, might mean the difference between a full and rapid recovery and needing an emergency amputation, or even dying from a seemingly untreatable illness. The solution is not a simple one, but public health experts believe government may need to get involved, with greater reimbursements for new antibiotics, funding to stockpile effective drugs, and financial incentivization for start-ups bigger pharmaceutical companies alike.

Pediatrics — New Policy Stresses the Impact of Stress on Kids

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New Funding Opportunity in Diagnostic Quality and Safety

Diagnostic errors are the most common, catastrophic and costly of all causes of preventable medical harm. In fact, errors in diagnosis are the most frequent cause of medical error reported by patients.

The Society to Improve Diagnosis in Medicine is seeking proposals for grants to carry out 12-month diagnostic quality and safety improvement projects. Grantees will be asked to identify opportunities for improvement and potential interventions; evolve the interventions through small tests of change to increase their effectiveness; build the level of evidence supporting the intervention’s effectiveness; and, where appropriate, increase impact through further opportunities to “scale and spread” utilization.

Approximately 20 grantees will be awarded up to $50,000 for their quality improvement projects. Review the DxQI Seed Grant Program RFP, FAQs, and program requirements at www.improvediagnosis.org/dxqi.