Research

**Mediterranean Diet and Breast Cancer** 1752
Toledo and colleagues conducted a 4-year randomized clinical trial with a cohort of postmenopausal women at high risk of cardiovascular disease to compare the effects of a Mediterranean diet supplemented with extra-virgin olive oil vs reduced dietary fat intake. Participants allocated to the Mediterranean diet supplemented with extra-virgin olive oil were found to have significantly lower incidence of invasive breast cancer.

**Depression and Self-Care in Heart Failure** 1773
Freedland and colleagues conducted a randomized clinical trial to evaluate the effectiveness of a behavioral intervention for depression and self-care in patients with heart failure. Patients in New York Heart Association Class I to III heart failure with comorbid major depression were randomly assigned to a behavioral intervention or to usual care, and both groups received heart failure education. Depression scores were significantly lower after treatment in the intervention than in the usual care group, but heart failure self-care scores did not differ between groups.

**LESS IS MORE**

**Reference Payment for Colonoscopy** 1783
Reference payment initiatives represent a strategy by employers and insurance providers to counter high and variable procedure pricing. The employer or insurance provider establishes a payment limit per procedure, requiring the patient to pay the difference. In their study, Robinson and colleagues found that implementation of reference payments for colonoscopy led to a shift in patient choice toward lower-priced facilities and a substantial reduction in average price per procedure, accompanied by a small but statistically insignificant decline in procedural complications.

**Molecular Tests and *Clostridium difficile* Overdiagnosis** 1792
Polage et al investigated outcomes of 1416 patients hospitalized with concordant and discordant *Clostridium difficile* test results to determine if all patients with positive findings on molecular tests need treatment. Half the patients with positive molecular test results had negative results by a conventional toxin assay, and their duration of diarrhea and frequency of complications were similar to patients with both negative molecular test results and conventional toxin assay results. These findings suggest that molecular tests overdiagnose *C difficile* infection by up to 50%.
Research (continued)

HEALTH CARE REFORM

Patient Characteristics and Readmission Rates

Medicare penalizes hospitals with higher than expected readmission rates. However, expected rates are adjusted only for patients’ age, sex, and recent diagnoses. This has raised concerns that hospitals may be penalized because they disproportionately serve patients with other clinical and social characteristics that predispose them to hospitalization or rehospitalization. Using nationally representative survey data and linked Medicare claims, Barnett and colleagues examined the effect of adjusting for a comprehensive set of 29 patient characteristics on the probability of readmission and found that most of the characteristics examined were both significantly predictive of readmission and distributed differently across hospitals with high vs low readmission rates.

Invited Commentary

Low-Value Services in Year 1 of the ACO Program

Schwartz and colleagues conducted a difference-in-differences analysis, comparing changes in the use of low-value services for patients of Medicare Pioneer Accountable Care Organization (ACO) contracts when the contracts began in 2012 with concurrent changes in a control group. Schwartz and colleagues found that the first year of the ACO program was associated with a modest reduction in the use of low-value services, and new ACO contracts were associated with a reduction in spending on low-value services compared with overall spending, which suggests that the Medicare Pioneer ACO program targeted low-value services in efforts to reduce spending. This suggests that ACO-like risk contracts may be able to discourage use of low-value services, even without specifying which services insurance providers should target.

Invited Commentary

LESS IS MORE

Computer-Aided Detection and Screening Mammography

After the US Food and Drug Administration approved computer-aided detection (CAD) for mammography in 1998 and the Centers for Medicare and Medicaid Services provided increased payment in 2002, CAD technology disseminated rapidly. Lehman and colleagues compared the accuracy of digital screening mammography interpreted with CAD vs without from 2003 through 2009 in 323 973 women. Mammograms were interpreted by 271 radiologists from 66 facilities in the Breast Cancer Surveillance Consortium, and linkage with tumor registries identified 3159 breast cancers in 323 973 women within 1 year of the screening. There was no evidence that CAD improves screening mammography performance on any performance measure or in any subgroup of women, and mammography sensitivity was decreased in the subset of radiologists who interpreted mammograms with and without CAD.

Invited Commentary

Fluoroquinolone Use and Aortic Aneurysm or Dissection

Fluoroquinolones have been associated with collagen degradation, raising safety concerns related to aortic aneurysms and dissections. Lee and colleagues studied the association between fluoroquinolone use and risk of aortic aneurysm or aortic dissection in a population-based National Health Insurance Research Database of Taiwan and found a 2-fold risk increase of aortic aneurysm or aortic dissection associated with fluoroquinolone use.

Editor’s Note

LETTERS (continued)

Comment & Response

Imaging Tests for Suspected Deep Vein Thrombosis

Misinterpretation of the Comparative Safety of Testosterone Dosage Forms

Invited Commentary

Maintaining Access to Medications When Plans Implement Tiered Pharmacy Networks

Editor’s Note

Appropriate Use Criteria Require Data

Would a Breakthrough Therapy by Any Other Name Be as Promising?

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Author Interview

Interview with James C. Robinson, PhD, author of “Association of Reference Payment for Colonoscopy With Consumer Choices, Insurer Spending, and Procedural Complications,” and David Lieberman, MD, author of “New Approaches to Controlling Health Care Costs: Bending the Cost Curve for Colonoscopy”