In This Issue of JAMA

Research

Team-Based Care, Health Care Quality, Utilization, and Cost

826
The value of integrated team-based delivery models—in incorporating physical and mental health care in a primary care setting—is not established. Reiss-Brennan and colleagues evaluated the association of integrated team-based care with measures of health care quality, utilization, and cost in a retrospective cohort of 113,452 patients enrolled in 102 primary care practices of an integrated health care system. The authors found that compared with traditional care model practices, receipt of care in integrated team-based care practices was associated with higher rates of some measures of care quality, lower rates for some measures of acute care utilization, and lower actual payments received by the health delivery system. In an Editorial, Schwenk discusses resource utilization and costs of integrated behavioral and primary care health systems.

- Editorial 822
- CME jamanetworkcme.com

Discriminating Bacterial vs Viral Infection in Febrile Children

835
Clinical features do not reliably distinguish bacterial from viral infection, so many children receive unnecessary antibiotic treatment while awaiting culture results. In an analysis of data from 370 febrile children who presented to the hospital, Herberg and colleagues assessed whether bacterial infection could be distinguished from viral infection using whole-blood gene expression profiling. The authors report identification of a 2-transcript host RNA signature that discriminated bacterial from viral infection. In an Editorial, Bauchner discusses the potential of genetics in the evaluation of febrile children.

- Editorial 824 Related Article 846
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RNA Biosignatures of Bacterial Infection in Febrile Infants

846
In an observational cohort of 279 febrile infants aged 60 days or younger who presented to 22 emergency departments over 2 years, Mahajan and colleagues assessed whether bacterial infection could be distinguished from viral infection using microarray assays to measure markers of host response to pathogens—reflected in RNA biosignatures—could provide an alternative to culture-based diagnosis to distinguish infants with serious bacterial infections from those not infected. The authors report identification of unique RNA biosignatures that discriminated between infants with and without bacterial infections.

- Editorial 824 Related Article 835

Opinion

Viewpoint

813 Avoiding the Unintended Consequences of Screening for Social Determinants of Health
A Garg, R Boynton-Jarrett, and PH Dworkin

815 Decreasing Unintended Pregnancy: Opportunities Created by the Affordable Care Act
J Fox and W Barfield

817 The Need to Expand Access to Hepatitis C Virus Drugs in the Indian Health Service
J Leston and J Finkbonner

819 Priorities for Improving Hearing Health Care for Adults: A Report From the National Academies of Sciences, Engineering, and Medicine
FR Lin, WR Hazzard, and DG Blazer

A Piece of My Mind

821 Nondisclosure
AR Rosenberg

Editorial

822 Integrated Behavioral and Primary Care: What Is the Real Cost?
TL Schwenk

824 Genetics and the Evaluation of the Febrile Child
H Bauchner

LETTERS

Research Letter

877 Trends in Use and Outcomes of Women Undergoing Hysterectomy With Electric Power Morcellation
JD Wright and Coauthors

Comment & Response

879 Quality Improvement Intervention and Mortality of Critically Ill Patients
880 Relationships Between Income, Health Behaviors, and Life Expectancy
881 Online Intervention for Prevention of Major Depression
882 Association of Infection in Early Life and Risk of Developing Type 1 Diabetes

Humanities

The Art of JAMA
884 Tumor
885 A Safe and Sane Fourth

Editor in Chief
Howard Bauchner, MD
In This Issue of JAMA

Clinical Review & Education

High Cost of Prescription Drugs in the United States 858
The rising cost of prescription drugs in the United States is a growing concern. In a review of the literature (January 2005-July 2016), Kesselheim and colleagues examined determinants of US drug prices, justification for the pricing decision, and consequences for patients and payers. The evidence reviewed suggests that high drug prices are the result of market exclusivity—awarded at the time of US Food and Drug Administration approval—combined with drug coverage requirements imposed on government payers. The authors found no evidence of an association between research and development costs and prices; rather, drug prices are based on what the market will bear. Solutions to high drug costs—including enhanced competition, more opportunities for price negotiation, and provision of information on cost-effectiveness of therapeutic alternatives—are discussed.

Author Audio Interview and Author Video Interview jama.com CME jamanetworkcme.com

Time in Therapeutic Range During Warfarin Treatment 872
An article in JAMA Cardiology reported that among Swedish patients with nonvalvular atrial fibrillation, those well-managed while taking warfarin therapy (defined as mean time in therapeutic range [iTTR] ≥ 70%) had a lower risk of complications than patients with an iTTR less than 70%. In this From The JAMA Network article, Passman discusses factors to consider when initiating anticoagulation therapy in this patient population.

Antiviral Agents in Early Treatment of Bell Palsy 874
The role of antiviral drugs in the early management of acute idiopathic facial nerve paralysis (Bell palsy) is not clear. This JAMA Clinical Evidence Synopsis article summarizes a Cochrane review of 8 randomized trials (1315 patients total) that compared outcomes among patients who presented within 72 hours of Bell palsy symptoms and were prescribed either oral antiviral therapies plus oral corticosteroids or oral corticosteroids alone. Combination therapy resulted in a higher proportion of patients who recovered after 3 to 12 months.

Opioid Use and Addiction
Read the JAMA collection on opioid use and addiction at http://sites.jamanetwork.com/opioids/

Editor’s Audio Summary
Phil B. Fontanarosa, MD, MBA, summarizes and comments on this week’s issue.

Author Interview
Audio and video interview with Aaron S. Kesselheim, MD, JD, MPH, author of “The High Cost of Prescription Drugs in the United States: Origins and Prospects for Reform”

JAMA Patient Page
892 Planning to Return Home After Surgery

NEWS & ANALYSIS

Medical News & Perspectives
806 Infectious Disease
Expert Sees Threat From Colistin-Resistant Superbug

808 Health Agencies Update
HHS Moves to Accelerate Zika Vaccine Development

NCI Launches Large Study of Breast Cancer Genetics in Black Women

Opioid Epidemic in Appalachia Receives USDA Telemedicine Funding

809 Clinical Trials Update
Limited Infant Protection From Maternal Influenza Immunization

Trial Launched to Eradicate Ebola From Senegal

Antiviral Reduces Mother-to-Child Transmission of Hepatitis B

810 News From the CDC
CDC’s Historic Response to Ebola

Missed Chances to Prevent Cancer

Departments
793 Staff Listing
876 CME Questions
887 Classified Advertising
889 Journal Advertiser Index
891 Contact Information

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