In Reply Mr Cahan and colleagues comment on our Viewpoint on the importance of supply optimization in improving the value of health care delivery. We agree with the authors that reducing variability in surgical utilization can be accomplished through consolidating device vendors and integrating purchasing decisions in a way that does not inappropriately drive practice patterns. We only add a caveat that too much consolidation, for example to a single vendor, can increase the risk of supply shortages and reduce the opportunity for effective price negotiations.

There are many ways to increase value in health care by focusing on resource use and supply waste. Translational research that identifies and tests best practices for supply optimization in a variety of medical settings would enable more facilities to take advantage of this potential avenue for improvement.

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In the Medical News article entitled “Heritage Diets and Culturally Appropriate Dietary Advice May Help Combat Chronic Diseases” published in the December 13, 2019, issue of JAMA, the description of what is taught based on the African Heritage food pyramid in the second paragraph omits seafood. This article was corrected online January 13, 2020.


Missing Figure Legend: In the Special Communication entitled “FDA Approval and Regulation of Pharmaceuticals, 1983–2018” published in the January 14, 2020, issue of JAMA, a figure legend was missing. Figure 2 should have included a legend that read “Data are from annual Prescription Drug User Fee Act financial reports (1993-2018) and exclude data from other user fee acts. FDA indicates US Food and Drug Administration.” This article was corrected online.


Calculation Adjustment in Article on Waste and Savings in Health Care: In the Special Communication entitled “Waste in the US Health Care System: Estimated Costs and Potential for Savings” published in the October 15, 2019, issue of JAMA, one of the source studies was placed in the wrong category, with the result that the upper end of the range of estimated potential savings should be $286 billion (instead of $282 billion). As a result, the references have been renumbered, the Supplement has been updated (Tables 2 and eReferences), and the related video has been emended. All elements have been corrected online.


Calculation Adjustment in Related Article: In the Editorials entitled “Waste in the US Health Care System” and “Toward Evidence-Based Policy Making to Reduce Wasteful Health Care Spending” published in the October 15, 2019, issue of JAMA, the upper end of the range of estimated potential savings should be $286 billion (instead of $282 billion) due to reclassification of one of the source studies in the related Special Communication. These articles have been corrected online.

