All Patients Refined Diagnosis Related Groups (APR-DRG) weight is a measure of expected resource use that can serve as a proxy for illness severity for nonsurgical patients. It is generated from coded diagnoses at the end of a hospitalization. Because it is a measure of resource use, which may include laboratory tests, it is an imperfect measure, but it is the best we had available. We divided the total number of laboratory tests ordered by each resident by the average APR-DRG weight for all of their patients. We found that this adjustment did not change the variability in ordering habits. The ratio of total laboratory orders per unit APR-DRG weight for the top resident compared with the bottom resident was 7.2, which was similar to the unadjusted number. The linear regression equation for APR-DRG weight vs total laboratory tests ordered by each resident is 490.6 × (unit APR-DRG weight) + 4290 ($R^2 = 0.007; P = .41$). Additional studies should evaluate if there are better available measures of illness severity that might be more meaningfully applied to this data.

We strongly agree that more research is needed to better understand the best means to promote high-value care. Ideally, future research would provide a more robust analysis of what influences practice habits, including controlled trials or studies that include a sustained change in provider order behavior. We believe that understanding variability in practice patterns between individual physicians is the first step toward ensuring higher value care.

Joshua D. Geleris, MD
George Shih, MD
Lia S. Logio, MD

Author Affiliations: Columbia University Medical Center, New York, New York (Geleris); Weill Cornell Medicine, New York, New York (Shih); Drexel University College of Medicine, Philadelphia, Pennsylvania (Logio).

Corresponding Author: Joshua D. Geleris, MD, Columbia University Medical Center, 177 Fort Washington Ave, New York, NY 10032 (jdg2193@cumc.columbia.edu).

Conflict of Interest Disclosures: None reported.


CORRECTION

Error in Key Points: In the Original Investigation titled “Quality and Experience of Outpatient Care in the United States for Adults With or Without Primary Care,” which was published March 4, 2019, in the print issue of JAMA Internal Medicine, there was an error in the Findings paragraph of the Key Points. The slightly more low-value care is more interpretable as 1 of 4 composites, not 3 of 4 composites. This article was corrected online.


Typographical Error in Table 3: In the article titled, “Performance of Screening Ultrasonography as an Adjunct to Screening Mammography in Women Across the Spectrum of Breast Cancer Risk,” a typographical error was present in Table 3 on initial publication. The row that previously read “Cancer detection rate per 1000 (95% CI)” was updated to read “Cancer rate per 1000 screens (95% CI).” This article was corrected online.


Error in Table 2: In the article titled “Assessment of Clinical Trial Evidence for High-Risk Cardiovascular Devices Approved Under the Food and Drug Administration Priority Review Program” published in the October 2018 print issue of JAMA Internal Medicine, there was an error in the second-to-last column heading of Table 2. The heading “Risks-Outweigh-Benefits Vote, No., Yes/No/Abstention” should have been “Benefits-Outweigh-Risks Vote, No., Yes/No/Abstention.” This article has been corrected online.