Results After Discharge to Home vs Skilled Nursing Facility

In this cohort study, Werner and colleagues used Medicare claims data to investigate the association of patient outcomes and Medicare costs of discharge to home with home health care vs discharge to a skilled nursing facility. Measurements included readmission within 30 days of hospital discharge, death within 30 days of hospital discharge, improvement in functional status during the postacute care episode, and Medicare payment for postacute care and total payment for the 60-day episode. Results showed that among Medicare beneficiaries eligible for postacute care at home or in a skilled nursing facility, discharge to home with home health care was associated with higher rates of readmission, no detectable differences in mortality or functional outcomes, and lower Medicare payments. Mor provides an Editorial.

Association of Daily Aspirin With Hepatocellular Carcinoma

In this nationwide cohort study, Lee and colleagues examined the risk of hepatocellular carcinoma in Taiwanese patients with chronic hepatitis B who were receiving daily aspirin therapy. A cohort of 2123 patients who continuously received daily aspirin for 90 or more days were randomly matched 1:4 with 8492 patients who had never received antiplatelet therapy by means of propensity scores, consisting of the follow-up index date, baseline characteristics, and potentially chemopreventive drug use during follow-up. The cumulative incidence of hepatocellular carcinoma in the group receiving daily aspirin was significantly lower than that in the untreated group in 5 years. Fox and colleagues provide the Invited Commentary.

Study Time by Surrogate End Points vs Overall Survival

Chen and colleagues performed this retrospective study of 107 oncology drugs with 188 indications to assess reduction in clinical trial duration derived from using surrogate end points of response rate or progression-free survival rather than overall survival as the basis for cancer drug approval. The main outcome was the study duration needed to complete the primary end point analysis used for each drug indication approval. In multivariate analysis, compared with using overall survival, use of progression-free survival as the end point was associated with study durations that were shorter by a mean of 11 months, and the use of response rate as the end point was associated with study durations that were shorter by a mean of 19 months.

Low-Value Care for Patients Undergoing Cataract Surgery

Mafi and colleagues performed this study to evaluate a multipronged intervention to reduce low-value preoperative care for patients undergoing cataract surgery and to analyze costs from various fiscal perspectives. The study took place at 2 academic safety-net medical centers in California with 12 additional months to assess sustainability and compare pre-intervention and postintervention vs control group utilization and cost changes. Results showed that the intervention was associated with sustained reductions in low-value preoperative testing among patients undergoing cataract surgery and modest cost savings for the health system. The findings suggest that reducing low-value care may be associated with cost savings for financially capitated health systems and society but also with losses for fee-for-service health systems.
Research (continued)

Ultrasonography as Adjunct to Mammography
In this observational cohort study, Lee and colleagues investigated the performance of screening mammography plus screening ultrasonography compared with screening mammography alone among women at low, intermediate, and high risk for breast cancer. Two breast cancer registries provided prospectively collected data on screening mammography with vs without same-day breast ultrasonography. Results showed that for women whose breast cancer risk ranged from low to very high, there were significantly higher short-interval follow-up and biopsy recommendation rates with screening mammography plus same-day ultrasonography compared with mammography alone. However, no significant increase in cancer detection or decrease in interval cancer rates was observed.

Functional Impairment and Hospitalization in Middle Age
In this matched cohort study, Brown and colleagues used data from the Health and Retirement Study to determine whether middle-aged individuals who develop functional impairment are at increased risk for hospitalization, nursing home admission, and death. Of the 5540 study participants, 1097 developed impairment in activities of daily living between the ages of 50 and 64 years, and 857 developed impairment in instrumental activities of daily living. Individuals with impairment in activities of daily living had an increased risk of hospitalization, nursing home admission, and death compared with those without impairment. Individuals with impairment in instrumental activities of daily living also had an increased risk of all 3 outcomes.

Clinician-Family Communication on Patients’ Values
Scheunemann and colleagues performed this secondary analysis of a cohort study to determine how often clinicians and surrogates exchange information about patients’ previously expressed values and preferences and deliberate and plan treatment based on these factors during conferences about prognosis and goals of care for incapacitated patients in intensive care units. Transcripts of previously audiorecorded conversations in which clinicians and surrogates exchanged information about patients’ treatment preferences and health-related values were analyzed. Results showed that most clinician-family conferences about prognosis and goals of care for critically ill patients appeared to lack important elements of communication about values and preferences, with robust deliberation being particularly deficient. Fried provides the Invited Commentary.

Association of Insurance and Access to Hospital Care
In this cross-sectional analysis, Venkatesh and colleagues analyzed data from the 2015 National Emergency Department Sample for hospital-based emergency department discharges, transfers, and admissions for patients presenting with pneumonia, chronic obstructive pulmonary disease, and asthma. The primary outcomes were patient-level and hospital-level risk-adjusted emergency department discharges, emergency department transfers, and hospital admissions. Adjusted odds of discharge or transfer compared with admission among uninsured patients, Medicaid and Medicare beneficiaries, and privately insured patients were reported. After accounting for hospital critical care capability and patient case mix, results showed that uninsured patients and Medicaid beneficiaries with common medical conditions appeared to have higher odds of interhospital transfer. Katz and Wei provide the Invited Commentary.