

Research

LESS IS MORE

Antibiotics and Community-Acquired Pneumonia

1257

The duration of antibiotic treatment for community-acquired pneumonia (CAP) is controversial. In this multicenter, noninferiority randomized clinical trial performed at 4 teaching hospitals in Spain, Uranga and colleagues studied a total of 312 hospitalized patients diagnosed with CAP to validate the Infectious Diseases Society of America/American Thoracic Society guidelines. This study found that the Infectious Diseases Society of America/American Thoracic Society recommendations for duration of antibiotic treatment based on clinical stability criteria can be safely implemented in hospitalized patients with CAP.

🔍 Editorial 1254

Deconstructing the Ventilator Bundle

1277

Klompas and colleagues retrospectively analyzed day-by-day performance patterns for 6 different ventilator bundle components during 5539 episodes of mechanical ventilation in a single hospital. They found that sedative interruptions and spontaneous breathing trials were associated with less risk for ventilator-associated events, less time to extubation, and lower hazards for ventilator death. Head-of-bed elevation and thromboprophylaxis were associated with less time to extubation but no effect on ventilator death. Oral care with chlorhexidine was associated with less risk of infection-related ventilator-associated complications but higher risk for ventilator death. Stress ulcer prophylaxis was associated with higher risk of ventilator-associated pneumonia. These findings suggest that ventilator bundles may need modification to optimize outcomes for ventilated patients.

🔍 Invited Commentary 1284

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Physician Medical School Salaries by Sex

1294

In this study, Jena and colleagues undertook an analysis of sex differences in academic physician salary by assembling a database of salary information of academic physicians employed in 24 public medical schools in 12 states and combined these data with information on clinical and research productivity of physicians. Accounting for sex differences in physician age, years of experience, faculty rank, specialty, scientific authorship, National Institutes of Health funding, clinical trial participation, and Medicare reimbursements (proxy for clinical volume), female physicians earned less than males.

🔍 Invited Commentary 1305

Blood Donor Characteristics and Recipient Survival

1307

In this study, Chassé and colleagues analyzed a large longitudinal cohort of patients to evaluate associations between outcomes in red blood cell transfusion recipients and the age and sex of blood donors. The researchers collected data relating to blood transfusions in 4 academic hospitals in the Ottawa area. Blood donors' sex and age data collected at time of blood donation were obtained from Canadian Blood Services and found that receiving a transfusion from a female donor was associated with statistically significant increased risk of death compared with receiving a transfusion from a male donor. Similarly, transfusions from donors younger than 30 years increased the risk of death compared with receiving a transfusion from older donors.

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Research (continued)

Out-of-Pocket Costs for Hospitalizations 1325

In this study, Adrion and colleagues analyze health care claims for 7.3 million inpatient hospitalizations to assess changes in out-of-pocket spending among commercially insured nonelderly adults. Over the study period, total cost sharing per inpatient hospitalization increased by 37% after adjusting for inflation and case-mix differences. Growth in cost sharing was driven primarily by increases in the amount applied to patients' deductibles and increases in coinsurance over the study period rather than copayments. Increasing out-of-pocket spending coupled with the complexities of cost sharing mechanisms mean that many poorly informed patients may face substantial financial risk when they are hospitalized.

← Editorial 1332

Impaired Health Among Lesbian, Gay, and Bisexual Americans 1344

Using data from over 68 000 adults in the National Health Interview Survey—one of the nation's leading and most representative health surveys—Gonzales and colleagues found that lesbian, gay, and bisexual (LGB) adults reported substantially higher rates of severe psychological distress, heavy drinking and smoking, and impaired physical health than heterosexuals. While this study did not explore specific causes of LGB health disparities, previous studies have linked worse health outcomes in sexual minorities to minority stress, the chronic stress associated with being a member of a marginalized minority group. The results should serve as a call to health care professionals and public health practitioners to pay particular attention to this small, diverse, and vulnerable population.

← Editor's Note 1352

Reference Pricing for Laboratory Tests 1353

In this study, Robinson and colleagues measured the effect of reference pricing on patient choice of laboratory, test prices, and spending for 285 in vitro diagnostic tests. Implementation of reference pricing was associated with a 32% reduction in average price paid per test, with savings to patients of \$1.05 million and to the employer of \$1.70 million. When combined with access to price information, reference pricing is associated with patient choice of lower-cost facilities, leading to reductions in payments by both the employer and the employees.

← Invited Commentary 1359

Continuity of Care in Dementia 1371

In an observational study of over 1.4 million fee-for-service Medicare beneficiaries with a dementia diagnosis, Amjad and colleagues sought to understand the relationship between continuity of ambulatory care and health care utilization and spending. Over 1 year, the cohort had an average of 14 outpatient visits with 5 unique providers. About half of the beneficiaries experienced 1 hospitalization and 1 emergency department visit. The annual rate of hospitalization, emergency department visits, brain imaging and laboratory testing for acute illness, and health care spending was higher with lower continuity of care. Understanding this relationship and contributing clinical and provider factors may be important to improve medical care and spending in this complex, expensive disease.

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**Author Interview**

AUDIO Interview with Brian S. Schwartz, MD, MS, author of "Association Between Unconventional Natural Gas Development in the Marcellus Shale and Asthma Exacerbations"

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