Research

Geriatric Assessment and Transitional Care

Buurman and colleagues conducted a multicenter randomized clinical trial to compare the effect of comprehensive geriatric assessment (CGA) followed by the transitional care bridge program with CGA alone on disability 6 months after discharge. The participants included 674 acutely hospitalized older patients from internal medicine who were at high risk for new disabilities. The transitional care bridge program did not improve disabilities 6 months after discharge. There was a lower 6-month mortality rate in the intervention group.

HEALTH CARE REFORM

Telemonitoring Heart Failure Postdischarge

Ong and colleagues conducted the BEAT-HF randomized clinical trial to evaluate the effectiveness of a combined care transition intervention with remote patient monitoring at reducing 180-day all-cause readmission for patients hospitalized with decompensated heart failure. There were no differences between groups on 180-day readmission or 180-day mortality. There was improved 180-day quality of life among those receiving the intervention compared with the usual care group.

LESS IS MORE

Short Message Service–Based Smoking Cessation

Müssener and colleagues conducted the NEXit randomized clinical trial to describe the effectiveness of a short message service–based smoking cessation intervention among young adults and the potential of a relatively simple technology that could be offered to whole populations. The intervention group of 827 patients received 157 text messages based on components of effective smoking cessation interventions for 12 weeks, and the control group of 763 patients received 1 text every 2 weeks thanking them for participating in the study, with delayed access to the intervention. Müssener and colleagues found that the effects observed in their trial are comparable with those for traditional smoking cessation interventions.

A Mind-Body Program and Low Back Pain

In a trial of mindfulness meditation for adults 65 years and older with chronic low back pain, Morone and colleagues randomized 282 participants to an 8-week mind-body program modeled on the Mindfulness-Based Stress Reduction Program or an 8-week education comparison program based on the 10 Keys to Healthy Aging. Participants in each group received monthly booster sessions after completing the 8-week program, and follow-up occurred at program completion and 6 months later. Morone and colleagues found that intervention participants significantly improved in function and pain at 8 weeks and pain but not function at 6 months. Self-efficacy improved but was not sustained. Quality of life did not reach a clinically meaningful difference. There was no improvement in self-reported mindfulness. As the functional improvement was not sustained, future development of the intervention could focus on durability.

Opinion

Editor’s Note

Texting for Health Education

M Katz

LETTERS

Research

LESS IS MORE

Osteoporosis

Cost-Sharing Obligations, High-Deductible Health Plan Growth, and Shopping for Health Care: Enrollees With Skin in the Game

R Sinaiko and Coauthors

Hospital Care Efficiency and the SMART (Specific, Measurable, Agreed, Required, and Timely) Medicine Initiative

JF Stock and Coauthors

Effect of US Drug Enforcement Administration’s Rescheduling of Hydrocodone Combination Analgesic Products on Opioid Analgesic Prescribing

CM Jones and Coauthors

Posttraumatic Stress and Prolonged Grief After the Sudden Cardiac Death of a Young Relative

J Ingles and Coauthors

Geographic Variation in Medicare Expenditures, 2003-2012

WB Weeks

Comment & Response

Inaccurate Reporting of Insulin Reimbursement

Discontinuation of Antihypertensive Treatment in Elderly Patients and Cognitive Function

Potential Benefits of Computer-Aided Detection for Cancer Identification and Treatment

Discretionary Interpretations of Accountable Care Organization Data

Toxin Immunoassays and Clostridium difficile Infection

Neuraminidase Inhibitors and Influenza Infection
Text Messaging for Medication Adherence

In this meta-analysis of randomized clinical trials using text message interventions for medication adherence for patients with a chronic disease, Thakkar and colleagues found 2-fold improvement in middle-aged adults with chronic disease remaining adherent to medications. While the benefits remained robust on sensitivity analyses, the main limitations are the short duration of trials, reliance on self-report measures, and uncertainty about longer-term effects, including effects on clinical outcomes. The ease of use, scalability, low cost, instantaneous relay of information, and boundless reach makes text messaging an attractive tool for public health. Future research should focus on identifying the effect of text message sophistication and the characteristics of participants who would derive maximum benefits.

Marijuana Use and Cognitive Function

Marijuana use is increasingly common in the United States, and it is unclear whether it has long-term effects on memory and other domains of cognitive function. In this study, Auer and colleagues describe the association between cumulative years of exposure to marijuana and cognitive function. Up to 3385 young black and white men and women aged 18 to 30 years at baseline were followed over 25 years. Verbal memory, processing speed, and executive function were assessed at year 25. Past exposure to marijuana was associated with worse verbal memory but did not appear to affect other domains of cognitive function.

Hospice Visits at the End of Life

As part of research to guide hospice payment reform, Teno and colleagues examined the proportion of hospice patients who received visits by professional staff in the last 2 days of life and found that 12.3% of hospice decedents did not have visits by professional hospice staff. This varied by hospice program with 281 hospice programs not providing visits in the last 2 days of life. Visits by professional staff were less likely when the Medicare beneficiary was black, died on Sunday, or received care in a nursing home. As part of hospice payment reform being implemented in 2016, the Center for Medicare and Medicaid Services proposed a service intensity adjustment that provides additional payment for a nurse and/or social worker to provide additional hospice services to the dying patient and their family in the last week of life.

Unpaid Caregivers and Older Adults

Using 2 nationally representative surveys, Wolff and colleagues found that 6.5 million family caregivers and unpaid caregivers assist community-dwelling older adults with disabilities by coordinating care and managing medications. These caregivers are 2 times as likely to experience physical, emotional, and financial difficulties owing to caregiving, 3 times as likely to experience work productivity loss, and 5 times as likely to experience participation restrictions in valued activities compared with caregivers who provided no help with health care activities. It was also found that just 1 of 4 unpaid caregivers receive supportive services.