Effect of Hospital Follow-up Appointment on Clinical Event Outcomes and Mortality

The Centers for Medicare and Medicaid Services has proposed a number of interventions to reduce avoidable hospital readmissions including the arrangement of timely follow-up visits. In this prospective cohort study of 4989 patients dismissed from general medicine services at the Mayo Clinic, Rochester, Minnesota, dismissal summaries were searched for the presence of a documented hospital follow-up appointment. No difference was found between those with a documented follow-up appointment vs those without in regards to hospital readmission, emergency department visits, or mortality 30 days following dismissal. These results suggest that national efforts to ensure follow-up for all patients following hospital dismissal may not be beneficial or cost-effective.

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Medical Home Capabilities of Primary Care Practices That Serve Sociodemographically Vulnerable Neighborhoods

Under current proposals to develop “medical homes,” primary care practices that qualify based on structural capabilities can receive enhanced payments. However, primary care practices that serve larger shares of patients from sociodemographically vulnerable neighborhoods might have difficulty making the investments in structural capabilities that would qualify them as medical homes. If so, disparities in care might increase. To address this concern, Friedberg et al studied the capabilities of a statewide sample of Massachusetts primary care practices. Contrary to expectations, they found that practices serving larger shares of patients from sociodemographically vulnerable neighborhoods were more likely to have structural capabilities of the medical home. The relatively large size of disproportionate share practices may offer a partial explanation of this surprising result.

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Prognostic Implications of the Urinary Albumin to Creatinine Ratio in Veterans of Different Ages With Diabetes

The ability to risk stratify patients with a low estimated glomerular filtration rate (eGFR) may be particularly valuable in elderly individuals. Mild to moderate reductions in eGFR in the 45 to 59 mL/min/1.73 m² range are common but of uncertain clinical significance at older ages. O’Hare et al measured the independent association of albumin to creatinine ratio (ACR) with mortality among a large cohort of US veterans with diabetes across age groups and by level of eGFR. Among cohort members 75 years and older, ACR was independently associated with mortality at all levels of eGFR. If anything, this association was more consistently present at all levels of eGFR in older compared with younger patients. The authors conclude that ACR may be particularly helpful for identifying high-risk members of the large population of older adults with diabetes who have moderate reductions in eGFR.

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White Rice, Brown Rice, and Risk of Type 2 Diabetes in US Men and Women

This study evaluated white rice and brown rice consumption in relation to risk of developing type 2 diabetes (T2D) in 3 large prospective cohorts comprising more than 190 000 US male and female health professionals. After adjustment of a multitude of established lifestyle and dietary risk factors of diabetes, higher white rice consumption was associated with increased risk of T2D, whereas higher brown rice consumption was associated with decreased risk of T2D. The pooled relative risks (95% confidence interval) were 1.17 (1.02-1.36), comparing 5 servings per week or more with less than 1 serving per month of white rice, and 0.89 (0.81-0.97), comparing 2 servings per week or more with less than 1 serving per month of brown rice. Substitution of brown rice or whole grains as a food group for the same amount of white rice consumption was associated with a significantly reduced risk of T2D.

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Cervical Cancer Screening With Both Human Papillomavirus and Papanicolaou Testing vs Papanicolaou Testing Alone

Current cervical cancer screening guidelines recommend that the next Papanicolaou test (Pap test) can occur in 3 years for women 30 years or older who have 3 prior normal Pap test results or who have a combined normal Pap and negative human papillomavirus (HPV) test result. Saraiya et al used data from a survey of 1212 US primary care physicians to assess their recommendations on screening intervals that incorporate HPV cotesting compared with Pap testing alone. This study examines whether the addition of HPV testing to routine screening for cervical cancer would prompt primary care physicians to recommend extending screening intervals among women considered to be at low risk for developing precancers or cervical cancer in the next 3 years. Few physicians reported extending screening intervals with HPV cotesting and normal results; this proportion was much lower compared with Pap test–based screening alone.

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