

## Research

### Effect of Noninvasive Imaging Strategies on Angiography Rates 1051

Rates of angiography are considered too high among patients with suspected coronary heart disease (CHD), and limited empirical data address strategies to reduce angiography rates. In a randomized trial that enrolled 1202 patients from 6 hospitals in the United Kingdom, Greenwood and colleagues found that a cardiovascular magnetic resonance imaging (CMR)-guided care strategy produced a lower probability of protocol-defined unnecessary angiography in the subsequent 12 months than care guided by the UK National Institute for Health and Care Excellence guidelines. Unnecessary coronary angiography rates did not differ between CMR-guided and myocardial perfusion scintigraphy-guided care.

### A Value-Driven Outcomes Program, Health Care Cost, and Quality 1061

Lee and colleagues assessed the association of a value-driven outcomes tool that allocates cost of care and quality measures to individual patient encounters with cost reduction and health outcome optimization in an analysis of data from 1 health care system with 1.7 million patient visits per year. In before-and-after comparisons, the authors found that implementation of the analytic tool was associated with reduced costs and improved quality for the 3 designated project outcomes—total joint replacement, laboratory testing among medical inpatients, and sepsis management. In an Editorial, Porter and Lee discuss the transition from volume to value in health care.

Editorial 1047

Author Audio Interview [jama.com](http://jama.com) CME [jamanetworkcme.com](http://jamanetworkcme.com)

### Clinical Factors, Therapeutic Strategies, and Survival After MI 1073

In an analysis of 2003-2013 registry data from 389 057 patients with non-ST-elevation myocardial infarction (MI) presenting to 247 hospitals in England and Wales, Hall and colleagues found that improvements in 6-month all-cause mortality were significantly associated with increased use of invasive management and not entirely related to a decline in clinical risk at admission or increased use of pharmacological treatments. In an Editorial, Bohula and Antman discuss progress in the management of non-ST-elevation myocardial infarction.

Editorial 1045

CME [jamanetworkcme.com](http://jamanetworkcme.com)



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William Pachner (1915- )

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HK Koh, R Rajkumar, and JE McDonough

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AS Detsky

### Editorial

1045 *Management of Non-ST-Elevation Myocardial Infarction: The Bright Gleam of Progress, But Much Work Remains*

EA Bohula and EM Antman

1047 *From Volume to Value in Health Care: The Work Begins*

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*in Cost-effectiveness Analysis*

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JC Kuijvenhoven and Coauthors

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Editor in Chief  
Howard Bauchner, MD

133 YEARS  
OF CONTINUOUS  
PUBLICATION

## Research (continued)

### Endocarditis After Transcatheter Aortic Valve Replacement 1083

Limited data exist on clinical characteristics and outcomes of patients who experience infective endocarditis after transcatheter aortic valve replacement (TAVR). In an analysis of international registry data from 20 006 patients who had undergone TAVR between March 2007 and October 2015, Regueiro and colleagues found that younger age, male sex, a history of diabetes, and moderate to severe residual aortic regurgitation were associated with an increased risk of endocarditis after TAVR. In-hospital mortality was high among patients with endocarditis.

## Clinical Review & Education

### Conduct, Methods, and Reporting of Cost-effectiveness Analyses 1093

Sanders and colleagues summarize key recommendations from the Second Panel on Cost-Effectiveness in Health and Medicine concerning the conduct, methods, and reporting of cost-effectiveness analyses. Among the recommendations are to include 2 reference case analyses—reflecting health care sector and societal perspectives—and to undertake an impact inventory. Other recommendations relate to the estimation of the consequences of interventions and the valuation of health outcomes. In an Editorial, Roberts discusses advances in the conduct and reporting of health care-related cost-effectiveness analyses.

Editorial 1049

CME [jamanetworkcme.com](http://jamanetworkcme.com)

### A Public Health Perspective on Mental and Medical Comorbidity 1104

An article in *JAMA Psychiatry* reported the association of mental disorders with subsequent onset or diagnosis of chronic physical conditions based on surveys from 17 countries. In this From The JAMA Network article, Walker and Druss discuss individual and societal implications of comorbid mental and general medical disorders.

### Cochicine and Prevention of Cardiovascular Events 1106

This JAMA Clinical Evidence Synopsis article by Hemkens and colleagues summarizes a Cochrane review of 39 clinical trials (4992 total participants) of colchicine for the prevention of cardiovascular events. The review found moderate-quality evidence supporting an association of colchicine with lower rates of myocardial infarction—particularly among high-risk patients.



## JAMA Patient Page

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## Online @ jama.com



### Editor's Audio Summary

Howard Bauchner, MD, summarizes and comments on this week's issue.

### JAMA Professionalism

This new section is accompanied by an audio recording to provide much more in-depth discussion. Listen at <http://sites.jamanetwork.com/linked-audio/jpr160004audio1.html>.

### Author Interview



**AUDIO** Interview with editorialist Michael E. Porter, PhD, MBA, and Vivian S. Lee, MD,

PhD, MBA, author of "Association of a Value-Driven Outcomes Program to Identify Areas of High Variability in Clinical Costs and Outcomes With Health Care Cost Reduction and Improved Quality of Care"

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