

## Research

### Team-Based Care, Health Care Quality, Utilization, and Cost **826**

The value of integrated team-based delivery models—incorporating physical and mental health care in a primary care setting—is not established. Reiss-Brennan and colleagues evaluated the association of integrated team-based care with measures of health care quality, utilization, and cost in a retrospective cohort of 113 452 patients enrolled in 102 primary care practices of an integrated health care system. The authors found that compared with traditional care model practices, receipt of care in integrated team-based care practices was associated with higher rates of some measures of care quality, lower rates for some measures of acute care utilization, and lower actual payments received by the health delivery system. In an Editorial, Schwenk discusses resource utilization and costs of integrated behavioral and primary care health systems.

Editorial **822**

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

### Discriminating Bacterial vs Viral Infection in Febrile Children **835**

Clinical features do not reliably distinguish bacterial from viral infection, so many children receive unnecessary antibiotic treatment while awaiting culture results. In an analysis of data from 370 febrile children who presented to the hospital, Herberg and colleagues assessed whether bacterial infection could be distinguished from viral infection using whole-blood gene expression profiling. The authors report identification of a 2-transcript host RNA signature that discriminated bacterial from viral infection. In an Editorial, Bauchner discusses the potential of genetics in the evaluation of febrile children.

Editorial **824** Related Article **846**

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### RNA Biosignatures of Bacterial Infection in Febrile Infants **846**

In an observational cohort of 279 febrile infants aged 60 days or younger who presented to 22 emergency departments over 2 years, Mahajan and colleagues assessed whether microarray assays to measure markers of host response to pathogens—reflected in RNA biosignatures—could provide an alternative to culture-based diagnosis to distinguish infants with serious bacterial infections from those not infected. The authors report identification of unique RNA biosignatures that discriminated between infants with and without bacterial infections.

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Editor in Chief  
Howard Bauchner, MD

**133 YEARS**  
OF CONTINUOUS  
PUBLICATION

## Clinical Review & Education

### High Cost of Prescription Drugs in the United States **858**

The rising cost of prescription drugs in the United States is a growing concern. In a review of the literature (January 2005-July 2016), Kesselheim and colleagues examined determinants of US drug prices, justification for the pricing decision, and consequences for patients and payers. The evidence reviewed suggests that high drug prices are the result of market exclusivity—awarded at the time of US Food and Drug Administration approval—combined with drug coverage requirements imposed on government payers. The authors found no evidence of an association between research and development costs and prices; rather, drug prices are based on what the market will bear. Solutions to high drug costs—including enhanced competition, more opportunities for price negotiation, and provision of information on cost-effectiveness of therapeutic alternatives—are discussed.

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

### Time in Therapeutic Range During Warfarin Treatment **872**

An article in *JAMA Cardiology* reported that among Swedish patients with nonvalvular atrial fibrillation, those well-managed while taking warfarin therapy (defined as mean time in therapeutic range [iTTR]  $\geq 70\%$ ) had a lower risk of complications than patients with an iTTR less than 70%. In this From The JAMA Network article, Passman discusses factors to consider when initiating anticoagulation therapy in this patient population.

### Antiviral Agents in Early Treatment of Bell Palsy **874**

The role of antiviral drugs in the early management of acute idiopathic facial nerve paralysis (Bell palsy) is not clear. This JAMA Clinical Evidence Synopsis article summarizes a Cochrane review of 8 randomized trials (1315 patients total) that compared outcomes among patients who presented within 72 hours of Bell palsy symptoms and were prescribed either oral antiviral therapies plus oral corticosteroids or oral corticosteroids alone. Combination therapy resulted in a higher proportion of patients who recovered after 3 to 12 months.



Important questions to ask before leaving the hospital after your surgery

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#### Online @ [jama.com](http://jama.com)



##### Editor's Audio Summary

Phil B. Fontanarosa, MD, MBA, summarizes and comments on this week's issue.

##### Opioid Use and Addiction

Read the JAMA collection on opioid use and addiction at <http://sites.jamanetwork.com/opioids/>

##### Author Interview



**AUDIO and VIDEO** interview with Aaron S. Kesselheim, MD, JD, MPH, author of "The High Cost of Prescription Drugs in the United States: Origins and Prospects for Reform"

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