

In This Issue: Community Health, Clinical Care, and Clinician Calling

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This issue of *Annals of Family Medicine* provides diverse perspectives on community health, clinical care, and clinicians' calling as healers.

A perspective by Ziegelstein highlights the increasing importance of knowing the patient as a person in an era in which precision medicine sometimes coopts the larger meaning of personalized care.¹

In a study of a large nationally representative sample, Sites et al find that opioid prescription for musculoskeletal problems is associated with patient satisfaction. A dose-response effect and biological and social plausibility argue that the association may be causal. These findings give credence to current efforts to reform public and patient expectations about opioid prescribing.²

Community health workers have shown value in many settings, but have not commonly been incorporated into patient-centered medical homes. In a large qualitative study, Rogers and colleagues identify both facilitators and barriers to adopting community health workers in this setting.³

The combination of family practice and hot spotting (targeting geographic areas of high disease prevalence) is an appealing strategy for amplifying screening efforts. Heil et al apply this strategy to a birth cohort to screen for Hepatitis B and C. The strategy yields a high rate of uptake but identifies no hidden chronic infections, reminding us of the importance of a (high) baseline prevalence of disease for screening to be effective.⁴

South Africa's district health system provides an interesting milieu for examining health system performance and clinical processes influenced by family physicians. Von Pressentin et al find mixed associations with the presence of family physicians, depending on the setting—better health care system performance and clinical processes in district hospitals, and poorer in community health centers.⁵ These findings call to mind the work of Geoff Meads, who found that primary care manifests very differently in diverse socio-political environments.⁶⁻⁹ Understanding context is important in understanding and enhancing the effects of family medicine and primary care.¹⁰⁻¹⁵

An in-depth video-recording study provides interesting insights into how health care professionals—including general practitioners, nurses, and dietitians—communicate with people with newly diagnosed diabetes. Despite displaying generally high levels of technical knowledge and general communication skill, consultations often are driven by biomedical explanations that are out of context from patient experience. In spite of a perception of time pressure, much time is spent repeating information that may not be relevant to patients' needs. The findings imply that framing communication more squarely on patients' needs and receptivity could increase both the effectiveness and efficiency of communication with people with a new diagnosis of diabetes.¹⁶

Clinicians frequently experience requests for treatment or advice from family or friends. In a qualitative study, Giroldi and colleagues provide insights into the nuanced factors considered by junior and senior physicians in dealing with these requests.¹⁷

A research brief by Aslan et al provides the dirt on a little-known hyperpigmented skin lesion called terra-firma-forme-dermatosis.¹⁸

Board certification may be a marker for better training, higher quality, and greater system connectedness. In a national study, Liaw et al find that being male, an international medical graduate, or older at initial certification is associated with family physicians not recertifying.¹⁹

A special report by Weiss et al brings to light important considerations for engaging medical interpreter services in outpatient care.²⁰

Social complexity risk factors for high emergency department use by Medicaid-insured children are found to be identifiable through state administrative data in a cohort study of more than a half million children by Arthur et al.²¹

In a study of 4th-year medical students, Kao and colleagues find that identifying with medicine as a calling is associated with higher odds of selecting a primary care-related residency.²²

An essay by Loxterkamp calls for junior family physicians to express their genuine desire to help others

by considering the long arc of their careers, and to find meaning and purpose in touching the lives of those they serve.²³

Another essay reflects on dramatic events initiated by a physician's denial and fortune in surviving a near death experience of a heart attack.²⁴

This issue's Innovation in Primary Care includes an interdisciplinary behaviorally focused model for medication-assisted treatment of opioid use disorder.²⁵

We welcome you to join the online discussion for each of the articles at <http://www.AnnFamMed.org>.

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