EDITORIAL

In This Issue: On-the-Ground Advances & High-Level Influences

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Conflict of interest: Kurt Stange has been a member of the National Commission of Prevention Priorities since it began.

This issue of *Annals* conveys new knowledge to support practice- and patient-level improvements in practice, and reveals policy-level factors that constrain or enhance on-the-ground work to improve health.

ON-THE-GROUND ADVANCES

The sweet spot between the easy, usual way of measuring blood pressure and the hassle of 24-hour monitoring is investigated by Bos and colleagues.[1] They find that in-office automated blood pressure monitoring over 30 minutes results in a dramatic reduction in the number of patients who meet criteria for treatment intensification. In a related editorial, Green states that routine office blood pressures should no longer be used to diagnose or modify hypertension treatment. He calls for practice-based research and new approaches so that clinicians "get it right" for their patients.[2]

A prospective study of screening for diabetes compares point-of-care glycosylated hemoglobin testing with standard care, and finds a much higher rate of pre-diabetes diagnosis with systematic use of point-of-care glycosylated hemoglobin testing. The authors conclude that glycosylated hemoglobin "may be the most effective method to identify patients unknowingly living in hyperglycemia."[3]

Elmore et al experiment with offering patients in a large primary care safety net clinic the opportunity to type their visit agendas in the electronic visit note prior to seeing their clinician.[4] Both patients and clinicians find that this improves communication, and most want to continue having patients type their agendas in the future. They conclude that "Enabling patients to type visit agendas may enhance care by engaging patients and giving clinicians an efficient way to prioritize patients' concerns."

Having both patients and physicians wash their hands is found by Doyle et al to be a promising approach to assuring high rates of use of this simple, important infection control practice.[5]

In a cluster randomized trial, LaPorte and colleagues find that a brief intervention by general practitioners working with young cannabis users has subtle effects in subgroups, but no overall effect on cannabis consumption.[6]

Parents' expectations regarding antibiotics for children with acute respiratory infections is evaluated by Hoffmann et al. They find that while most parents recognize potential harms from antibiotics, they overestimate their effect on symptom duration by 5 to 10 times.[7]

The usefulness of antibiotics for children whose eczema appears infected is examined in a clinical trial by Francis et al. They find no added effect of topical or oral antibiotics over topical steroids and emollients.[8]

In a reflective personal essay, Ventres offers an internal blueprint for providing person-centered care. Seven "intentions of practice" help him attend to patients as complex human beings.[9]

Young et al approach patient-centeredness through a different lens. Their essay provides perspectives on the particular challenges of measuring quality in primary medical care.[10]

HIGH-LEVEL INFLUENCES

Care coordination across 11 countries is examined by Penm et al.[11] They find that patients are less likely to experience poor care coordination if their primary care physician knows their history well, spends sufficient time with them, involves them in care, and explains things well. Among 11 high income countries, care coordination is poorest in the United States.

Rhodes and colleagues test the hypothesis that the Patient Protection and Affordable Care Act's expansion of access—now threatened—might overwhelm primary care by increasing access for millions of new patients. In 10 diverse states, by the measure of median wait times for new appointments, there was no evidence of being overwhelmed.[12] Multiple other studies

show that primary care is stretched dangerously thin. This study shows that despite being stretched, primary care has the ability to adapt to meet demands when policy changes bring additional opportunities for service.

In a study of the long-term "imprint" of training, Phillips and colleagues find that the spending pattern of physicians training in high cost vs low cost Hospital Service Areas persists long after training.[13]

An article by authors from the Patient-Centered Outcomes Research Institute (PCORI) shares an Engagement Rubric developed from multiple sources. Building on decades of prior work in participatory research by others, the PCORI Engagement Rubric provides a framework for involving patients and other stakeholders in all phases of research.[14]

We welcome your reflections at http://www.AnnFamMed.org.

Thank you, Reviewers and E-letter Contributors!

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We would like to extend our thanks to 2 groups who provide invaluable insights to the *Annals of Family Medicine.*

Peer reviewers are key to advancing scholarship and contributing to the quality of a research journal. We are grateful to the many individuals who volunteer their time and expertise in this important endeavor. Please see http://www.annfammed.org/site/misc/reviewers16.xhtml for the names of the *Annals*' 2016 peer reviewers.

The *Annals* is also enriched by those who contribute e-letters. In 2016 we posted more than 125 e-letters reflecting on a wide range of published articles. Our sincere thanks to those who participated in this stimulating dialogue. To read e-letters, click on "View comments" on the right-hand side of any article or visit http://www.annfammed.org/ and click on "TRACK Discussion."

GRATITUDE AND TRANSITIONS

The *Annals*' Editorial Advisory Board provides crucial strategic advice about the journal's direction, connections, and the conversations in which we participate. They also provide critical connections to diverse people and ideas served by *Annals*. We would like to thank the following outgoing Board members for their years of guidance and insights:

- Richard Antonelli, MD
- Ed Bope, MD
- Carolyn Clancy, MD
- Nicole Gentile, MD
- Ann Louise Kinmonth, MD
- Steve Reid, MD
- Moira Stewart, PhD
- Richard "Mort" Wasserman, MD
- Jack Westfall, MD

We are delighted to welcome four new members to the Board:

- Sarah Burbank, BS, Rush Medical College (student member)
- Alexander Fiks, MD, MSCE, Children's Hospital of Philadelphia and Pediatric Research in Office Settings
- Robert McNellis, MPH, PA, Agency for Health Care Research and Quality
- Sally Okun, RN, MMHS, PatientsLikeMe

Over the past year, the *Annals* team has benefitted greatly from the service of 2 Editorial Fellows who, in addition to learning about the processes of editing and publishing a journal and undertaking special projects, have functioned as editors. We are grateful for their outstanding work with us:

- Alan Adelman, MD, MS
- Michael Johansen, MD

Finally, we are happy to welcome Ahmed Rashid, MBChB, MSc, MRCGP as the new *Annals* Editorial Fellow. Ahmed currently is a clinical teaching fellow at the University College of London Medical School and brings clinical, teaching, research, and social media expertise to his work with us.

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CORRECTION

Ann Fam Med 2017;15:104. https://doi.org/10.1370/afm.2047.

In Maciosek MV, LaFrance A, Dehmer SP, McGree D, Flottemesch TJ, Xu Z, Solberg LI. updated priorities among effective clinical preventive services. *Ann Fam Med.* 2017;15(1):14-22, there is a typo in Table 1. In the 2nd column, for the score 4 row, the range should be 0 to 33,500, not 0 to 3,500. We regret the error.