

In This Issue: Technical and Personal Systems, and Novel Risk Factors

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Articles in this issue expose both the technical and personal aspects of systems to understand and improve health care.

As part of a patient-centered medical home redesign in an integrated health care system, Liss and colleagues find that secure electronic messaging and telephone encounters for patients with diabetes are associated with an increased rate of office visits.¹

A study of patients attending shared medical appointments finds greater overall satisfaction, accessibility, and sensitivity to patient needs, but less satisfaction with physician communication and time spent, compared to propensity score-adjusted matched patients receiving individual visits.²

Clinician and staff job satisfaction is the focus of study by Alidina and colleagues.³ Among 20 primary care practices converting to patient-centered medical homes, greater office chaos and emphasis on electronic information are associated with more stress and burnout, whereas open communication and fewer difficulties with providing safe, high quality care are associated with job satisfaction.

A pay-for-performance scheme in Ontario, Canada results in considerable payment for financial incentives, but no effect on cancer screening rates.⁴

In studies from 3 different countries, electronic medical records provide the infrastructure for decision support for reducing antibiotic prescribing,⁵ for chronic disease surveillance,⁶ and for identifying patients with undiagnosed hypertension, white coat hypertension, prehypertension, or elevated blood pressure.⁷

A systematic review is used as the first step toward creating an international registry of clinical prediction rules relevant to primary care.⁸

An essay provides insights into the personal effects of systems, as a medical student gains confidence and self-efficacy through patient care.⁹

This issue contains 2 articles that uncover novel risk factors. Parker and colleagues discover that pregnancy loss (miscarriages and stillbirths) appears to be a risk factor for the future development of cardiovascular

disease.¹⁰ In an article with important public health implications, Jennissen et al find that most Iowa students aged 11 to 16 years have ridden on an all-terrain vehicle, and more than one-half have been in a crash.¹¹

Finally, the On TRACK feature reflects on readers' comments on the last issue of *Annals*, with a particular emphasis on the challenges of research, policy, and living with multiple chronic conditions.¹²

Please comment at <http://www.AnnFamMed.org>.

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