all-cause hospitalization, hospitalization for falls, and incident dementia, particularly among the elderly.¹²

In an electronic medical record study of 8,142 patients, Clarson et al assess factors associated with potentially beneficial earlier initiation of allopurinol treatment.¹³

Reflections of "a resident passing through" provide insights into the formative effects of conflicted yet deep physician-patient relationships.¹⁴

An essay by Loxterkamp dives below the surface of usual explanations for clinician burnout, and asks us to consider the need for deep connection and sense of purpose in developing workplace cultures and communities.¹⁵

The *Annals* feature on Innovations in Primary Care¹⁶ shows the potentially transformative effect of expanding clinic huddles,¹⁷ and of an Accountable Care Organization's advocacy and leadership to increase the supply and demand for healthier foods and reduce the promotion and availability of less healthful options.¹⁸

Finally, to all authors of manuscripts involving quantitative data, I commend the engaging and enlightening editorial by *Annals* Statistical Editor Miguel Marino.¹⁹

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

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CORRECTION

Ann Fam Med 2017;15:503. https://doi.org/10.1370/afm.2168.

In the September/October issue of *Annals of Family Medicine*, Sunil M. Shah was incorrectly listed on the print cover of the journal as an author of "Preventable emergency hospital admissions among adults with intellectual disability in England," (*Ann Fam Med.* 2017;15(5):462-470). The print issue therefore deviates from the online version. We regret the error.