

## In this issue of the *Annals of Family Medicine*

### Physician Perspectives on Hearing Loss Screening 388

*Integration of an electronic prompt to screen for unidentified and unaddressed hearing loss varied by physician buy-in and beliefs, prioritization, and existing workflows.*

### Socioeconomic Disparities and Cancer Screening in Women 396

*Breast and colorectal cancer screening disparities decreased following the introduction of national quality indicators.*

### COVID-19 PPE in the Home 405

*This work describes a protocol and the process undertaken to develop it on how to safely don and doff PPE when undertaking a home visit to a patient with confirmed or suspected COVID-19, or other febrile respiratory illness.*

### Primary Care 2.0: Team Development and Burnout 411

*Stanford's Primary Care 2.0 model of enhanced team-based care demonstrates team development as a key to protect against burnout, but that transformation to team-based care cannot be a 1-time effort & requires ongoing institutional commitment.*

### Artificial Intelligence in Pre-Visit Planning 419

*Pre-visit planning in ambulatory care is a widely varying practice driven primarily by local process needs and requiring human effort, but which may benefit from rigorously evaluated technology solutions.*

### Financial Incentives for Medical Assistants 427

*Whereas performance-based financial incentives have historically been directed towards physicians, a mixed-methods evaluation suggests a financial incentive directed towards medical assistants could improve population health quality measures.*

### Voice Assistants and Cancer Screening 447

*This study compared how 4 widely used voice assistants (Amazon Alexa, Apple Siri, Google Assistant, and Microsoft Cortana) respond to questions about cancer screening.*

### Clinical Features to Diagnose Pediatric UTIs 437

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### Shared Language for Shared Work in Population Health 450

*The authors propose a lexicon of common terms used in population health work to help people move forward together with less confusion, ambiguity, and conflict.*

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### Mourning My Patient 460

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