

In This Issue: New Model Finances, Systematic Reviews, Patients and Health Care

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THE FINANCIAL VIABILITY OF A NEW MODEL OF PRACTICE

The final report of an initiative to “develop a strategy to transform and renew the specialty of family medicine to meet the needs of people and society in a changing environment”¹ is featured as an online supplement to this issue of *Annals*. The future of family medicine task force report on financing the New Model of family medicine² assesses the fiscal implications of moving to the New Model of practice proposed in the original future of family medicine project reports.^{1,3} This new report asks whether the New Model is financially viable for the practices that must implement it, for the systems and society that must support it, and for the patients for whom its benefits are intended.

We look forward to a lively online discussion of this report. To submit a comment, open the online report at http://www.annfammed.org/content/vol2/suppl_3/S1, open the full-text version of the report, and click on TRACK Comments: Submit a response. We hope you will log on often to read and contribute to the discussion.

SYSTEMATIC REVIEWS

This issue features 2 important systematic reviews. One continues the patient-clinician relationship theme of the last issue of *Annals* by assessing the health outcomes of interventions to alter interaction between patients and clinicians.⁴ The other systematic review assesses lay understanding of familial risk of common chronic diseases.⁵ The accompanying editorial⁶ explicates the importance of the study's novel ethnographic meta-analysis method, and the importance of the resulting insights for providing health care in the emerging genetic era.

RESEARCH THAT ENGAGES THE PATIENT PERSPECTIVE

Three studies bring out clinically relevant new insights from the perspective of patients. Two use qualitative methods among traditionally underserved populations. The study by Lacy et al⁷ should help identify reasons that patients miss appointments. Unmet needs for health information around the time of their first sexual activity is identified in a study of adolescent girls by McKee et al.⁸ A novel study that collected data from both patients and physicians in several European countries discovers an “emerging agenda” in nearly 1 out of 7 outpatient visits.⁹ This emerging agenda consists of issues not part of the patient's or the physician's expectations before the consultation.

RESEARCH ABOUT PATIENTS AND HEALTH CARE

Other studies in this issue provide new insights about patients and their health care. One identifies characteristics of patients who call the practice frequently.¹⁰ In another study, Noël and colleagues find that depression has a dramatic effect on quality of life among older patients with comorbidities.¹¹ In a study using a nationally representative data set, Mainous and colleagues find that living in a rural area and being African American combine to elevate the risk of poor control of diabetes and hypertension.¹²

A clinical trial from researchers in the Netherlands finds that peer interaction and social influence is more effective than comparative feedback in improving physician test-ordering behavior.¹³

A theory exposition identifies that the value of the biopsychosocial model is primarily in guiding the parsimonious application of medical knowledge to the needs of each patient.¹⁴

An essay depicts how the confluence of holding a beating heart and caring for a drunken driver profoundly influenced a resident physician.¹⁵

Many of these articles highlight the need to integrate diverse perspectives as part of any effort to understand and change a complex adaptive system such as health care. We invite you to contribute your perspective to the *Annals* online discussion.

To read or post commentaries in response to this article, see it online at <http://www.annfamned.org/cgi/content/full/2/6/530>.

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