EDITORIAL

In This Issue

Kurt C. Stange, MD, PhD, Editor

Ann Fam Med 2005;3:98-99. DOI: 10.1370/afm.296.

This issue features important clinical and policy studies that reflect the diversity of authors and topics in primary care research.

Using data from 60 communities across the United States, Ferrer, Palmer, and Burge apply sophisticated modeling techniques to establish the substantial contribution of the family to individual health status.[1] Family physicians' extensive focus on family identified by Medalie[2] in previous research appears to be justified by this new study. As care systems increasingly focus on the individual, this research shows the need for a concurrent focus on the family in practice and research, and for development of systems to support care of diverse family configurations. Distinguished editorialists House and Diez Roux call for all those in the health care professions, especially primary care clinicians, to pay attention to the "nonbiomedical determinants of population health while also attending to the needs of patients for individualized care."[3] They identify community-oriented primary care as an example of the kind of multilevel approach that is needed to optimize individual and population health.

Most clinical trials do not report the longer term effects of their intervention, raising questions about sustainability. It is therefore unusual and helpful that Roetzheim and colleagues report the 24-month follow-up data[4] on their intervention to foster increased cancer screening in community health centers.[5] The persistence of a portion of the originally reported effect is encouraging, but the reduction in magnitude calls for greater attention to sustainability in the design and conduct of practice change interventions.

Coordination or, ideally, integration of care is a fundamental feature of primary care. This vital function often is not reimbursed in current payment systems. In this issue, 2 law professors collaborating with a family physician examine an additional concern about coordination of care—legal liability.[6] Combining legal research and key informant interviews, they identify aspects of the coordination of care that may increase liability for patients with multiple chronic conditions. In their analysis, however, factors that may raise or lower liability risk for coordination of care appear to balance each other, resulting in no overall increase in liability risk.

A large case series of colonoscopies by 2 rural family physicians shows the safety, success, and clinical yield of, as well as patient satisfaction with, this procedure.[7] Because the increasing use of colonoscopy for screening and diagnosis is outstripping the capacity of gastroenterologists to meet demand, the findings should encourage more family physicians to seek training in this procedure and to add it to our practices. The safety, success, and patient satisfaction found in this study in the outpatient setting justify training family physicians and granting them the privilege to increase patient access to this procedure.

Wilkins and Gillies study the use of a new technology, ultrathin esophagoscopy, to examine patients for Barrett's esophagus. This first study of this technology in a primary care setting shows the feasibility of a family physician performing this procedure on unsedated outpatients.[8]

Previously in the *Annals*, Mainous and his colleagues identified a novel association of serum transferrin saturation and dietary iron intake with mortality.[9,10] In a prospective study in this issue, Mainous, Gill, and Everett find that elevated transferrin saturation and dietary iron intake are associated with an increased risk of cancer.[11] Together, this body of investigation calls for consideration of serum transferrin and dietary iron as risk factors and for research to investigate options for reducing the risk.

In a study of patients' experience of health care, Chen et al find that Latino and African American patients with strong beliefs about racism in health care prefer and are more satisfied with physicians from the same race or ethnicity. These findings point to the potential benefits of patient choice among clinicians.[12] They also imply benefits from increasing the number and accessibility of minority physicians and point to the continued need to eliminate bias and stereotyping.

In a novel analysis of the deliberative strategies of family physicians, Christensen et al identify primary

care cognitive tasks, and show different approaches of novice and expert decision makers to unexpected opportunities during the outpatient visit.[13] The authors find commonalities between their study of family physicians and analyses of other experts investigated in the cognitive psychology literature. They call for tailoring practice change strategies to the different cognitive styles of physicians.

In a study that uses methods reminiscent of the National Ambulatory Care Survey, Sherman et al describe the range of conditions treated by acupuncturists and their approach to patient care.[14] These findings are useful for physicians who are sharing care with acupuncturists.

In synthesizing a challenging and methodologically diverse literature, Saultz and Lochner find that a number of important patient and health care system outcomes are associated with continuity of care, including preventive care and reduced hospitalization and health care costs.[15] Combined with his previous reviews, Saultz issues a clear challenge and a roadmap to conduct higher quality research to ascertain the nuanced and potentially important effects of interpersonal continuity of care.[16,17]

Rosenblatt describes a familiar patient and helps us see her in a new way that expands the clinician's role in healing.[18]

In an evidence review from the Oregon Evidence-Based Practice Center[19] and a new Recommendation and Rationale,[20] the US Preventive Services Task Force updates its recommendations for glaucoma screening. Despite some evidence that treatment to lower intraocular pressure may delay progression of visual field deficits, the benefit of early recognition and treatment of glaucoma in asymptomatic patients has not been found.

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