

On TRACK: Comorbidity and External Validity, Exemplary Practice, Postpartum Support

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COMORBIDITY AND EXTERNAL VALIDITY

The online discussion advances understanding of the effect of comorbidity on the interpretation and application of clinical trial findings.¹⁻⁶ The discussion supports recent calls for greater focus on documenting and presenting the information needed to assess external validity in clinical trials.^{7,8} In addition, guidelines based on clinical trials that don't adequately consider comorbidity can result in polypharmacy¹ and impractical recommendations.^{5,6} Bayliss proposes classifying comorbidity on the basis of the effect of comorbid conditions on the "condition of interest."³ Her 3 categories of comorbidities have different implications for understanding and applying clinical trial data to the care of patients with complex conditions. These categories are (1) pathophysiologically related conditions that require congruent treatment plans, (2) conditions that have discordant and potentially competing treatments, and (3) conditions that do not affect the primary disease or treatment.

EXEMPLARY PRACTICE

"Exemplary practice research gives us information and, frankly, gives us hope."⁹ The article by Solberg et al in the last issue of *Annals* not only prompted readers to define a field of research that focuses on exemplary practices, but elicited further observations of what makes a practice exemplary.¹⁰ These features include shared understanding of mission, vision, and values; consistent leadership; an egalitarian spirit; openness to conversations about change; and a culture of caring.⁹ A related set of features is leadership that focuses on a mission which encompasses both business and clinical activities, supporting but not micromanaging leaders of practice components, 2-way communication at all

levels of the practice, a team model, and focusing on practice-patient relationships.¹¹

Other online discussions relate pearls for minimizing unintended consequences of the electronic health record on relationship-centered care^{12,13} and for developing skills and systems to integrate care of addicted patients into primary care.^{14,15}

The essay on facilitating collaboration among the generalist disciplines elicited calls for leadership that moves beyond competition to bring the disciplines together to solve important problems.¹⁶⁻¹⁹

POSTPARTUM SUPPORT

The study by McGovern et al in the last issue of *Annals* stimulated reporting of new data and recommendations on postpartum needs.²⁰⁻²² The discussion also related important contextual information on public and workplace policies in different countries.²³⁻²⁶ "In cultures that care for mothers after birth, mothers are allowed adequate rest, they have ongoing breastfeeding support from their care providers and family members, and their transition to motherhood is honored with rituals that celebrate this major life change."²⁶

Please join the discussion at <http://www.AnnFamMed.org>.

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Thank you, TRACK participants

The *Annals of Family Medicine* hosts an online discussion of articles called TRACK. Our sincere thanks to the following participants in this dialogue from April 2005 through March 2006. To read comments or add your voice to the discussion, visit <http://www.annfammed.org>.

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