ON TRACK

No Job Is Finished Until the Electronic Work Is Done

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A common truism is that no job is finished until the paperwork is done. I suggest that when it comes to reading an article in *Annals*, no job is finished until the *electronic* work is done. Articles are the product of often years of work on the part of authors, and of a rigorous peer-review process that involves generous contributions of time and expertise by reviewers. The ideas contained in the published articles, however, continue to evolve in the electronic discussion. Readers with varied viewpoints and relevant experience provide important interpretive context. Errors are corrected. Methods and conclusions are challenged. The illustrious and the unknown (but often wise) have their say.

The editorial team works with authors to identify different constituencies that might be affected by published articles. Then, Laura McLellan from the *Annals* team invites people from those constituencies to comment. These comments, often by individuals who are well-known in the field or topic represented by the article, help to prime the pump for further discussion. But just as importantly, other readers and interested persons who are not known to the authors or editors also comment, bringing in a widening community. Hence the name for the online comments, TRACK—Topical Response to the *Annals* Community of Knowledge. This knowledge community brings in relevant information and expands the knowledge conveyed in the article. Sometimes the discussion moves from sharing information to imparting wisdom or stimulating deeper understanding in the further reflections of readers. Authors often join the fray, explaining, reinterpreting, and expanding their knowledge and perspective from the interaction with others in their community of interest.

The On TRACK feature (that you are reading now) attempts to highlight interesting threads of conversation, often noting themes across articles. The goal is to create a larger community of those who not only are interested in a topic but who also want to take the pulse and shape the direction of primary care, health care, and health. Typically, because of the journal publication schedule, On TRACK focuses on comments that appear in the first few weeks after an article is published. But comments are archived and readily available for the entire history of the article, and sometimes profound insights are posted much later. It is up to each reader to draw his or her own threads and sometimes to share these threads to nurture the community.

A FEW EXAMPLES

Here are just a few examples of how the TRACK discussion since the last issue provides important context for published articles.

In the last issue of *Annals*, research by Starfield and Freyer concludes that "the United States disproportionately uses graduates of foreign medical schools from the poorest and most deprived countries to maintain its primary care physician supply."[1] From the TRACK discussion you can:

- Read Fitzhugh Mullan's analysis from Washington (and the author response) that "underlying the current primary care brain drain is the chronic failure of the United States to train sufficient physicians for our overall practice needs. International medical graduates essentially fill the residency positions that US graduates don't take. They are a massive buffer in our system. We currently train 75% of our physicians and import 25%. As long as we create a physician labor vacuum by not educating enough medical students, doctors from the rest of the world will arrive to fill our residency vacancies and remain in practice destabilizing and impoverishing health systems in many parts of the world."[2,3]
- See a defense from a physician in Beaver Dam, Kentucky, of foreign physicians pursing the American Dream[4] and Dr Starfield's reply.[5]
- See how market forces in Moscow, Idaho, where an experienced family physician earns $90,000 and a new radiologist earns $350,000 per year, might be

contributing to the disproportionate market-driven training of specialists over generalists in the United States.[6]

• Read a detailed perspective from a health care professional in Cuba who was allowed to post his comment anonymously because of fear of retribution for his views.[7]

• Find a suggestion from a health economist at the World Health Organization regional office in Brazzaville, the Congo, on how the United States can provide "atonement for poaching of human resources for health from poor countries."[8]

In another study in the last issue of *Annals*, Ferrer finds that "primary care clinicians, especially family physicians, deliver a disproportionate share of ambulatory care to disadvantaged populations."[9] In TRACK comments we read:

• George Rust's analysis of "primary care and the pursuit of health equity."[10]

• Elizabeth Bayliss' challenge "not to leap to the assumption that just because FPs provide more care to disadvantaged populations than do the other provider groups examined, that subsequent policies to increase numbers of FPs could reduce health disparities by increasing visit access for these at-risk populations. This approach assumes that a major problem behind health disparities is that disadvantaged populations are getting insufficient access to care due to insufficient numbers of primary care clinicians. But disadvantaged populations are complex and are 'disadvantaged' for multiple reasons."[11]

You also can read online the perspective of Azeem Majeed, Professor of Primary Care and head of the Department of Primary Care & Social Medicine at Imperial College, London,[12] on Mercer and Watt's study[13] that finds evidence for Julian Tudor-Hart's Inverse Care Law.[14]

A working mother and psychologist[15] brings both perspectives to interpreting a study of the health of working mothers 11 weeks after the birth of their baby.[16]

Reflections from 2 residency directors[17,18] on the article on no-shows featured in last issue's *Annals* Journal Club[19] led the study author to summarize his review of related literature and his own experience "that most people really do tend to make choices that look entirely rational once you understand their circumstances."[20]

A family physician uses TRACK to challenge a Family Medicine Update on a new organizational initiative from one of the *Annals* sponsors. Under the title "Let's not confuse advocacy for our specialty with advocacy for patients," she writes,

> [W]e must be honest with ourselves and others when engaging in our public advocacy. Meeting our goals as an organization may also benefit our patients and patients in general; I hope very much it does. But our priorities as a profession and specialty are not the same as those of patients. … Often when I read statements released by physician groups tying their interests to the needs of patients, the connection rings false, and the patient benefit argument is thin. Family medicine has a proud tradition of doing what is right rather than what is expeditious. Let us continue in that vein as we proceed down this next path we've chosen. Let us be honest about what we hope to accomplish with each advocated position, and about whom we hope to benefit.[21]

A CALL TO JOIN THE COMMUNITY

Which articles in this or previous issues stimulate your thinking and feeling? Are your insights represented in the knowledge community? Please complete your contribution to the electronic work by sharing your insights on at least one *Annals* article at http://www.AnnFamMed.org. Each article has a link to click in the upper right-hand corner, or you can click on "Discussion of Articles" on the home page.

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CORRECTION

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In a recent article by Lucy Candib, MD, "Obesity and diabetes in vulnerable populations: reflection on proximal and distal causes" (*Ann Fam Med*. 5[6]:547-556), the Diabetes Prevention Project at the Centers for Disease Control and Prevention (CDC) was mistakenly identified as available to clinicians for further involvement in diabetes-related research. There is no such group at the CDC. Clinicians may gain insight about the complexities of diabetes from the Diabetes Prevention Program (mostly completed, an intervention trial run jointly between the CDC and NIH), and from the contributions of the Syndemics Prevention Network. The author regrets the error and any confusion it may have caused.