

11. Fiscella K. Self-rated risk vs self-rated health [eletter]. <http://www.annfammed.org/cgi/eletters/6/4/302#9366>, 18 Jul 2008.
12. Getz L. Great research in the twilight zone between existence and endothelia [eletter]. <http://www.annfammed.org/cgi/eletters/6/4/302#9326>, 16 Jul 2008.
13. Chew-Graham CA, Cahill G, Dowrick C, Wearden A, Peters S. Using multiple sources of knowledge to reach clinical understanding of chronic fatigue syndrome. *Ann Fam Med*. 2008;6(4):340-348.
14. May CR. Using multiple sources of knowledge to reach clinical understanding of chronic fatigue syndrome [eletter]. <http://www.annfammed.org/cgi/eletters/6/4/340#9339>, 16 Jul 2008.
15. White PD. Medical care free of science and based on social networks [eletter]. <http://www.annfammed.org/cgi/eletters/6/4/340#9474>, 23 Jul 2008.
16. van der Meer JWM, Bleijenberg G. Communication between doctors and patients with CFS [eletter]. <http://www.annfammed.org/cgi/eletters/6/4/340#9319>, 16 Jul 2008.
17. Glazner C. Dinosaurs, hospital ecosystems, and the future of family medicine. *Ann Fam Med*. 2008;6(4):368-369.
18. Phillips WR. Family physicians in the hospital: real responsibility when our patients are real sick [eletter]. <http://www.annfammed.org/cgi/eletters/6/4/368#9600>, 31 Jul 2008.
19. Gillanders B. Our Achilles heal [eletter]. <http://www.annfammed.org/cgi/eletters/6/4/368#9476>, 23 Jul 2008.
20. Tiemstra J. Please don't call me a dinosaur [eletter]! <http://www.annfammed.org/cgi/eletters/6/4/368#9593>, 30 Jul 2008.
21. Reidy B. Hospital consultant, an option for those who find the responsibility of attending too much [eletter]. <http://www.annfammed.org/cgi/eletters/6/4/368#9593>, 18 Jul 2008.
22. Centor RM. More than a hammer [eletter]. <http://www.annfammed.org/cgi/eletters/6/4/368#9593>, 18 Jul 2008.
23. Gladu RH. Hospital privileges – [eletter]. <http://www.annfammed.org/cgi/eletters/6/4/368#9593>, 18 July 2008.
24. Siegal EM. We're missing the point [eletter]. <http://www.annfammed.org/cgi/eletters/6/4/368#9593>, 18 Jul 2008.
25. Tumerman MD. A windmill worthy of the fight [eletter]. <http://www.annfammed.org/cgi/eletters/6/4/368#9593>, 16 Jul 2008.
26. Glazner C. Hospital work and full spectrum family medicine [eletter]. <http://www.annfammed.org/cgi/eletters/6/4/368#9593>, 24 Jul 2008.

CORRECTIONS

Ann Fam Med 2008;6:361. DOI: 10.1370/afm.901.

Steiner BD, Denham AC, Askin E, Newton WP, Wroth, Dobson LA Jr: Community Care of North Carolina: improving care through community health networks. *Ann Fam Med*. 2008;6(4):361-367.

A typographic error occurred on the last line of Table 1, column 2. The LDL control <100 mg/dL for CCNC patients should be 56% rather than 5%. A corrected Table 1 is shown:

In the same article, the authors wish to acknowledge the contributions of the leadership and practicing physicians who have made Community Care of North Carolina a reality over the last decade, as well as the North Carolina Foundation for Advanced Health Programs for its support of Community Care of North Carolina.

Table 1. 2006 Community Care of North Carolina Diabetes Audit (n = 9,012)

Measure	NCQA ^a Threshold %	CCNC Patients %
HbA _{1c} control <7.0%	40	47 ^b
HbA _{1c} control >9.0%	≤15	21
Blood pressure control ≥140/90 mm Hg (SBP ≥140 or DBP ≥90)	≤35	34 ^b
Blood pressure control <130/80 mm Hg (SBP <130 and DBP <80)	25	37 ^b
LDL control ≥130 mg/dL	≤37	19 ^b
LDL control <100 mg/dL	36	56 ^b

CCNC = Community Care of North Carolina; DBP = diastolic blood pressure; DPRP = Diabetes Physician Recognition Program; HbA_{1c} = glycated hemoglobin; LDL = low-density lipoprotein cholesterol; NCQA = National Committee for Quality Assurance; SBP = systolic blood pressure.

^a Threshold from NCQA DPRP 2006 used for comparison purposes only.

^b Meets threshold.