

Organizing Health Care for Value

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The thoughtfulness and diversity of the *Annals* online discussion continues to greatly enrich the interpretation and action steps from the articles that are published.

Some online comments, such as Nouwen's critique of whether diabetes doubles the risk of depression¹ or Dunlop's well-referenced elucidation of the relationship between activity and youth obesity,² put the studies on which they comment into a larger context of literature and experience. Other discussion provides evidence for how to focus health care reform.³⁻⁶ One comment shares a clinical pearl about when and how to consider thoracic outlet syndrome as a cause for arm, neck or shoulder pain.⁷

Other lines of discussion, such as those surrounding Valderas' analysis of multimorbidity⁸ or reflections on the editorial series on generalism and high-value health care,^{9,10} appear to be helping to define and focus emerging directions for the field.

The continuing discussion of Hahn's analysis¹¹ of evidence grading and the process of guideline implementation advances the field of clinical guideline development. The discussion puts into context the methods, politics, and quality of evidence used to establish clinical guidelines.¹² A group of 20 family medicine residents that used this article for their journal club¹³ found Hahn's analysis to be "an 'eye opener' that evidence-grading guidelines in use have many flaws." These journal club participants concluded that "as a group we decided to not take evidence grading guidelines at face value, but to do our own research and be better informed."¹⁴

When an article particularly resonates or challenges, I would ask readers to consider periodically checking on and contributing to the online discussion.¹⁵ Well-referenced comments and analysis are welcomed, but so are short, simple responses that add a single point, whether they are challenges, questions, interpretation, or exhortation.¹⁶

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

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