

of information to the ADFM membership re: PCMH activities, resources, advocacy issues, etc.

2. Proactive Advocacy Role ("Strike Force" or "Rapid Response Team") – to identify PCMH task force and other ADFM members to be available to serve as contributors/informants among the many constituent groups that are working at the national level on primary care transformation related to medical homes.

3. Mission Integration – to go beyond traditional ADFM Clinical Committee functions, in order to integrate clinical transformation with our educational programs and our outcomes research; this is what makes our contributions unique as academic departments. Task force membership would include members of each ADFM standing committee (Clinical, Research Development, Medical Student Education, Residency, Legislative Affairs, etc). The goal would be to integrate missions across areas and topics in a synergistic, complementary manner.

The PCMH task force has its work cut out for it. It must formalize and modify its charge as conditions change, coordinate among its members, the ADFM officers, board, and the entirety of ADFM membership, and communicate both internally and externally. A set of deliverables for this group is expected to be presented after the ADFM Winter meeting in late February 2010, and will be posted to the ADFM Web site. Becoming an active force in shaping the evolution of this movement is the penultimate task; with the ultimate goal of better serving and improving the health-care needs of the US populations.

*Libby Baxley, MD; Jeffrey Borkan, MD, PhD;
Ardis Davis, MSW, and the ADFM Executive Committee*

References

1. Borkan, J, Magill M, Schenk MJ, Davis A: Out of the ivory tower: engaging the national dialogue on the patient centered medical home. *Ann Fam Med.* 2009;7(6):566-567.

Corrections

Ann Fam Med 2009;8:99. doi:10.1370/afm.1106.

In the 2010 January/February print issue of the *Annals*, there were 2 instances in which references were omitted from an article. These 2 articles therefore depart from those published in the online version of the issue.

The following references were omitted from Frey JJ III. In this issue: race, place, and sex matter. *Ann Fam Med.* 2010;8(1):2-3.

10. van Doormaal FF, Atalay S, Brouwer H, van der Velde E, Bller H, van Weert HC. Idiopathic superficial thrombophlebitis and the incidence of cancer in primary care patients. *Ann Fam Med.* 2010;8(1):47-50.
11. Korb K, Scherer M, Chenot JF. Steroids as adjuvant therapy for acute pharyngitis in ambulatory patients: a systematic review. *Ann Fam Med.* 2010;8(1):58-63.
12. Perera CL, Bridgewater FHG, Thavaneswaran P, Maddern GJ. Safety and efficacy of nontherapeutic male circumcision: a systematic review. *Ann Fam Med.* 2010;8(1):64-72.

The following reference was omitted from Stange KC. Actionable ideas to improve health care and health. *Ann Fam Med.* 2010;8(1):82-84.

28. Stange KC, Ferrer RL, Miller WL. Making sense of health care transformation as adaptive-renewal cycles. *Ann Fam Med.* 2009;7(6):484-487.