

Subject Index to Volume 33, 2020

- Abstracting and indexing**, peer review of abstracts submitted to academic meetings, 33(6):986–991
- Academies and institutes**, intrinsically motivated learners, 33(5):S21–S23
- Access to health care**
addressing needs of transgender patients, 33(2):314–321
decline in pediatric care by family physicians, 33(2):314–321
HPV vaccination among adult males, 33(4):592–599
insurance, health care, and discrimination, 33(4):580–591
- Accountable care organizations**, Medicare Access and CHIP Reauthorization Act, 33(6):942–952
- Accreditation**, clinical learning environment and health care delivery, 33(5):S46–S49
- Accreditation Council for Graduate Medical Education (ACGME)**, impact of changes to residency requirements, 33(6):1033–1036
- Acute pain**, patient “catastrophizing” and expectations of opioid prescriptions, 33(6):858–870
- Addictive behavior**
quality improvement toolkit to improve opioid prescribing, 33(1):17–26
systematic approach to opioid prescribing, 33(6):992–997
- Adenoidectomy**, current indications for, 33(6):1025–1030
- Administrative personnel**, patient safety in primary care, 33(5):754–764
- Adolescents**, stimulant use by, for ADHD, 33(1):59–70
- Advance care planning**, prognostic indices for, 33(2):322–338
- Adverse drug events**, inappropriate medications for elderly patients, 33(4):561–568
- Aftercare**, initiative to reduce avoidable hospital admissions, 33(6):1011–1015
- Aging**
cognitive functioning, subjective vs. objective assessment, 33(3):417–425
elderly patients, prescribing inappropriate medications for, 33(4):561–568
surveillance colonoscopies in older adults with prior adenomas, 33(5):796–798
usual source of care and longer telomere length, 33(6):832–841
- Alcohol drinking**, unhealthy, machine learning approach to, 33(3):397–406
- Alcoholism**, machine learning approach to unhealthy drinking, 33(3):397–406
- Allied health personnel**, financial cost of medical assistant turnover, 33(3):426–430
- Altruism**, virtual Parent Panel for pediatric research network, 33(5):665–674
- Ambulatory care**, educating patients on unnecessary antibiotics, 33(6):969–977
- Ambulatory care facilities**
eliminating barriers to improve quality of care, 33(2):220–229
practical management of common skin injuries, 33(5):799–808
- American Board of Family Medicine (ABFM)**
celebrating 50 years of continuing transformation, 33(5):S69–S74
efforts to advance leadership and scholarship in family medicine, 33(1):156–159
Family Medicine Certification Longitudinal Assessment, after one year, 33(2):344–346
- American Medical Association**, buprenorphine prescribers for Medicare patients, 33(1):9–16
- Amphetamines**, marketing messages in continuing medical education on binge-eating disorder, 33(2):240–251
- Anesthesiology**, rethinking the purpose of MOC, 33(5):S15–S20
- Angiotensin-converting enzyme inhibitors**, anti-hypertensive medication combinations, 33(1):143–146
- Anti-HMGCR myopathy**, from statins, 33(5):785–788
- Antibacterial drug resistance**, educating patients on unnecessary antibiotics, 33(6):969–977
- Antibiotics**
misdiagnosis of diverticulitis after IBS diagnosis, 33(4):549–560
unnecessary, educating patients on, 33(6):969–977
- Antidepressants**
patient education level and, 33(1):80–90
risk-reduction tools and an opioid-prescribing protocol, 33(1):27–33
- Antihypertensive agents**, medication combinations, 33(1):143–146
- Antimicrobial stewardship**, educating patients on unnecessary antibiotics, 33(6):969–977
- Area under curve**, machine learning approach to unhealthy drinking, 33(3):397–406
- Arizona**, unexpected career retirement, 33(2):339–341
- Asthma**, care, in a multi-state network of low-income children, 33(5):707–715
- Atopic dermatitis**, diagnosis and management, 33(4):626–635
- Attention deficit hyperactivity disorder**, stimulant use by young adults, 33(1):59–70
- Automobile driving**, opioid use and, among older adults, 33(4):521–528
- Back pain**
low, adults with, widespread pain in, 33(4):541–549
opioid prescriptions for, 33(1):138–142
- Behavior therapy**, obesity intervention trial, participation of rural clinicians, 33(5):736–744
- Behavioral Risk Factor Surveillance System**, HPV vaccination among adult males, 33(4):592–599
- Benzodiazepines**
risk-reduction tools and an opioid-prescribing protocol, 33(1):27–33
systematic approach to opioid prescribing, 33(6):992–997
- Binge-eating disorder**, marketing messages in continuing medical education on, 33(2):240–251
- Bioethics**, managing patient requests for marijuana, 33(1):147–151
- Biomedical technology assessment**, clinical decision support for opioid prescribing, 33(4):529–540
- Biostatistics**, peer review of abstracts submitted to academic meetings, 33(6):986–991
- Blood glucose**, social and clinical complexity on diabetes control, 33(4):600–610
- Blood pressure**, practice transformation support and cardiovascular care, 33(5):675–686
- BRCA1 gene**, BRCA-related cancer genetic counseling, 33(6):885–893
- BRCA2 gene**, BRCA-related cancer genetic counseling, 33(6):885–893
- Breast cancer**
BRCA-related cancer genetic counseling, 33(6):885–893
screening
for average-risk women, 33(6):871–884
and shared decision making, 33(3):473–480
- Built environment**, for professionalism, 33(5):S57–S61
- Buprenorphine**
financial model for opioid use disorder, 33(1):124–128
office-based opioid treatment models, 33(4):512–521
OUD education and waiver provision during residency, 33(6):998–1003
patient retention in opioid medication-assisted treatment, 33(6):848–857
prescribers, for Medicare patients, 33(1):9–16

- prescribing, early-career physicians and, 33(1):7–8
 prescribing by family physicians, 33(1):118–123
 treating opioid use disorder in family medicine, 33(4):611–615
- Burns**, practical management of, 33(5):799–808
- California**
 gender differences in addressing burnout, 33(3):446–451
 insurance, health care, and discrimination, 33(4):580–591
- Canada**, strategies to overcome psychological insulin resistance, 33(2):198–210
- Cannabis**, managing patient requests for marijuana, 33(1):147–151
- Capacity building**, indicators of workplace burnout, 33(3):378–385
- Cardiovascular disease**
 anti-HMGCR myopathy from statins, 33(5):785–788
 glucosamine/chondroitin and mortality, 33(6):842–847
 heart disease in adult Down syndrome, 33(6):923–931
 practice facilitation barriers in quality improvement, 33(5):655–664
 practice transformation support and cardiovascular care, 33(5):675–686
 screening for, in breast cancer survivors, 33(6):894–902
- Case-control studies**, cardiovascular screening and lipid management in breast cancer survivors, 33(6):894–902
- Case report**, anti-HMGCR myopathy from statins, 33(5):785–788
- Catastrophization**
 and expectations of opioid prescriptions, 33(6):871–884
 widespread pain in adults with low back pain, 33(4):541–549
- Causality**, HPV vaccination among adult males, 33(4):592–599
- Central nervous system stimulants**, use by young adults for ADHD, 33(1):59–70
- Certification**
 celebrating 50 years of continuing transformation, 33(5):S69–S74
 continuing board certification, 33(5):S10–S14
 evolution of board certification, 33(5):S1–S9
 helping family physicians keep up to date, 33(5):S24–S27
 measuring and improving quality in the US, 33(5):S28–S35
 medical professionalism, 33(5):S62–S64, 33(5):S65–S68
 quality improvement teams, 33(5):S42–S45
 rethinking the purpose of MOC, 33(5):S15–S20
 role of certifying boards in improving health, 33(5):S36–S41
- Chi-square test**, patient education level and antidepressants, 33(1):80–90
- Child health**
 asthma care in a multi-state network of low-income children, 33(5):707–715
 co-management for sickle cell disease, 33(1):91–105
 decline in pediatric care by family physicians, 33(2):314–321
 virtual Parent Panel for pediatric research network, 33(5):665–674
- China**, general practitioner job satisfaction, 33(3):456–459
- Chondroitin**, glucosamine/chondroitin and mortality, 33(6):842–847
- Chronic disease**
 anti-hypertensive medication combinations, 33(1):143–146
 diagnosis and management of atopic dermatitis, 33(4):626–635
 heart disease in adult Down syndrome, 33(6):923–931
 intervention supports diabetes registry implementation, 33(5):728–735
 social and clinical complexity on diabetes control, 33(4):600–610
 sustainable preventive services in rural counties, 33(5):698–706
 systematic approach to opioid prescribing, 33(6):992–997
 treating fibromyalgia and physician burnout, 33(3):386–396
- Chronic obstructive pulmonary disease (COPD)**
 improving symptoms using team-based approach, 33(6):978–985
 inhaled corticosteroid treatment, 33(2):289–302
- Chronic pain**
 clinical decision support for opioid prescribing, 33(4):529–540
 management plans, changes to, 33(1):42–50
 opioid reduction protocol among rural patients, 33(4):502–511
 quality improvement toolkit to improve opioid prescribing, 33(1):17–26
 systematic approach to opioid prescribing, 33(6):992–997
- Clinical decision-making**
 changes to chronic pain management plans, 33(1):42–50
 mammography screening for average-risk women, 33(6):871–884
 patient education level and antidepressants, 33(1):80–90
 physicians' response to quality-of-life goals, 33(1):71–79
 support for opioid prescribing, 33(4):529–540
 surveillance colonoscopies in older adults with prior adenomas, 33(5):796–798
- Clinical decision rules**, machine learning approach to unhealthy drinking, 33(3):397–406
- Clinical decision support systems**, for opioid prescribing, 33(4):529–540
- Clinical medicine**, practical management of common skin injuries, 33(5):799–808
- Clinical practice patterns**, project ECHO integrated within the ORPRN, 33(5):789–795
- Cluster analysis**, treating fibromyalgia and physician burnout, 33(3):386–396
- Cognitive dysfunction**, subjective vs. objective assessment, 33(3):417–425
- Cohort studies**
 glucosamine/chondroitin and mortality, 33(6):842–847
 health care satisfaction among opioid recipients, 33(1):34–41
 heart disease in adult Down syndrome, 33(6):923–931
 physician-pharmacist collaboration on diabetes outcomes, 33(5):745–753
- Colonoscopy**, in older adults with prior adenomas, 33(5):796–798
- Colorectal cancer**
 screening, factors associated with, 33(5):779–784
 surveillance colonoscopies in older adults with prior adenomas, 33(5):796–798
- Combined modality therapy**, office-based opioid treatment models, 33(4):512–521
- Commentary**
 The American Academy of Family Physician's Approach to Developing and Supporting the Intrinsically Motivated Learner, 33(5):S21–S23
 The Built Environment for Professionalism, 33(5):S57–S61
 The Changing Face of Primary Care Research and Practice-Based Research Networks (PBRNs) in Light of the COVID-19 Pandemic, 33(5):645–649
 The Clinic is The Curriculum: Can Attention to the Clinical Learning Environment Enhance Improvement in Health Care Delivery and Outcomes?, 33(5):S46–S49
 Complexities in Integrating Social Risk Assessment into Health Care Delivery, 33(2):179–181
 Connecting Purpose and Performance: Rethinking the Purpose of Maintenance of Certification, 33(5):S15–S20
 The Dilution of Family Medicine: Waning Numbers of Family Physicians Providing Pediatric Care, 33(6):828–829
 Do Patients Want Help Addressing Social Risks?, 33(2):170–175
 Family Medicine and the "New" Opioid Epidemic, 33(1):1–3
 The Gender Penalty: Reasons for Differences in Reported Weekly Work Hours Among Male and Female Family Physicians, 33(5):650–652
 Helping Family Physicians Keep Up to Date: A Next Step in the Pursuit of Mastery, 33(5):S24–S27

- Medical Professionalism Is Like Pornography: You Know it When You See it, 33(5):S62–S64
- Positive Professionalism, 33(5):S65–S68
- Primary Care Teams: Past, Present and Future, 33(4):495–498
- Quality Improvement Teams: Moving from the Passionate Few to the Mandated Many, 33(5):S42–S45
- The Role of Certifying Boards in Improving Health: The Example of the American Board of Pediatrics, 33(5):S36–S41
- Trained and Ready, but Not Serving? —Family Physicians' Role in Reproductive Health Care, 33(2):182–185
- When and How Do We Need Permission to Help Patients Address Social Risk?, 33(2):176–178
- Why Are Early Career Family Physicians Driving Increases in Buprenorphine Prescribing?, 33(1):4–6
- Women's Work: Why Are Women Physicians More Burned Out?, 33(3):351–354
- Communication**
- breast cancer screening and shared decision making, 33(3):473–480
 - educating patients on unnecessary antibiotics, 33(6):969–977
 - patient interest in after-hours telemedicine, 33(5):765–773
 - patient-provider teach-back communication with diabetic outcomes, 33(6):903–912
 - physicians' response to quality-of-life goals, 33(1):71–79
- Communication disorders**, behavioral health problems and, 33(6):932–941
- Community-based participatory research**, project ECHO integrated within the ORPRN, 33(5):789–795
- Community health centers**
- PBRN roadmap for evaluating COVID-19, 33(5):774–778
 - social and clinical complexity on diabetes control, 33(4):600–610
- Community health services**, project ECHO integrated within the ORPRN, 33(5):789–795
- Community hospitals**, volunteers, 33(3):481–483
- Comorbidity**
- anti-hypertensive medication combinations, 33(1):143–146
 - social and clinical complexity on diabetes control, 33(4):600–610
 - widespread pain in adults with low back pain, 33(4):541–549
- Comparative effectiveness research**, adapting diabetes shared medical appointments, 33(5):716–727
- Compassion fatigue**, poem about asylum-seeker's torture, 33(5):815–815
- Continuing medical education**
- continuing board certification, 33(5):S10–S14
 - helping family physicians keep up to date, 33(5):S24–S27
 - intrinsically motivated learners, 33(5):S21–S23
 - marketing messages in, on binge-eating disorder, 33(2):240–251
 - project ECHO integrated within the ORPRN, 33(5):789–795
- Continuity of patient care**
- patient retention in opioid medication-assisted treatment, 33(6):848–857
 - primary care and a population health improvement strategy, 33(3):468–472
- Contraception**
- physicians providing women's health care services, 33(2):186–188
 - role of family physicians in reproductive health care, 33(2):182–185
- Contracts**
- built environment for professionalism, 33(5):S57–S61
 - medicine's social contract, 33(5):S50–S56
- Coronary artery disease**, anti-hypertensive medication combinations, 33(1):143–146
- Coronavirus**
- impact on primary care research and PBRNs, 33(5):645–649
 - PBRN roadmap for evaluating, 33(5):774–778
 - rebuilding after, planning systems of care, 33(3):485–488
- Correspondence**
- abnormally low hemoglobin A1c as harbinger of hemoglobinopathy, 33(2):342
 - addressing needs of transgender patients: the role of family physicians, 33(5):818
 - cervical spondylotic myelopathy: a guide to diagnosis and management, 33(6):1032
 - does prescription opioid misuse affect the level of health care satisfaction endorsed by patients on opioid therapy?, 33(3):484
 - identifying problematic substance use in a national sample of adolescents using frequency questions, 33(1):152
 - marketing messages in CME modules on binge-eating disorder, 33(5):816–818
 - new allopathic medical schools train fewer family physicians than older ones, 33(1):154–155
 - primary care practices' implementation of patient-team partnership: findings from EvidenceNOW Southwest, 33(2):342–343
 - a successful walk-in psychiatric model for integrated care, 33(1):153–154
 - sugar-sweetened beverage intake in a rural family medicine clinic, 33(1):152–153
 - that clock is really big, 33(1):154
 - three simple rules in pectoral muscle's trigger point treatment, which may be a cause of chest pain, 33(6):1031
- Cost-benefit analysis**, patient interest in after-hours telemedicine, 33(5):765–773
- Cost savings**, physician-pharmacist collaboration on diabetes outcomes, 33(5):745–753
- Counseling**
- genetic, BRCA-related cancer, 33(6):885–893
 - gestational diabetes risk and prenatal weight gain, 33(2):189–197
- COVID-19**
- impact on primary care research and PBRNs, 33(5):645–649
 - PBRN roadmap for evaluating, 33(5):774–778
 - rebuilding after, planning systems of care, 33(3):485–488
- Creatinine**, anti-HMGCR myopathy from statins, 33(5):785–788
- Cross-over studies**, opioid reduction protocol among rural patients, 33(4):502–511
- Cross-sectional studies**
- depression, rurality, and diabetes control, 33(6):913–922
 - mammography screening for average-risk women, 33(6):871–884
 - opioid use and driving among older adults, 33(4):521–528
 - request denial and subsequent patient satisfaction, 33(1):51–58
 - stimulant use by young adults for ADHD, 33(1):59–70
 - treating fibromyalgia and physician burnout, 33(3):386–396
 - usual source of care and longer telomere length, 33(6):832–841
- Cultural competency**, addressing needs of transgender patients, 33(2):314–321
- Curriculum**, clinical learning environment and health care delivery, 33(5):S46–S49
- Data accuracy**, quality improvement teams, 33(5):S42–S45
- Data analysis**, thyroid hormone use in the United States, 1997–2016, 33(2):284–288
- Decision making**
- breast cancer screening and, 33(3):473–480
 - changes to chronic pain management plans, 33(1):42–50
 - factors associated with colorectal cancer screening, 33(5):779–784
 - initiative to reduce avoidable hospital admissions, 33(6):1011–1015
 - mammography screening for average-risk women, 33(6):871–884
 - PBRN roadmap for evaluating COVID-19, 33(5):774–778
 - surveillance colonoscopies in older adults with prior adenomas, 33(5):796–798
- Decision support techniques**, designing a prediabetes shared decision aid, 33(2):262–270

- Decision trees**, machine learning approach to unhealthy drinking, 33(3):397–406
- Delivery of health care**
built environment for professionalism, 33(5):S57–S61
medicine's social contract, 33(5):S50–S56
PBRN roadmap for evaluating COVID-19, 33(5):774–778
primary care and a population health improvement strategy, 33(3):468–472
social risk assessment integrating into health care delivery, 33(2):179–181
patient desire for assistance, 33(2):170–175
permission to help patients, 33(2):176–178
workforce support of large-scale practice improvement, 33(2):230–239
- Dementia**, subjective vs. objective assessment of cognitive functioning, 33(3):417–425
- Demography**, patient education level and antidepressants, 33(1):80–90
- Depersonalization**
general practitioner job satisfaction in China, 33(3):456–459
treating fibromyalgia and physician burnout, 33(3):386–396
- Depression**
patient education level and antidepressants, 33(1):80–90
and rurality, association with glycemic control in diabetes, 33(6):913–922
- Dermatology**, diagnosis and management of atopic dermatitis, 33(4):626–635
- Dermoscopy**, in the primary care setting, 33(6):1022–1024
- Diabetes mellitus**
adapting diabetes shared medical appointments, 33(5):716–727
control, association of depression and rurality with, 33(6):913–922
control measures, impact of social and clinical complexity on, 33(4):600–610
designing a prediabetes shared decision aid, 33(2):262–270
outcomes, physician-pharmacist collaboration on, 33(5):745–753
patient-provider teach-back communication with diabetic outcomes, 33(6):903–912
and periodontal disease, patients' understanding of, 33(6):1004–1010
- Diagnostic errors**, misdiagnosis of diverticulitis after IBS diagnosis, 33(4):549–560
- Direct-to-consumer advertising**, prescription drug advertising and patient-provider interactions, 33(2):279–283
- Disclosure**, perpetration of intimate partner violence, 33(5):809–814
- Disease management**
anti-hypertensive medication combinations, 33(1):143–146
opportunities to partner with patients living with diabetes, 33(2):211–219
project ECHO integrated within the ORPRN, 33(5):789–795
- Distance education**, project ECHO integrated within the ORPRN, 33(5):789–795
- Diverticulitis**, misdiagnosis of, after IBS diagnosis, 33(4):549–560
- Domestic violence**, perpetration of intimate partner violence, 33(5):809–814
- Down syndrome**, heart disease in adults with, 33(6):923–931
- Drug legislation**, managing patient requests for marijuana, 33(1):147–151
- Drug overdose**, quality improvement toolkit to improve opioid prescribing, 33(1):17–26
- Duration of therapy**, patient retention in opioid medication-assisted treatment, 33(6):848–857
- Early detection of cancer**
BRCA-related cancer genetic counseling, 33(6):885–893
breast cancer screening and shared decision making, 33(3):473–480
factors associated with colorectal cancer screening, 33(5):779–784
mammography screening for average-risk women, 33(6):871–884
surveillance colonoscopies in older adults with prior adenomas, 33(5):796–798
- Eczema**, diagnosis and management of atopic dermatitis, 33(4):626–635
- Editorial**, Increasing Article Visibility: *JABFM* and Author Responsibilities and Possibilities, 33(2):168–169
- Editorial Office News and Notes**
Dr. Victoria Neale Retires as Deputy Editor of *JABFM*, 33(5):643–644
JABFM Welcomes a New Deputy Editor, 33(6):827
The Most Frequently Read Articles of 2019, 33(4):491–494
Peer Reviewers for the Journal of the American Board of Family Medicine in 2019, 33(2):164–167
Welcome New Associate Editor for Reflections in Family Medicine, 33(3):350
- Editors' Notes**
Many Family Medicine Successful Interventions and Clinical Reviews for Common Illnesses, 33(2):161–163
Medications, Medicating, and Medicated—When, Where, and How—Opioids and Others, 33(4):489–490
Must-Read Family Medicine Research—Glucosamine/Chondroitin Supplements and Mortality, Telomere Length and the Doctor-Patient Relationship, Reducing Opioid Use, and More, 33(6):823–826
- Practical Family Medicine: After-Hours Video Telehealth, Office Procedures, Polyp Follow-up in Older Patients, Terminology for Domestic Violence Intervention, 33(5):641–642
Well-Being, New Technologies, and Clinical Evidence for Family Physicians, 33(3):347–349
- Efficiency**, team configurations and burnout, 33(3):368–377
- Electronic health records**
asthma care in a multi-state network of low-income children, 33(5):707–715
barriers to patient portal access and use, 33(6):953–968
clinical care and nonindicated vitamin D testing, 33(4):569–579
clinical decision support for opioid prescribing, 33(4):529–540
eliminating barriers to improve quality of care, 33(2):220–229
ethical questions raised by, 33(1):106–117
integrating data to assess patient risks, 33(3):463–467
intervention supports diabetes registry implementation, 33(5):728–735
practices reporting clinical quality measures, 33(4):620–625
prognostic indices for advance care planning, 33(2):322–338
proposed opioid tapering tool, 33(6):1020–1021
reminder and hepatitis C screening, 33(6):1016–1019
social and clinical complexity on diabetes control, 33(4):600–610
sustainable preventive services in rural counties, 33(5):698–706
- Electronic mail**, modifying provider vitamin D screening behavior, 33(2):252–261
- Emergency departments**, co-management for sickle cell disease, 33(1):91–105
- Emergency medicine**, practical management of common skin injuries, 33(5):799–808
- Empathy**, hospital volunteers, 33(3):481–483
- Eosinophils**, inhaled corticosteroid treatment in COPD, 33(2):289–302
- Ethics**
impact of the EHR, 33(1):106–117
managing patient requests for marijuana, 33(1):147–151
- Ethnic groups**
insurance, health care, and discrimination, 33(4):580–591
successful follow-up of participants in a clinical trial, 33(3):431–439
- Evidence-based medicine**
adapting diabetes shared medical appointments, 33(5):716–727
current indications for tonsillectomy and adenoidectomy, 33(6):1025–1030
PBRN roadmap for evaluating COVID-19, 33(5):774–778
practical management of common skin injuries, 33(5):799–808

risk-reduction tools and an opioid-prescribing protocol, 33(1):27–33
uptake of changes to clinical preventive guidelines, 33(2):271–278

Evidence-based practice

PBRN roadmap for evaluating COVID-19, 33(5):774–778
workforce support of large-scale practice improvement, 33(2):230–239

Faculty

clinical learning environment and health care delivery, 33(5):S46–S49
peer review of abstracts submitted to academic meetings, 33(6):986–991

Family medicine

celebrating 50 years of continuing transformation, 33(5):S69–S74
changes in ACGME standards for, 33(6):1033–1036
evolution of board certification, 33(5):S1–S9
helping family physicians keep up to date, 33(5):S24–S27
initiative to reduce avoidable hospital admissions, 33(6):1011–1015
OUD education and waiver provision during residency, 33(6):998–1003
peer review of abstracts submitted to academic meetings, 33(6):986–991
project ECHO integrated within the ORPRN, 33(5):789–795
reflections
hospital volunteers, 33(3):481–483
poem, 33(5):815
unexpected retirement, 33(2):339–341
residency training, family medicine, 33(4):636–640
systematic approach to opioid prescribing, 33(6):992–997

Family Medicine Certification

Longitudinal Assessment (FMCLA), after one year, 33

(2):344–346

Family physicians

buprenorphine prescribing by, 33(1):118–123
burnout, and treating fibromyalgia, 33(3):386–396
decline in pediatric care by, 33(2):314–321
dermoscopy in the primary care setting, 33(6):1022–1024
early-career, and prescribing buprenorphine, 33(1):7–8
financial cost of medical assistant turnover, 33(3):426–430
gender and work hours among, 33(5):653–654
gender differences in addressing burnout, 33(3):446–451
help in keeping up to date, 33(5):S24–S27
identifying remedial predictors of burnout, 33(3):357–368
intrinsically motivated learners, 33(5):S21–S23

mammography screening for average-risk women, 33(6):871–884
number caring for children, 33(6):830–831
obesity intervention trial, participation of rural clinicians, 33(5):736–744
opportunities to partner with patients living with diabetes, 33(2):211–219
patient “catastrophizing” and expectations of opioid prescriptions, 33(6):858–870
patient retention in opioid medication-assisted treatment, 33(6):848–857
perpetration of intimate partner violence, 33(5):809–814
physicians providing women’s health care services, 33(2):186–188
role in addressing needs of transgender patients, 33(2):314–321
role in reproductive health care, 33(2):182–185
stimulant use by young adults for ADHD, 33(1):59–70
team-based care, changes over time, 33(4):499–501
team configurations, efficiency, and burnout, 33(3):368–377
unexpected career retirement, 33(2):339–341

Fee-for-service plans

financial model for opioid use disorder, 33(1):124–128
high volume portal usage impacts resources, 33(3):452–456

Fibromyalgia, treating, physician burnout and, 33(3):386–396

Financial models, for opioid use disorder, 33(1):124–128

Focus groups

Medicare Access and CHIP Reauthorization Act, 33(6):942–952
patient safety in primary care, 33(5):754–764

Follow-up care, social service touchpoints for diabetes screening, 33(4):616–619

Follow-up studies, combating burnout in US Army health care, 33(3):440–445

Formative feedback, rethinking the purpose of MOC, 33(5):S15–S20

Gait, cervical spondylotic myelopathy, 33(2):303–313

Gender identity, addressing needs of transgender patients, 33(2):314–321

General practitioners, job satisfaction in China, 33(3):456–459

Genetic counseling, BRCA-related cancer, 33(6):885–893

Genetic predisposition, to BRCA-related cancers, 33(6):885–893

Georgia, opportunities to partner with patients living with diabetes, 33(2):211–219

Geriatrics, prescribing inappropriate medications for elderly patients, 33(4):561–568

Gestational diabetes

risk and prenatal weight gain counseling, 33(2):189–197
social service touchpoints for diabetes screening, 33(4):616–619

Gestational weight gain, gestational diabetes risk and, 33(2):189–197

Global Initiative for Chronic

Obstructive Lung Disease

(GOLD), inhaled corticosteroid treatment, 33(2):289–302

Glucosamine/chondroitin, and mortality, 33(6):842–847

Glycated hemoglobin A_{1c}, diabetes control

association of depression and rurality with, 33(6):913–922
impact of social and clinical complexity on, 33(4):600–610

Glycosylated hemoglobin, physician-pharmacist collaboration on diabetes outcomes, 33(5):745–753

Goals, clinical learning environment and health care delivery, 33(5):S46–S49

Guideline adherence

anti-hypertensive medication combinations, 33(1):143–146
intervention supports diabetes registry implementation, 33(5):728–735

Health behavior

opportunities to partner with patients living with diabetes, 33(2):211–219
patients’ understanding of diabetes and periodontal disease, 33(6):1004–1010

Health care disparities

asthma care in a multi-state network of low-income children, 33(5):707–715
social service touchpoints for diabetes screening, 33(4):616–619

Health equity, social risk assessment integrating into health care delivery, 33(2):179–181

patient desire for assistance, 33(2):170–175
permission to help patients with, 33(2):176–178

Health expenditures

patient-provider teach-back communication with diabetic outcomes, 33(6):903–912
thyroid hormone use in the United States, 1997–2016, 33(2):284–288

Health information exchange

ethical questions raised by the EHR, 33(1):106–117
sustainable preventive services in rural counties, 33(5):698–706

Health insurance, health care and discrimination, 33(4):580–591

Health literacy

BRCA-related cancer genetic counseling, 33(6):885–893
patient-provider teach-back communication with diabetic outcomes, 33(6):903–912

Health metrics, practices reporting clinical quality measures, 33(4):620–625

- Health personnel**
addressing needs of transgender patients, 33(2):314–321
financial cost of medical assistant turnover, 33(3):426–430
identifying remedial predictors of burnout, 33(3):357–368
indicators of workplace burnout, 33(3):378–385
patients' understanding of diabetes and periodontal disease, 33(6):1004–1010
prescription drug advertising and patient-provider interactions, 33(2):279–283
strategies to overcome psychological insulin resistance, 33(2):198–210
- Health policy**
medicine's social contract, 33(5):S50–S56
modifying provider vitamin D screening behavior, 33(2):252–261
team-based care, changes over time, 33(4):499–501
- Health promotion**, educating patients on unnecessary antibiotics, 33(6):969–977
- Health services accessibility**
eliminating barriers to improve quality of care, 33(2):220–229
gender and work hours among family physicians, 33(5):653–654
OUD education and waiver provision during residency, 33(6):998–1003
physicians providing women's health care services, 33(2):186–188
role of family physicians in reproductive health care, 33(2):182–185
- Health services research**
thyroid hormone use in the United States, 1997–2016, 33(2):284–288
virtual Parent Panel for pediatric research network, 33(5):665–674
- Health status**, health care satisfaction among opioid recipients, 33(1):34–41
- Health surveys**, health care satisfaction among opioid recipients, 33(1):34–41
- Healthy aging**, usual source of care and longer telomere length, 33(6):832–841
- Heart disease**, in adult Down syndrome, 33(6):923–931
- Hematology**, co-management for sickle cell disease, 33(1):91–105
- Hepatitis C**
EHR reminder and hepatitis C screening, 33(6):1016–1019
screening interventions, models for, 33(3):407–416
- Hispanic Americans**, asthma care in a multi-state network of low-income children, 33(5):707–715
- Historically controlled study**, gestational diabetes risk and prenatal weight gain counseling, 33(2):189–197
- HIV infections**, addressing needs of transgender patients, 33(2):314–321
- HMG-CoA reductase inhibitors**, anti-HMGCR myopathy from statins, 33(5):785–788
- Hobbies**, gender differences in addressing burnout, 33(3):446–451
- Holistic health**, combating burnout in US Army health care, 33(3):440–445
- Hospital emergency service**, initiative to reduce avoidable hospital admissions, 33(6):1011–1015
- Hospitalization**
co-management for sickle cell disease, 33(1):91–105
initiative to reduce avoidable hospital admissions, 33(6):1011–1015
patient-provider teach-back communication with diabetic outcomes, 33(6):903–912
- House calls**, eliminating barriers to improve quality of care, 33(2):220–229
- Humanities**, poem about asylum-seeker's torture, 33(5):815–815
- Hydroxyurea**, co-management for sickle cell disease, 33(1):91–105
- Hyperglycemia**, association of depression and rurality with glycemic control, 33(6):913–922
- Hyperlipidemias**
among breast cancer survivors, 33(6):894–902
anti-HMGCR myopathy from statins, 33(5):785–788
- Hypertension**
anti-hypertensive medication combinations, 33(1):143–146
gestational diabetes risk and prenatal weight gain counseling, 33(2):189–197
- Hypertrophy**, current indications for tonsillectomy and adenoidectomy, 33(6):1025–1030
- Hypothyroidism**, thyroid hormone use in the United States, 1997–2016, 33(2):284–288
- Illinois**, gender differences in addressing burnout, 33(3):446–451
- Implementation science**
adapting diabetes shared medical appointments, 33(5):716–727
PBRN roadmap for evaluating COVID-19, 33(5):774–778
uptake of changes to clinical preventive guidelines, 33(2):271–278
- Incidence**
breast cancer screening and shared decision making, 33(3):473–480
misdiagnosis of diverticulitis after IBS diagnosis, 33(4):549–560
- Independent living**, prognostic indices for advance care planning, 33(2):322–338
- Information dissemination**, PBRN roadmap for evaluating COVID-19, 33(5):774–778
- Information technology**
barriers to patient portal access and use, 33(6):953–968
clinical decision support for opioid prescribing, 33(4):529–540
- Inhaled corticosteroids**, treatment in COPD, 33(2):289–302
- Inpatients**, hospital volunteers, 33(3):481–483
- Insulin resistance**, psychological, strategies to overcome, 33(2):198–210
- Insurance coverage**, insurance, health care, and discrimination, 33(4):580–591
- Interdisciplinary research**, Medicare Access and CHIP Reauthorization Act, 33(6):942–952
- Internal medicine**, prescribing inappropriate medications for elderly patients, 33(4):561–568
- Internship and residency**, patient retention in opioid medication-assisted treatment, 33(6):848–857
- Interrupted time series analysis**, modifying provider vitamin D screening behavior, 33(2):252–261
- Intimate partner violence**, perpetration of, 33(5):809–814
- Irritable bowel syndrome (IBS)**, diagnosis, misdiagnosis of diverticulitis after, 33(4):549–560
- Job satisfaction**
combating burnout in US Army health care, 33(3):440–445
general practitioner, in China, 33(3):456–459
identifying remedial predictors of burnout, 33(3):357–368
indicators of workplace burnout, 33(3):378–385
- Journal of the American Board of Family Medicine (JABFM)**
author responsibilities and possibilities, 33(2):168–169
most frequently read articles of 2019, 33(4):491–494
new deputy editor, 33(6):827
peer reviewers for, 33(2):164–167
retirement of deputy editor, 33(5):643–644
- Lacerations**, practical management of common skin injuries, 33(5):799–808
- Leadership**, quality improvement toolkit to improve opioid prescribing, 33(1):17–26
- Learning**
clinical learning environment and health care delivery, 33(5):S46–S49
intrinsically motivated learners, 33(5):S21–S23
- Leukocytes**, usual source of care and longer telomere length, 33(6):832–841
- Licensure**
medical professionalism, 33(5):S62–S64
positive professionalism, 33(5):S65–S68
- Life expectancy**, surveillance colonoscopies in older adults with prior adenomas, 33(5):796–798
- Lifestyle**, opportunities to partner with patients living with diabetes, 33(2):211–219
- Limited English proficiency**, barriers to patient portal access and use, 33(6):953–968

Linear models

educating patients on unnecessary antibiotics, 33(6):969–977
usual source of care and longer telomere length, 33(6):832–841

Lipid management, in breast cancer survivors, 33(6):894–902**Lisdexamfetamine**, marketing messages in continuing medical education on binge-eating disorder, 33(2):240–251**Logistic models**

barriers to patient portal access and use, 33(6):953–968
behavioral health problems and communication disabilities, 33(6):932–941
buprenorphine prescribing by family physicians, 33(1):118–123
depression, rurality, and diabetes control, 33(6):913–922
gestational diabetes risk and prenatal weight gain counseling, 33(2):189–197
HPV vaccination among adult males, 33(4):592–599
insurance, health care, and discrimination, 33(4):580–591
machine learning approach to unhealthy drinking, 33(3):397–406
patient “catastrophizing” and expectations of opioid prescriptions, 33(6):858–870
social and clinical complexity on diabetes control, 33(4):600–610
treating fibromyalgia and physician burnout, 33(3):386–396

Longitudinal studies, patient-provider teach-back communication with diabetic outcomes, 33(6):903–912**Low back pain**

opioid prescriptions for new low back pain, 33(1):138–142
widespread pain in adults with, 33(4):541–549

Low value care, clinical care and nonindicated vitamin D testing, 33(4):569–579**Lupus**, reflections in family medicine, 33(2):339–341**Machine learning**, approach to unhealthy drinking, 33(3):397–406**Mammography**, breast cancer screening for average-risk women, 33(6):871–884
and shared decision making, 33(3):473–480**Managed care programs**, physician-pharmacist collaboration on diabetes outcomes, 33(5):745–753**Marijuana use**, managing patient requests, 33(1):147–151**Maryland**

educating patients on unnecessary antibiotics, 33(6):969–977
identifying remedial predictors of burnout, 33(3):357–368
surveillance colonoscopies in older adults with prior adenomas, 33(5):796–798

Mass screening, surveillance colonoscopies in older adults with prior adenomas, 33(5):796–798**Medicaid**

co-management for sickle cell disease, 33(1):91–105
eliminating barriers to improve quality of care, 33(2):220–229
financial model for opioid use disorder, 33(1):124–128
insurance, health care, and discrimination, 33(4):580–591

Medical education

clinical learning environment and health care delivery, 33(5):S46–S49
medicine’s social contract, 33(5):S50–S56
positive professionalism, 33(5):S65–S68

Medical errors, continuing board certification, 33(5):S10–S14**Medical ethics**

built environment for professionalism, 33(5):S57–S61
ethical questions raised by the EHR, 33(1):106–117
managing patient requests for marijuana, 33(1):147–151
poem about asylum-seeker’s torture, 33(5):815–815

Medical informatics

barriers to patient portal access and use, 33(6):953–968
ethical questions raised by the EHR, 33(1):106–117

Medical marijuana, managing patient requests for, 33(1):147–151**Medical staff privileges**, positive professionalism, 33(5):S65–S68**Medical students**

clinical learning environment and health care delivery, 33(5):S46–S49
hospital volunteers, 33(3):481–483

Medically underserved areas

physicians providing women’s health care services, 33(2):186–188
role of family physicians in reproductive health care, 33(2):182–185

Medicare

patients, buprenorphine prescribers for, 33(1):9–16
Medicare Access and CHIP Reauthorization Act, 33(6):942–952
prescribing inappropriate medications for elderly patients, 33(4):561–568

Memory, subjective vs. objective assessment of cognitive functioning, 33(3):417–425**Men’s health**, HPV vaccination, 33(4):592–599**Mental health**

adapting diabetes shared medical appointments, 33(5):716–727
addressing needs of transgender patients, 33(2):314–321
behavioral health problems and communication disabilities, 33(6):932–941
patient education level and antidepressants, 33(1):80–90

poem about asylum-seeker’s torture, 33(5):815–815

Mental health services, buprenorphine prescribing by family physicians, 33(1):118–123**Mental status and dementia tests**, subjective vs. objective assessment, 33(3):417–425**Mentors**, intervention supports diabetes registry implementation: from ACORN, 33(5):728–735**Mexico**, unexpected career retirement, 33(2):339–341**Military medicine**

anti-HMGCR myopathy from statins, 33(5):785–788
combating burnout in US Army health care, 33(3):440–445

Military personnel, combating burnout in US Army health care, 33(3):440–445**Minnesota**, depression, rurality, and diabetes control, 33(6):913–922**Minority groups**, successful follow-up of participants in a clinical trial, 33(3):431–439**Minority health**, co-management for sickle cell disease, 33(1):91–105**Motivation**

adapting diabetes shared medical appointments, 33(5):716–727
intrinsically motivated learners, 33(5):S21–S23
obesity intervention trial, participation of rural clinicians, 33(5):736–744

Multivariate analysis

behavioral health problems and communication disabilities, 33(6):932–941

prescribing inappropriate medications for elderly patients, 33(4):561–568

Muscle weakness, anti-HMGCR myopathy from statins, 33(5):785–788**Muscular diseases**, anti-HMGCR myopathy from statins, 33(5):785–788**Myopathy**, anti-HMGCR, from statins, 33(5):785–788**Myositis**, anti-HMGCR myopathy from statins, 33(5):785–788**Naltrexone**, office-based opioid treatment models, 33(4):512–521**Narcotic antagonists**, office-based opioid treatment models, 33(4):512–521**Native Americans**, reflections in family medicine, 33(2):339–341**Neural networks (computer)**, machine learning approach to unhealthy drinking, 33(3):397–406**Nevada**, opportunities to partner with patients living with diabetes, 33(2):211–219**North Carolina**

co-management for sickle cell disease, 33(1):91–105
eliminating barriers to improve quality of care, 33(2):220–229

Nutrition surveys

glucosamine/chondroitin and mortality, 33(6):842–847

- machine learning approach to unhealthy drinking, 33(3):397–406
- usual source of care and longer telomere length, 33(6):832–841
- Obesity**
- among breast cancer survivors, 33(6):894–902
 - intervention trial, participation of rural clinicians, 33(5):736–744
 - opportunities to partner with patients living with diabetes, 33(2):211–219
- Observer variation**, peer review of abstracts submitted to academic meetings, 33(6):986–991
- Obstetrics**, gestational diabetes risk and prenatal weight gain counseling, 33(2):189–197
- Obstructive sleep apnea**, current indications for tonsillectomy and adenoidectomy, 33(6):1025–1030
- Occupational stress**, general practitioner job satisfaction in China, 33(3):456–459
- Oklahoma**, sustainable preventive services in rural counties, 33(5):698–706
- Opiate substitution treatment**, office-based opioid treatment models, 33(4):512–521
- Opioid epidemic**, opioid reduction protocol among rural patients, 33(4):502–511
- Opioid-related disorders**
- buprenorphine prescribers for Medicare patients, 33(1):9–16
 - buprenorphine prescribing by family physicians, 33(1):118–123
 - clinical decision support for opioid prescribing, 33(4):529–540
 - early-career physicians and prescribing buprenorphine, 33(1):7–8
 - financial model for opioid use disorder, 33(1):124–128
 - office-based opioid treatment models, 33(4):512–521
 - opioid reduction protocol among rural patients, 33(4):502–511
 - opioid use and driving among older adults, 33(4):521–528
 - ODU education and waiver provision during residency, 33(6):998–1003
 - patient “catastrophizing” and expectations of opioid prescriptions, 33(6):858–870
 - patient retention in opioid medication-assisted treatment, 33(6):848–857
 - quality improvement toolkit to improve opioid prescribing, 33(1):17–26
 - systematic approach to opioid prescribing, 33(6):992–997
 - treating opioid use disorder in family medicine, 33(4):611–615
- Opioids**
- changes to chronic pain management plans, 33(1):42–50
 - financial model for opioid use disorder, 33(1):124–128
 - opioid reduction protocol among rural patients, 33(4):502–511
 - opioid use and driving among older adults, 33(4):521–528
 - patient retention in opioid medication-assisted treatment, 33(6):848–857
 - prescribing buprenorphine, by family physicians, 33(1):118–123
 - buprenorphine, early-career physicians and, 33(1):7–8
 - buprenorphine, for Medicare patients, 33(1):9–16
 - protocol, risk-reduction tools and, 33(1):27–33
 - quality improvement toolkit to improve, 33(1):17–26
 - systematic approach to, 33(6):992–997
 - prescriptions expectations of, patient “catastrophizing” and, 33(6):858–870
 - for new low back pain, 33(1):138–142
 - recipients of, health care satisfaction among, 33(1):34–41
 - proposed tapering tool, 33(6):1020–1021
- Oral hygiene**, patients’ understanding of diabetes and periodontal disease, 33(6):1004–1010
- Oregon**, project ECHO integrated within the ORPRN, 33(5):789–795
- Organizational innovation**
- combating burnout in US Army health care, 33(3):440–445
 - intervention supports diabetes registry implementation: from ACORN, 33(5):728–735
 - PBRN roadmap for evaluating COVID-19, 33(5):774–778
 - quality improvement toolkit to improve opioid prescribing, 33(1):17–26
- Osteoarthritis**, glucosamine/chondroitin and mortality, 33(6):842–847
- Otolaryngology**, current indications for tonsillectomy and adenoidectomy, 33(6):1025–1030
- Outcome measures**, quality improvement toolkit to improve opioid prescribing, 33(1):17–26
- Outcomes assessment**
- anti-hypertensive medication combinations, 33(1):143–146
 - behavioral health problems and communication disabilities, 33(6):932–941
 - clinical decision support for opioid prescribing, 33(4):529–540
 - opioid reduction protocol among rural patients, 33(4):502–511
 - patient-provider teach-back communication with diabetic outcomes, 33(6):903–912
- Outpatients**
- BRCA-related cancer genetic counseling, 33(6):885–893
 - health care satisfaction among opioid recipients, 33(1):34–41
 - misdiagnosis of diverticulitis after IBS diagnosis, 33(4):549–560
 - opioid prescriptions for new low back pain, 33(1):138–142
 - patient “catastrophizing” and expectations of opioid prescriptions, 33(6):858–870
 - request denial and subsequent patient satisfaction, 33(1):51–58
- Overuse**, clinical care and nonindicated vitamin D testing, 33(4):569–579
- Ownership**, Medicare Access and CHIP Reauthorization Act, 33(6):942–952
- Pain**
- health care satisfaction among opioid recipients, 33(1):34–41
 - opioid use and driving among older adults, 33(4):521–528
 - risk-reduction tools and an opioid-prescribing protocol, 33(1):27–33
 - widespread, in adults with low back pain, 33(4):541–549
- Pain management**
- patient “catastrophizing” and expectations of opioid prescriptions, 33(6):858–870
 - plans, changes to, 33(1):42–50
 - proposed opioid tapering tool, 33(6):1020–1021
 - treating fibromyalgia and physician burnout, 33(3):386–396
- Pandemics**, PBRN roadmap for evaluating COVID-19, 33(5):774–778
- Papillomavirus infections**, HPV vaccination among adult males, 33(4):592–599
- Parents**, virtual Parent Panel for pediatric research network, 33(5):665–674
- Patient care**
- gender and work hours among family physicians, 33(5):653–654
 - integrating data to assess patient risks, 33(3):463–467
 - prescription drug advertising and patient-provider interactions, 33(2):279–283
 - social and clinical complexity on diabetes control, 33(4):600–610
- Patient care team**
- adapting diabetes shared medical appointments, 33(5):716–727
 - changes over time, 33(4):499–501
 - combating burnout in US Army health care, 33(3):440–445
 - social risk assessment integrating into health care delivery, 33(2):179–181
 - patient desire for assistance, 33(2):170–175
 - permission to help patients, 33(2):176–178
 - team configurations, efficiency, and burnout, 33(3):368–377
 - treating fibromyalgia and physician burnout, 33(3):386–396
- Patient-centered care**
- combating burnout in US Army health care, 33(3):440–445
 - high volume portal usage impacts resources, 33(3):452–456
 - patient-provider teach-back communication with diabetic outcomes, 33(6):903–912

- patient safety in primary care, 33 (5):754–764
- physicians' response to quality-of-life goals, 33(1):71–79
- proposed opioid tapering tool, 33 (6):1020–1021
- strategies to overcome psychological insulin resistance, 33(2):198–210
- treating opioid use disorder in family medicine, 33(4):611–615
- Patient discharge**, initiative to reduce avoidable hospital admissions, 33 (6):1011–1015
- Patient health questionnaire**, risk-reduction tools and an opioid-prescribing protocol, 33(1):27–33
- Patient navigation**, patients' understanding of diabetes and periodontal disease, 33(6):1004–1010
- Patient participation**
- patient education level and antidepressants, 33(1):80–90
 - physicians' response to quality-of-life goals, 33(1):71–79
 - practice transformation support and cardiovascular care, 33(5):675–686
- Patient portals**
- barriers to access and use, 33(6):953–968
 - high volume portal usage impacts resources, 33(3):452–456
 - physician factors and inbox message volume, 33(3):460–462
- Patient preference**
- educating patients on unnecessary antibiotics, 33(6):969–977
 - patient education level and antidepressants, 33(1):80–90
 - social risk assessment
 - integrating into health care delivery, 33(2):179–181
 - patient desire for assistance, 33 (2):170–175
 - permission to help patients, 33 (2):176–178
- Patient readmission**, eliminating barriers to improve quality of care, 33(2):220–229
- Patient safety**
- clinical learning environment and health care delivery, 33(5):S46–S49
 - in primary care, 33(5):754–764
 - stimulant use by young adults for ADHD, 33(1):59–70
 - systematic approach to opioid prescribing, 33(6):992–997
- Patient satisfaction**
- after request denial, 33(1):51–58
 - with health care, among opioid recipients, 33(1):34–41
- Pay for performance**
- measuring and improving quality in the US, 33(5):S28–S35
 - Medicare Access and CHIP Reauthorization Act, 33(6):942–952
- Pediatricians**, decline in pediatric care by family physicians, 33(2):314–321
- Pediatrics**, role of certifying boards in improving health, 33(5):S36–S41
- Peer review**, of abstracts submitted to academic meetings, 33(6):986–991
- Periodontal disease**, diabetes and, patients' understanding of, 33 (6):1004–1010
- Personal health records**, barriers to patient portal access and use, 33 (6):953–968
- Personal satisfaction**
- request denial and subsequent patient satisfaction, 33(1):51–58
 - unexpected career retirement, 33 (2):339–341
- Personnel selection**, financial cost of medical assistant turnover, 33 (3):426–430
- Personnel turnover**
- financial cost of medical assistant turnover, 33(3):426–430
 - indicators of workplace burnout, 33 (3):378–385
 - practice facilitation barriers in quality improvement, 33(5):655–664
- Pharmacists**, physician-pharmacist collaboration on diabetes outcomes, 33(5):745–753
- Physician-patient relations**
- ethical questions raised by the EHR, 33(1): 106–117
 - factors associated with colorectal cancer screening, 33(5):779–784
 - request denial and subsequent patient satisfaction, 33(1):51–58
- Physicians**
- continuing board certification, 33(5): S10–S14
 - evolution of board certification, 33(5): S1–S9
 - indicators of workplace burnout, 33 (3):378–385
 - physician-pharmacist collaboration on diabetes outcomes, 33(5):745–753
 - positive professionalism, 33(5):S65–S68
 - quality improvement teams, 33(5): S42–S45
 - response to quality-of-life goals, 33 (1):71–79
- Physicians' practice patterns**
- opioid prescriptions for new low back pain, 33(1):138–142
 - opioid reduction protocol among rural patients, 33(4):502–511
 - patient “catastrophizing” and expectations of opioid prescriptions, 33 (6):858–870
- Pilot studies**, proposed opioid tapering tool, 33(6):1020–1021
- Population health**
- integrating data to assess patient risks, 33(3):463–467
 - modifying provider vitamin D screening behavior, 33(2):252–261
 - primary care and a population health improvement strategy, 33(3):468–472
 - social risk assessment
 - integrating into health care delivery, 33(2):179–181
 - patient desire for assistance, 33 (2):170–175
 - permission to help patients, 33 (2):176–178
- Potentially inappropriate medications**, prescribing, for elderly patients, 33(4):561–568
- Poverty**, asthma care in a multi-state network of low-income children, 33(5):707–715
- Practice-based research**
- adapting diabetes shared medical appointments, 33(5):716–727
 - asthma care in a multi-state network of low-income children, 33 (5):707–715
 - factors associated with colorectal cancer screening, 33(5):779–784
 - intervention supports diabetes registry implementation: from ACORN, 33(5):728–735
 - obesity intervention trial, participation of rural clinicians, 33(5):736–744
 - patient safety in primary care, 33 (5):754–764
 - PBRN roadmap for evaluating COVID-19, 33(5):774–778
 - physician-pharmacist collaboration on diabetes outcomes, 33(5):745–753
 - practice facilitation barriers in quality improvement, 33(5):655–664
 - practice transformation support and cardiovascular care, 33(5):675–686
 - project ECHO integrated within the ORPRN, 33(5):789–795
 - sustainable preventive services in rural counties, 33(5):698–706
 - virtual Parent Panel for pediatric research network, 33(5):665–674
- Practice-based research networks (PBRNs)**, impact of COVID-19, 33(5):645–649
- Practice facilitation**, practice facilitation barriers in quality improvement, 33(5):655–664
- Prediabetes**
- designing a prediabetes shared decision aid, 33(2):262–270
 - opportunities to partner with patients living with diabetes, 33(2):211–219
- Prediabetic state**, social service touchpoints for diabetes screening, 33 (4):616–619
- Pregnancy**, social service touchpoints for diabetes screening, 33(4): 616–619
- Pregnancy complications**, gestational diabetes risk and prenatal weight gain counseling, 33(2):189–197
- Prescription drug monitoring programs**, clinical decision support for opioid prescribing, 33(4): 529–540
- Prescription drugs**, advertising, patient-provider interactions and, 33(2):279–283
- Prescriptions**
- early-career physicians and prescribing buprenorphine, 33(1):7–8
 - health care satisfaction among opioid recipients, 33(1):34–41
 - opioid prescriptions for new low back pain, 33(1):138–142

- risk-reduction tools and an opioid-prescribing protocol, 33(1):27–33
- Prevalence**
- cardiovascular disease in breast cancer survivors, 33(6):894–902
- heart disease in adult Down syndrome, 33(6):923–931
- identifying remedial predictors of burnout, 33(3):357–368
- widespread pain in adults with low back pain, 33(4):541–549
- Preventive health services**
- EHR reminder and hepatitis C screening, 33(6):1016–1019
- heart disease in adult Down syndrome, 33(6):923–931
- sustainable, in rural counties, 33(5):698–706
- workforce support of large-scale practice improvement, 33(2):230–239
- Preventive medicine**, uptake of changes to clinical preventive guidelines, 33(2):271–278
- Primary care physicians**
- dermoscopy in the primary care setting, 33(6):1022–1024
- ethical questions raised by the EHR, 33(1): 106–117
- opioid prescriptions for new low back pain, 33(1):138–142
- prescribing inappropriate medications for elderly patients, 33(4):561–568
- request denial and subsequent patient satisfaction, 33(1):51–58
- Primary health care**
- adapting diabetes shared medical appointments, 33(5):716–727
- barriers to patient portal access and use, 33(6):953–968
- breast cancer screening and shared decision making, 33(3):473–480
- built environment for professionalism, 33(5):S57–S61
- buprenorphine prescribing, 33(1):118–123
- changes to chronic pain management plans, 33(1):42–50
- clinical care and nonindicated vitamin D testing, 33(4):569–579
- co-management for sickle cell disease, 33(1):91–105
- decline in pediatric care by family physicians, 33(2):314–321
- dermoscopy in the primary care setting, 33(6):1022–1024
- designing a prediabetes shared decision aid, 33(2):262–270
- diagnosis and management of atopic dermatitis, 33(4):626–635
- educating patients on unnecessary antibiotics, 33(6):969–977
- eliminating barriers to improve quality of care, 33(2):220–229
- factors associated with colorectal cancer screening, 33(5):779–784
- financial cost of medical assistant turnover, 33(3):426–430
- identifying remedial predictors of burnout, 33(3):357–368
- improving COPD symptoms using team-based approach, 33(6):978–985
- indicators of workplace burnout, 33(3):378–385
- intervention supports diabetes registry implementation: from ACORN, 33(5):728–735
- mammography screening for average-risk women, 33(6):871–884
- Medicare Access and CHIP Reauthorization Act, 33(6):942–952
- misdiagnosis of diverticulitis after IBS diagnosis, 33(4):549–560
- modifying provider vitamin D screening behavior, 33(2):252–261
- obesity intervention trial, participation of rural clinicians, 33(5):736–744
- office-based opioid treatment models, 33(4):512–521
- opioid prescriptions for new low back pain, 33(1):138–142
- patient education level and antidepressants, 33(1):80–90
- patient interest in after-hours telemedicine, 33(5):765–773
- patient-provider teach-back communication with diabetic outcomes, 33(6):903–912
- patient retention in opioid medication-assisted treatment, 33(6):848–857
- patient safety in, 33(5):754–764
- PBRN roadmap for evaluating COVID-19, 33(5):774–778
- peer review of abstracts submitted to academic meetings, 33(6):986–991
- perpetration of intimate partner violence, 33(5):809–814
- physician factors and inbox message volume, 33(3):460–462
- physician-pharmacist collaboration on diabetes outcomes, 33(5):745–753
- physicians providing women's health care services, 33(2):186–188
- population health improvement strategy, 33(3):468–472
- practical management of common skin injuries, 33(5):799–808
- practice transformation support and cardiovascular care, 33(5):675–686
- practices reporting clinical quality measures, 33(4):620–625
- prescribing inappropriate medications for elderly patients, 33(4):561–568
- prognostic indices for advance care planning, 33(2):322–338
- project ECHO integrated within the ORPRN, 33(5):789–795
- proposed opioid tapering tool, 33(6):1020–1021
- quality improvement, barriers in, 33(5):655–664
- quality improvement toolkit to improve opioid prescribing, 33(1):17–26
- risk-reduction tools and an opioid-prescribing protocol, 33(1):27–33
- role of family physicians in reproductive health care, 33(2):182–185
- social and clinical complexity on diabetes control, 33(4):600–610
- subjective vs. objective assessment of cognitive functioning, 33(3):417–425
- surveillance colonoscopies in older adults with prior adenomas, 33(5):796–798
- sustainable preventive services in rural counties, 33(5):698–706
- systematic approach to opioid prescribing, 33(6):992–997
- team-based care, changes over time, 33(4):499–501
- treating fibromyalgia and physician burnout, 33(3):386–396
- treating opioid use disorder in family medicine, 33(4):611–615
- usual source of care and longer telomere length, 33(6):832–841
- workforce support of large-scale practice improvement, 33(2):230–239
- Process measures**, quality improvement toolkit to improve opioid prescribing, 33(1):17–26
- Professional autonomy**, continuing board certification, 33(5):S10–S14
- Professional burnout**
- combating burnout in US Army health care, 33(3):440–445
- gender differences in addressing, 33(3):446–451
- identifying remedial predictors of, 33(3):357–368
- indicators of workplace burnout, 33(3):378–385
- team configurations, efficiency, and burnout, 33(3):368–377
- treating fibromyalgia and, 33(3):386–396
- Professionalism**
- approach to monitoring and enhancing, 33(5):S62–S64
- built environment for, 33(5):S57–S61
- evaluation of, 33(5):S65–S68
- evolution of board certification, 33(5):S1–S9
- medicine's social contract, 33(5):S50–S56
- Prognosis**, indices for advance care planning, 33(2):322–338
- Proportional hazards models**
- glucosamine/chondroitin and mortality, 33(6):842–847
- patient retention in opioid medication-assisted treatment, 33(6):848–857
- Psychological distress**, behavioral health problems and communication disabilities, 33(6):932–941
- Psychotherapy**, office-based opioid treatment models, 33(4):512–521
- PTSD**, poem about asylum-seeker's torture, 33(5):815–815
- Public health**
- buprenorphine prescribers for Medicare patients, 33(1):9–16
- educating patients on unnecessary antibiotics, 33(6):969–977
- general practitioner job satisfaction in China, 33(3):456–459

sustainable preventive services in rural counties, 33(5):698–706

Public health surveillance, integrating data to assess patient risks, 33(3):463–467

Qualitative research

changes to chronic pain management plans, 33(1):42–50
ethical questions raised by the EHR, 33(1): 106–117
obesity intervention trial, participation of rural clinicians, 33(5):736–744
office-based opioid treatment models, 33(4):512–521
opportunities to partner with patients living with diabetes, 33(2):211–219
patient safety in primary care, 33(5):754–764
surveillance colonoscopies in older adults with prior adenomas, 33(5):796–798
uptake of changes to clinical preventive guidelines, 33(2):271–278
workforce support of large-scale practice improvement, 33(2):230–239

Quality improvement

clinical care and nonindicated vitamin D testing, 33(4):569–579
eliminating barriers to, 33(2):220–229
evolution of board certification, 33(5):S1–S9
improving COPD symptoms using team-based approach, 33(6):978–985
initiative to reduce avoidable hospital admissions, 33(6):1011–1015
measuring, 33(5):S28–S35
Medicare Access and CHIP Reauthorization Act, 33(6):942–952
positive professionalism, 33(5):S65–S68
practice facilitation barriers in, 33(5):655–664
practice transformation support and cardiovascular care, 33(5):675–686
practices reporting clinical quality measures, 33(4):620–625
project ECHO integrated within the ORPRN, 33(5):789–795
teams, 33(5):S42–S45
toolkit to improve opioid prescribing, 33(1):17–26
workforce support of, 33(2):230–239

Quality of health care

clinical learning environment and health care delivery, 33(5):S46–S49
ethical questions raised by the EHR, 33(1): 106–117
measuring and improving quality in the US, 33(5):S28–S35
opioid prescriptions for new low back pain, 33(1):138–142
role of certifying boards in improving health, 33(5):S36–S41

Quality of life

diagnosis and management of atopic dermatitis, 33(4):626–635

goals, physicians' response to, 33(1):71–79

marketing messages in continuing medical education on binge-eating disorder, 33(2):240–251
stimulant use by young adults for ADHD, 33(1):59–70
widespread pain in adults with low back pain, 33(4):541–549

Racism, insurance, health care, and discrimination, 33(4):580–591

Rare diseases, anti-HMGCR myopathy from statins, 33(5):785–788

Reductase, anti-HMGCR myopathy from statins, 33(5):785–788

Referral and consultation

patient safety in primary care, 33(5):754–764
perpetration of intimate partner violence, 33(5):809–814

Refugees, poem about asylum-seeker's torture, 33(5):815–815

Registries

integrating data to assess patient risks, 33(3):463–467
intervention supports diabetes registry implementation: from ACORN, 33(5):728–735
quality improvement toolkit to improve opioid prescribing, 33(1):17–26
sustainable preventive services in rural counties, 33(5):698–706
widespread pain in adults with low back pain, 33(4):541–549

Regression analysis

general practitioner job satisfaction in China, 33(3):456–459
models for hepatitis C screening interventions, 33(3):407–416
physician factors and inbox message volume, 33(3):460–462
practice facilitation barriers in quality improvement, 33(5):655–664
request denial and subsequent patient satisfaction, 33(1):51–58

Reproductive health

physicians providing women's health care services, 33(2):186–188
role of family physicians, 33(2):182–185

Residency

early-career physicians and prescribing buprenorphine, 33(1):7–8
OUD education and waiver provision during residency, 33(6):998–1003
patient retention in opioid medication-assisted treatment, 33(6):848–857
physicians providing women's health care services, 33(2):186–188
requirements, impact of ACGME's June 2019 changes in, 33(6):1033–1036
risk-reduction tools and an opioid-prescribing protocol, 33(1):27–33
role of family physicians in reproductive health care, 33(2):182–185
training, family medicine, future of, 33(4):636–640

Retirement

gender and work hours among family physicians, 33(5):653–654
unexpected career retirement, 33(2):339–341

Retrospective studies

behavioral health problems and communication disabilities, 33(6):932–941
cardiovascular screening and lipid management in breast cancer survivors, 33(6):894–902
financial cost of medical assistant turnover, 33(3):426–430
financial model for opioid use disorder, 33(1):124–128
heart disease in adult Down syndrome, 33(6):923–931
improving COPD symptoms using team-based approach, 33(6):978–985
misdiagnosis of diverticulitis after IBS diagnosis, 33(4):549–560
patient-provider teach-back communication with diabetic outcomes, 33(6):903–912
patient retention in opioid medication-assisted treatment, 33(6):848–857
physician-pharmacist collaboration on diabetes outcomes, 33(5):745–753
prescribing inappropriate medications for elderly patients, 33(4):561–568
successful follow-up of participants in a clinical trial, 33(3):431–439

Risk assessment

breast cancer screening and shared decision making, 33(3):473–480
integrating data to assess patient risks, 33(3):463–467
opioid use and driving among older adults, 33(4):521–528
quality improvement toolkit to improve opioid prescribing, 33(1):17–26
surveillance colonoscopies in older adults with prior adenomas, 33(5):796–798

Risk factors

cardiovascular disease among breast cancer survivors, 33(6):894–902
depression, rurality, and diabetes control, 33(6):913–922
models for hepatitis C screening interventions, 33(3):407–416
practice transformation support and cardiovascular care, 33(5):675–686
social and clinical complexity on diabetes control, 33(4):600–610
social risk assessment
integrating into health care delivery, 33(2):179–181
patient desire for assistance, 33(2):170–175
permission to help patients, 33(2):176–178
social service touchpoints for diabetes screening, 33(4):616–619

Risk-reduction tools, and an opioid-prescribing protocol, 33(1):27–33

Risk taking, HPV vaccination among adult males, 33(4):592–599

- Rural health**
buprenorphine prescribing by family physicians, 33(1):118–123
and depression, association with glyce-mic control, 33(6):913–922
obesity intervention trial, participation of rural clinicians, 33(5):736–744
opioid reduction protocol, 33(4):502–511
sustainable preventive services, 33(5):698–706
- Screening**
cardiovascular, in breast cancer survi-vors, 33(6):894–902
for colorectal cancer, factors associ-ated with, 33(5):779–784
hepatitis C
EHR reminder and, 33(6):1016–1019
models for screening interventions, 33(3):407–416
social service touchpoints for diabetes screening, 33(4):616–619
- Self care**, combating burnout in US Army health care, 33(3):440–445
- Self-management**
opportunities to partner with patients living with diabetes, 33(2):211–219
patients' understanding of diabetes and periodontal disease, 33(6):1004–1010
- Self report**, request denial and subse-quent patient satisfaction, 33(1) 51–58
- Sexual and gender minorities**, address-ing needs of transgender patients, 33(2):314–321
- Sexual health**
physicians providing women's health care services, 33(2):186–188
role of family physicians in reproduc-tive health care, 33(2):182–185
- Shared decision making**
breast cancer screening and, 33(3):473–480
initiative to reduce avoidable hospital admissions, 33(6):1011–1015
- Shared medical appointments**, diabe-tes, 33(5):716–727
- Sickle-cell anemia**, co-management for, 33(1):91–105
- Skin cancer**, dermoscopy in the primary care setting, 33(6):1022–1024
- Skin diseases**, atopic dermatitis, diagnosis and management, 33(4):626–635
- Smokers**, improving COPD symptoms using team-based approach, 33(6):978–985
- Social determinants of health**
integrating data to assess patient risks, 33(3):463–467
models for hepatitis C screening inter-ventions, 33(3):407–416
primary care and a population health improvement strategy, 33(3):468–472
social and clinical complexity on dia-betes control, 33(4):600–610
social risk assessment
integrating into health care delivery, 33(2):179–181
patient desire for assistance, 33(2):170–175
permission to help patients, 33(2):176–178
- Social justice**
medicine's social contract, 33(5):S50–S56
poem about asylum-seeker's torture, 33(5):815–815
- Social responsibility**, continuing board certification, 33(5):S10–S14
- Social support**, opportunities to partner with patients living with diabetes, 33(2):211–219
- Social work**
social risk assessment
integrating into health care delivery, 33(2):179–181
patient desire for assistance, 33(2):170–175
permission to help patients, 33(2):176–178
social service touchpoints for diabetes screening, 33(4):616–619
- Socioeconomic status**, physician fac-tors and inbox message volume, 33(3):460–462
- Software**, proposed opioid tapering tool, 33(6):1020–1021
- Special communications**
A Change Management Case Study for Safe Opioid Prescribing and Opioid Use Disorder Treatment, 33(1):129–137
How We Talk About “Perpetration of Intimate Partner Violence” Matters, 33(5):809–814
Integrating Community and Clinical Data to Assess Patient Risks with A Population Health Assessment Engine (PHATE), 33(3):463–467
Primary Care Is an Essential Ingredient to a Successful Population Health Improvement Strategy, 33(3):468–472
- Specialization**, continuing board certi-fication, 33(5):S10–S14
- Specialty boards**
celebrating 50 years of continuing transformation, 33(5):S69–S74
helping family physicians keep up to date, 33(5):S24–S27
positive professionalism, 33(5):S65–S68
- Speech**, behavioral health problems and communication disabilities, 33(6):932–941
- Spinal cord diseases**, cervical spondy-lotic myelopathy, 33(2):303–313
- Spondylosis**, cervical spondylotic mye-lopathy, 33(2):303–313
- Spouse abuse**, 33(5):809–814
- Stakeholder participation**
adapting diabetes shared medical appointments, 33(5):716–727
virtual Parent Panel for pediatric research network, 33(5):665–674
- Statins**
anti-HMGCR myopathy from, 33(5):785–788
lipid management in breast cancer survivors, 33(6):894–902
- Streptococcal infections**, current indi-cations for tonsillectomy and ade-noidectomy, 33(6):1025–1030
- Substance-related disorders**
addressing needs of transgender patients, 33(2):314–321
behavioral health problems and com-munication disabilities, 33(6):932–941
- Support vector machine**, machine learning approach to unhealthy drinking, 33(3):397–406
- Surveys and questionnaires**
adapting diabetes shared medical appointments, 33(5):716–727
anti-hypertensive medication combi-nations, 33(1):143–146
barriers to patient portal access and use, 33(6):953–968
behavioral health problems and com-munication disabilities, 33(6):932–941
combating burnout in US Army health care, 33(3):440–445
dermoscopy in the primary care set-ting, 33(6):1022–1024
designing a prediabetes shared deci-sion aid, 33(2):262–270
educating patients on unnecessary antibiotics, 33(6):969–977
eliminating barriers to improve quality of care, 33(2):220–229
factors associated with colorectal can-cer screening, 33(5):779–784
gender and work hours among family physicians, 33(5):653–654
gender differences in addressing burn-out, 33(3):446–451
general practitioner job satisfaction in China, 33(3):456–459
health care satisfaction among opioid recipients, 33(1):34–41
identifying remedial predictors of burnout, 33(3):357–368
indicators of workplace burnout, 33(3):378–385
insurance, health care, and discrimina-tion, 33(4):580–591
nutrition surveys
glucosamine/chondroitin and mor-tality, 33(6):842–847
machine learning approach to unhealthy drinking, 33(3):397–406
usual source of care and longer telo-mere length, 33(6):832–841
opioid use and driving among older adults, 33(4):521–528
OUD education and waiver provision during residency, 33(6):998–1003
patient “catastrophizing” and expecta-tions of opioid prescriptions, 33(6):858–870
patient education level and antidepres-sants, 33(1):80–90
patient interest in after-hours teleme-dicine, 33(5):765–773
patient-provider teach-back commu-nication with diabetic outcomes, 33(6):903–912
patients' understanding of diabetes and periodontal disease, 33(6):1004–1010

- physicians' response to quality-of-life goals, 33(1):71–79
- practice transformation support and cardiovascular care, 33(5):675–686
- practices reporting clinical quality measures, 33(4):620–625
- prescription drug advertising and patient-provider interactions, 33(2):279–283
- quality improvement toolkit to improve opioid prescribing, 33(1):17–26
- stimulant use by young adults for ADHD, 33(1):59–70
- strategies to overcome psychological insulin resistance, 33(2):198–210
- subjective vs. objective assessment of cognitive functioning, 33(3):417–425
- team-based care, changes over time, 33(4):499–501
- team configurations, efficiency, and burnout, 33(3):368–377
- virtual Parent Panel for pediatric research network, 33(5):665–674
- Survivorship**, cardiovascular disease among breast cancer survivors, 33(6):894–902
- Telemedicine**
- after-hours, patient interest in, 33(5):765–773
 - barriers to patient portal access and use, 33(6):953–968
 - project ECHO integrated within the ORPRN, 33(5):789–795
- Telomere length**, longer, and usual source of care, 33(6):832–841
- Tertiary care centers**, ethical questions raised by the EHR, 33(1): 106–117
- Thiazides**, anti-hypertensive medication combinations, 33(1):143–146
- Thyroid hormones**, use in the United States, 1997–2016, 33(2):284–288
- Time series algorithms**, practice facilitation barriers in quality improvement, 33(5):655–664
- Tonsillectomy**, current indications for, 33(6):1025–1030
- Torture**, asylum-seeker's, poem about, 33(5):815–815
- Training support**, helping family physicians keep up to date, 33(5):S24–S27
- Tramadol**, risk-reduction tools and an opioid-prescribing protocol, 33(1):27–33
- Translational medical research**, clinical decision support for opioid prescribing, 33(4):529–540
- Treatment outcome**, treating opioid use disorder in family medicine, 33(4):611–615
- Transgender persons**, addressing needs of, 33(2):314–321
- Type 2 diabetes**
- intervention supports diabetes registry implementation: from ACORN, 33(5):728–735
 - opportunities to partner with patients living with, 33(2):211–219
 - social service touchpoints for diabetes screening, 33(4):616–619
 - strategies to overcome psychological insulin resistance, 33(2):198–210
- Uncertainty**, clinical care and nonindicated vitamin D testing, 33(4):569–579
- United States**
- strategies to overcome psychological insulin resistance, 33(2):198–210
 - thyroid hormone use, 1997–2016, 33(2):284–288
- United States Indian Health Service**, unexpected career retirement, 33(2):339–341
- Universities**, stimulant use by young adults for ADHD, 33(1):59–70
- Urology**, medical professionalism, 33(5):S62–S64
- Value-based purchasing**, measuring and improving quality in the US, 33(5):S28–S35
- Variance analysis**, patient education level and antidepressants, 33(1):80–90
- Veterans health**, anti-HMGCR myopathy from statins, 33(5):785–788
- Video recording**, physicians' response to quality-of-life goals, 33(1):71–79
- Violence**, addressing needs of transgender patients, 33(2):314–321
- Virginia**
- indicators of workplace burnout, 33(3):378–385
 - intervention supports diabetes registry implementation: from ACORN, 33(5):728–735
 - Medicare Access and CHIP Reauthorization Act, 33(6):942–952
 - office-based opioid treatment models, 33(4):512–521
- Vitamin D**
- provider screening behavior, modifying, 33(2):252–261
 - testing, nonindicated, clinical care and, 33(4):569–579
- Volunteers**, hospital, 33(3):481–483
- Vulnerable populations**
- BRCA-related cancer genetic counseling, 33(6):885–893
 - co-management for sickle cell disease, 33(1):91–105
- factors associated with colorectal cancer screening, 33(5):779–784
- Weight loss**
- marketing messages in continuing medical education on binge-eating disorder, 33(2):240–251
 - obesity intervention trial, participation of rural clinicians, 33(5):736–744
- West Virginia**, improving COPD symptoms using team-based approach, 33(6):978–985
- Women physicians**
- gender and work hours among family physicians, 33(5):653–654
 - gender differences in addressing burnout, 33(3):446–451
- Women's health**
- BRCA-related cancer genetic counseling, 33(6):885–893
 - gestational diabetes risk and prenatal weight gain counseling, 33(2):189–197
 - mammography screening for average-risk women, 33(6):871–884
 - role of family physicians in reproductive health care, 33(2):182–185
 - services provided by family physicians, 33(2):186–188
 - social service touchpoints for diabetes screening, 33(4):616–619
- Work engagement**, practice facilitation barriers in quality improvement, 33(5):655–664
- Workflow**, quality improvement toolkit to improve opioid prescribing, 33(1):17–26
- Workforce**
- gender and work hours among family physicians, 33(5):653–654
 - identifying remedial predictors of burnout, 33(3):357–368
 - ODU education and waiver provision during residency, 33(6):998–1003
 - physicians providing women's health care services, 33(2):186–188
 - practice facilitation barriers in quality improvement, 33(5):655–664
 - role of family physicians in reproductive health care, 33(2):182–185
- Workload**
- physician factors and inbox message volume, 33(3):460–462
 - treating fibromyalgia and physician burnout, 33(3):386–396
- Workplace**
- burnout, indicators of, 33(3):378–385
 - combating burnout in US Army health care, 33(3):440–445
- Young adults**, stimulant use by, for ADHD, 33(1):59–70