EDITORS' NOTE

Keeping Patients at the Center of Family Medicine Scholarship

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In addition to the collection of veterans' health articles, this edition of the journal contains a wide range of family medicine research reports, commentaries, clinical reviews, and scholarly observations. These articles clearly exemplify a key strength of family medicine scholarship: the focus is on our patients. Two articles look at modern care of patients with venous thromboembolic disease—the first on acute management and the second on long-term care. Two other articles explore the role of pharmacists in an interdisciplinary team. A clever use of big databases provides a thought-provoking answer about the long-term health of patients with methicillin-resistant *Staphylococcus aureus*. Three articles give us possible glimpses into the future of family medicine, exploring a potential payment reform model, suggesting an alternative approach to cancer screening guideline development, and considering how family physicians remain relevant in the technology-laden medical world of tomorrow. (J Am Board Fam Med 2021;34:249–250.)

A strength of family medicine scholarship is its focus on patients and their needs. Although the range of scholarship in this issue of the journal is broad, and the topics span the range of medical practice, the common aim is improved patient care.

Venous thromboembolic disease is commonly seen by family physicians. Cuomo et al[1] provide a detailed overview of the processes and procedures of a pulmonary embolism response team (PERT). The PERT concept is almost a decade old now, and this review summarizes the typical workflow of these teams. For an institution considering creating its own PERT, this article serves as an exemplar. In a complementary clinical review, Fernandez et al[2] provide an update on the long-term care of patients with a history of venous thromboembolism.

Pharmacists are increasingly recognized as part of the primary care interdisciplinary team. Funk et al[3] make a strong argument that pharmacists contribute to Starfield's[4] 4 Cs through chronic care management programs. Should pharmacists also be providing vaccines to patients? A survey of more than 600 family physicians and internists showed that most embrace the role of pharmacists providing adults with needed vaccinations but most also have serious concerns about how this is implemented in practice.[5]

Calls for primary care payment reform have been intensifying for years. In a thoughtful and insightful article, Gold et al[6] offer concrete suggestions for a way forward. Their analysis, based on existing data, is well worth the read. Shaughnessy et al[7] envision a future in which family physicians continue to be highly relevant for patients by working collaboratively with emerging technology, increasing interconnectedness, and using big data. Not surprisingly, the authors suggest that keeping individual patients, along with their individual life situations, as the focal point of medical decisions will be instrumental to the specialty's future.

It is easy to oversimplify the case for cancer screening. However, we all know that every action in medicine has potential risks. Bradley et al[8] present a compelling argument for evaluating the pros and cons of screening in a more balanced manner and focusing on the perspective of patients. Could citizen juries enrich the process of creating cancer screening guidelines?

Methicillin-resistant *Staphylococcus aureus* (MRSA) has become common in community dwelling populations. Is colonization with MRSA associated with long-term health effects? By linking National Health and Nutrition Examination Survey and National Death Index data, Mainous et al[9] answer this question for middle-aged and

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older adults. Their findings raise questions about the management of MRSA colonization.

Two articles explore the evolution of the day-to-day practice of family medicine. The national trend toward consolidation of medical practices has been associated with a steady decline in the number of family physicians working in small and solo practices, even in rural areas. Jetty et al[10] report details of this trend from 2014 to 2018. How has the breakdown of office visits to family physicians changed throughout the past 35 years? What proportion of visits are for acute concerns? Chronic disease management? Preventive services? Bensken et al[11] studied this breakdown and were surprised by what they found.

Rajaee and Patel[12] explored US adults' hospital experiences with chaplains. Their findings suggest increasing such services in American hospitals could benefit patients. Group visits have the advantage of normalizing clinical conditions for patients and allowing providers to present important information in a standardized format. Kogan et al[13] report on providers' perspectives on using group visits to address advanced care planning in a population of patients with heart failure.

Margarita Burn is not as fun, or as rare, as it may sound. Understanding the pathophysiology of this rash can help family physicians make the diagnosis.[14] Davis[15] shares a personal story to remind us that to be there for our patients, we also need to care for ourselves.

To see this article online, please go to: http://jabfm.org/content/34/2/249.full.

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