

EDITORS' NOTE

Clinically Useful Family Medicine Research

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What is next for family medicine? After the long, rough road since the beginning of the COVID-19 pandemic, other topics are again receiving renewed attention. Family medicine researchers continue to consider issues important to our patients and practices. There is a collection of clinical research on children's health care. One article outlines practical actions to move medical academia past racism. The need for physician trust in patients is also often overlooked. Other articles address how to improve the practice of family medicine and a framework for thinking about legal and ethical issues in sports medicine. Three in-depth clinical reviews cover lumps and bumps of wrists and hands, spondylosis/spondylolistheses, and vitamin D association with specific disease entities. (J Am Board Fam Med 2022;35:1039–1041.)

New Clinically Useful Tools

The Montreal Cognitive Assessment (MoCA), available at www.mocatest.org, is a common assessment of mental functioning. White et al¹ present a modification that neutralizes the effects of patients' education on their performance on the MoCA. Another clinical tool, the Lehigh Outpatient COVID Hospitalization (LOCH) risk score, which predicts hospitalization secondary to acute COVID-19 infection, was developed on patients as young as 12 years of age and is publicly available.² Infectious mononucleosis is always in the differential diagnosis when young people present with a sore throat, but testing everyone is impractical. Cai et al³ explain the threshold at which clinicians should test for infectious mononucleosis.

Clinical Research on Children's Health Issues

Is it ever too early to start reading to children? Does it matter? The impressive findings reported by Franks et al⁴ will likely impact how strongly and when you encourage parents to start reading to their children.

Obesity rates continue to rise, even among young children. Daly et al⁵ compared diet to activity levels in children ages 3 to 6. Which do you think is more closely correlated with obesity? The

number of the children's steps taken per day was also impressive.

The vaccination rate among children in America is lower than what most family physicians and public health officials recommend. Stockwell et al⁶ identified factors associated with parental intent to agree to COVID vaccination for children ages 11 and younger that influence strategies to improve overall vaccination rates in this age group.

Trust is essential in the patient-physician relationship and seems particularly important related to COVID vaccination. Although not a study specifically about parents and children, Williamson et al⁷ challenge us to use a bidirectional approach to trust, reminding all of the need to acknowledge the role of physician trust in patients. While always important, current political angst/struggles reinforce the need for this message.

COVID-19 Research

Patients hospitalized with COVID-19 are at increased risk of venous thromboembolism. A retrospective observational study of nearly 170,000 patients in Minnesota identified the risk of thromboembolic disease due to cases of COVID-19 that were mild enough to avoid hospitalization.⁸

Further, it is not surprising that many patients' medical care was delayed during the pandemic. The long-term implications of those delays are materializing.⁹ The pandemic had an effect on socializing, with an increase in social isolation. Mosen et al¹⁰

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report on the relationship between social isolation and memory loss in older adults. Their findings suggest research studies are needed to determine whether reducing social isolation can prevent memory loss.

JABFM recently published data that suggested that the COVID-19 pandemic has caused many family medicine educators to rethink their futures.¹¹ In this issue, evidence shows graduating residents' intentions regarding their future scope of practice did not change in the wake of the pandemic.¹²

Other Clinical Topics

The first Clinical Review in this issue provides a useful overview of lumps and bumps on the fingers, hands, and wrists. Some causes are common and easily handled by family physicians, while others are uncommon and require specialty care.¹³ The second Clinical Review presents the diagnosis and management of 2 common causes of low back pain in adolescents—spondylosis and isthmic spondylolisthesis.¹⁴ Completing the trio of Clinical Reviews for this issue, evidence regarding vitamin D supplementation for a variety of common conditions is summarized. The findings are a good reminder that physicians should think through the difference between association and causation when it comes to this commonly prescribed supplement.¹⁵

Sports medicine physicians often face unique legal and ethical questions when seeing athletes as patients. The Ethics Feature in this issue suggests a framework for working through the challenging and layered situations that sports physicians face.¹⁶

Next Steps to Attain Health Care Justice

Edgoose et al¹⁷ articulate a thought-provoking consideration of race and racism in medicine with explicit, practical actions to be taken at multiple levels. "Medical academia (must) implement policies that explicitly hold us accountable to maintain a clear understanding of race as a socio-political construct so that we can conduct research, disseminate scholarly work, teach, and practice clinically with more clarity about race and racism." The article provides actionable examples to enact for individuals,

relationships, communities, and the population, as well as implications for institutions, governance, and policies. **May it be so.**

Transgender patients are often marginalized in society. What experiences do they have when seeking health care? The answers are discouraging. As a profession, we must improve to provide quality care for these patients.¹⁸ Nederveld et al¹⁹ report on socioeconomic factors related to patients' diabetes distress.

Improving Practice

Improving the organization and outcomes of primary care practices is a challenge because of competing demands and inadequate resources. Providing external support to practices to assist change is also frequently fraught with challenges. Cohen et al²⁰ investigate whether the past experience of an external supporting entity improved clinical outcomes of primary care practices. The simple answer is "yes." The more difficult question is, "How can we implement more broadly?" Cohen et al²¹ also studied the insights of leaders from high-performing community health centers identifying which modifiable organizational features make providing high-quality chronic disease care more achievable.

An implementation science article by Baldwin et al²² reminds us how important it is to include team members directly involved in patient care in the decision-making process when attempting to improve clinical processes. The strategy used can serve as a model for others to follow.

The Future of Primary Care

The *JABFM* editors believe the United States needs to invest more heavily in primary care overall. It is neither sufficient nor reasonable to expect health care improvements through intense efforts of the primary care practices themselves without adequate resources. A yet more expansive opinion with 3 recommendations for primary care change is offered by Dr. William Miller.²³ His thoughts are in response to the impressions of primary care expressed by respondents to the Larry A. Green Center's intermittent, widely distributed anonymous surveys.

To see this article online, please go to: <http://jabfm.org/content/35/6/1039.full>.

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