

EDITORS' NOTE

Artificial Intelligence and Family Medicine

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Artificial intelligence (AI) is certainly going to have a large, potentially huge, impact on the practice of family medicine. The specialty is fortunate to have leading experts in the field to guide us along the way. One such team of forward thinkers provides insights into where AI can take the specialty. Another article reports on how well AI performed on the American Board of Family Medicine In-Training Examination. In addition to AI, we have 3 articles that investigate the intersection of social needs and the practice of medicine. Four clinical review articles cover nonalcoholic fatty liver disease, headache treatments, single maintenance and reliever therapy for asthma, and the use of cannabis in the setting of chronic pain. The clinical research articles cover point-of-care hemoglobin A1c testing, continuous glucose monitoring, and screening for HIV. Another group of articles examines the profession of family medicine, covering topics ranging from how women family physicians negotiate their first jobs to the words we use to define primary care. (J Am Board Fam Med 2024;37:517–519.)

Artificial Intelligence as a Tool for Family Medicine

Artificial intelligence (AI) is here to stay. This reality prompts both excitement and concern. Is AI going to replace family physicians? Hanna et al.¹ discuss how AI is likely to contribute to, and challenge, the future of family medicine. In addition, see how well AI does on the American Board of Family Medicine (ABFM) In-Training Examination (ITE). AI's successes and failures on the ITE are instructive regarding its future role in family medicine.²

A systematic review summarizes the existing literature on the use of electronic medical records to predict health outcomes. Several predictive models were identified, many of which used AI. How can these models best be used by family physicians at the point of care?³

Social Needs and Health

The impact of social needs on the health of patients is the focus of several articles in this issue. Kaur et al.⁴ explore the relationship between discrimination in health care and patients' trust in clinicians, including the impact of social screening on that trust. The findings advance the science on the value of the such screening.

The process of discharging patients from the hospital and transitioning care back to primary care

is a challenging event for patients and clinicians. Elmore et al.⁵ explore clinicians' views on receiving information about the patients' perceived readiness for discharge and unmet social needs at the time of discharge. This study identifies several potential positives and negatives, and the authors provide useful recommendations.

Medical-Legal Partnerships (MLP) are one strategy for primary care clinics to potentially improve patients' medical outcomes by helping address their health-harming legal needs. Liaw et al.⁶ provide an educational and thought-provoking qualitative analysis of an MLP.

Clinical Care Content Announcements

First, an announcement concerning increased clinical care content of *JABFM* from 2 sources: FPIN PURLs and articles from the *Journal of Family Practice*, which unfortunately published its final issue in November 2023.

The *JABFM* editorial team is pleased to collaborate with the Family Practice Inquires Network to provide our readers with an article describing the Priority Updates from the Research Literature (PURLs) methodology.⁷ PURLs highlight research that is relevant and potentially practice-changing for family physicians.

In collaborations with our editorial team, the affected authors from the *Journal of Family Practice* revised the manuscripts so that our readers have

Conflict of interest: The authors are editors of *JABFM*.

access to this valuable clinical information. One such review is on headache treatment options.⁸ A second covers the evidence behind single maintenance and reliever therapy (SMART) for asthma.⁹ The third covers the use of cannabis in the setting of chronic pain.¹⁰

Clinical Care

Point of care hemoglobin A1c testing makes a dramatic difference in timeliness for the care of patients with diabetes.¹¹ Continuous Glucose Monitoring (CGM) also continues to increase in popularity and demonstrates improved clinical outcomes.¹² What are primary care clinician perceptions of and their interactions with patients about CGM? How easy is it for them to prescribe and use as a clinical tool?

Rates of Non-Alcoholic Fatty Liver Disease (NAFLD) have risen in parallel with rates of obesity and diabetes. Khayyat¹³ systematically describes the choices available to family physicians for noninvasive evaluation of NAFLD, highlighting the pros and cons of each method.

Screening for HIV is a critical step in preventing further spread of this potentially deadly disease. King et al.¹⁴ report on a stepwise quality improvement project that resulted in increased HIV screening rates at clinics in a Texas health system. What worked? Is it sustainable? Concurrently, McClellan et al.¹⁵ studied an intervention to increase colorectal screening rates.

Mainous et al.¹⁶ report on the impact of the pandemic on Emergency Department visits related to ambulatory-care-sensitive conditions. The results highlight the need for family physicians and health systems to develop plans now for the next pandemic.

Access to abortion is a focus politically and medically in the United States, over the long-term and currently. Medication abortion is likely the most accessible option in many states. Neufeld and Mark¹⁷ report on primary care clinicians' level of interest and barriers to providing medication abortion.

The Profession of Family Medicine

JABFM has previously published about the existing gender pay gap within the specialty.^{18,19} As pay at the first job influences future pay, Koempel et al.²⁰ report on women family physicians' experiences negotiating their first job out of residency.

Sexual misconduct by physicians is a rare but serious breach of professional standards. Baxley et al.²¹ analyzed ABFM data to report on known cases of sexual misconduct among diplomats from 2016 to 2022.

Two letters to the editor address important issues for family physicians. The first addresses the definition of primary care.²² The second,²³ sparked by Silk's recent article,²⁴ dives deeper into social connections as a source of physician well-being.

To see this article online, please go to: <http://jabfm.org/content/37/4/517.full>.

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