tients with multiple chronic conditions. But elderly patients are not the only population that may benefit from house calls. Small numbers of pediatric residencies are creating house call curricula to address the chronic care needs of children and to better understand the needs of patients.⁵

I agree with the author that family medicine residents should be taught the skills to provide effective house calls. The Society of Teachers of Family Medicine's Group on Geriatrics, who could champion and create a national house call curriculum, is the ideal group to take the lead on this issue.

> Lars E. Peterson, MD, PhD American Board of Family Medicine Lexington, KY

References

- Gazewood JD, Vanderhoff B, Ackermann R, Cefalu C. Geriatrics in family practice residency education: an unmet challenge. Fam Med 2003;35:30–4.
- Li I, Arenson C, Warshaw G, Bragg E, Shaull R, Counsell SR. A national survey on the current status of family practice residency education in geriatric medicine. Fam Med 2003;35:35–41.
- 3. Mouton CP, Parker RW. Family medicine training in the care of older adults-has the retreat been sounded? Fam Med 2003;35:42-4.
- 4. Warshaw G, Murphy J, Buehler J, Singleton S, Residency Assistance Program/Harfford Geriatrics Initiative. Geriatric medicine training for family practice residents in the 21st century: a report from the Residency Assistance Program/ Harfford Geriatrics Initiative. Fam Med 2003;35:24–9.
- Tschudy MM, Pak-Gorstein S, Serwint JR. Home visitation by pediatric residents-perspectives from two pediatric training programs. Acad Pediatr 2012;12:370–4.

doi: 10.3122/jabfm.2014.01.130272

Re: Integrating Behavioral and Physical Health Care in the Real World: Early Lessons from Advancing Care Together

To the Editor: I would like to present further clarification with regard to our overall study alluded to in the editorial titled "Patient-Centered Research Happens in Practicebased Research Networks" in the September/October 2013 issue of the *Journal.*¹ In that editorial, the authors stated that our article, titled "Integrating Behavioral and Physical Health Care in the Real World: Early Lessons from Advancing Care Together"² (ACT), describes "the challenges of implementing a more intensive depression screening program that requires additional staff." While this was discussed in our article about many randomized controlled trials, the ACT program funds diverse primary care practices and community mental health centers to deliver whole-person, integrated care. Instead of looking at how practices address a single disease, such as depression, our article shows how the ACT innovators are addressing the full spectrum of patients' behavioral and physical health needs.

The ACT program and our article on early findings begin to address one of the current challenges in translating the findings from research studies into "real world" contexts by eliminating the artificial focus on individual disease states and embracing the multidimensionality of patient care.

Thank you for the opportunity to clarify the purpose and focus of our article.

Melinda Davis, PhD Oregon Rural Practice-based Research Network (ORPRN) Department of Family Medicine Oregon Health & Science University Portland davismel@ohsu.edu Bijal A. Balasubramanian, MBBS, PhD University of Texas Health Science Center School of Medicine, Dallas Elaine Waller, BA Department of Family Medicine Oregon Health & Science University Portland Benjamin F. Miller, PsyD Office of Integrated Healthcare Research and Policy Department of Family Medicine University of Colorado, Aurora Larry A. Green, MD Department of Family Medicine University of Colorado, Aurora Deborah J. Cohen, PhD Department of Family Medicine Oregon Health & Science University Portland

References

- Brown AE, Pavlik VN. Patient-centered research happens in practice-based research networks. J Am Board Fam Med 2013;26:481–3.
- Davis M, Balasubramanian BA, Waller E, Miller BF, Green LA, Cohen DJ. Integrating behavioral and physical health care in the real world: early lessons from Advancing Care Together. J Am Board Fam Med 2013;26:588–602.

doi: 10.3122/jabfm.2014.01.130271

The above letter was referred to the author of the article in question, who declined to comment.