

# 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<sub>1c</sub>, 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
- ODU 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  
OUD 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