

EDITORS' NOTE

Practical Clinical Topics, Digging Deeper into COVID-19, Social Determinants of Health, and Equity

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As a discipline, we continue to learn lessons from Coronavirus disease 2019 (COVID-19)—lessons for practice, systems, and patient care. This issue also includes articles focused on 2 other topics that attract increasing attention by family physicians. First, articles describe how the social determinants of health impact health and how family physicians can overcome those obstacles with their patients. Patients want assistance from health systems for 1 specific need related to social determinants of their health. Second, we see increasing evidence about opioid prescriptions in primary care. Multiple clinical articles are pertinent to family medicine, such as different implications of an elevated sedimentation rate compared with C-reactive protein, practice facilitation, adolescent vaccination, family physician accuracy with potentially malignant skin lesions, and more. (J Am Board Fam Med 2021;34:883–885.)

Continuing Lessons from COVID-19

Lessons for Systems and Office Practice

The COVID-19 pandemic has provided a potent reminder of the basics and presented opportunities for practice innovation. Nguyen et al¹ provide a brief but helpful how-to for hand hygiene, particularly important during the COVID-19 pandemic but truly a good lifelong habit for clinicians. Similarly, family physicians are regularly the primary source and access point for vaccination. It seems that the discipline will also embrace a COVID-19 vaccine: Ofei-Dodoo et al² found only a small percentage of family physicians are reluctant to receive a COVID-19 mRNA vaccine personally.

We look forward to the authors' further exploration with this group. The family physicians' reasons for and against getting a COVID-19 vaccine are interesting. Duke University's Department of Family Medicine and Community Health describes their contributions to COVID-19 care and prevention,³ including direct care of patients from multiple categories in many settings, community interventions, interdisciplinary medical education, policy development, contact tracing, and more.

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

Following Patients after a COVID-19 Diagnosis

Davin-Casalena et al found that most family physicians report caring for patients with long COVID-19⁴ Terlizzi et al⁵ documents the types of symptoms and problems reported by 499 patients post-COVID-19 diagnosis. Mainous et al⁶ report on longer-term outcomes of COVID-19 positivity. Of note, a moderately severe case of COVID-19 did not increase the later risk of hospitalization.

Increasing Evidence of the Social Determinants of Health & Equity

Do patients want help from a health system related to social determinants of their health? Yes, at least for 1 type of unmet need, as found among 1 quarter of 32,365 Kaiser Permanente Northwest patients who reported 1 or more social risks.⁷ Studies also show the role of place and race in access and care. Unfortunately, patients of primary care or specialty care for diabetes who clinicians labeled “noncompliant” were more likely to be black or from lower socioeconomic zip codes.⁸ Consistent with these findings, Black men in focus groups identified the multiple factors that impact their likelihood of prostate cancer screening, including equity issues.⁹ Rural adolescent rates for vaccinations (excluding

COVID-19 vaccines) are lower than urban rates; Cataldi et al¹⁰ identify differences by vaccine, administration location, and physician attitude.

Documenting the Practices of Opioid Prescription

In addition to this issue's articles providing information about opioid medications and their use in practice, readers can explore our collection of opioid articles (www.jabfm.org/content/subject-collection-opioids). In a study of more than 200,000 patients with low back imaging, about 30% received an opioid prescription acutely from the clinician who ordered the imaging.¹¹ Although Walia et al¹² demonstrate that the rate of prescriptions of either opioid or non-opioid medications for low back pain has decreased over time, racial differences emerged in the rate of prescription of different types of medicines, and Veterans Health Administration patients were less likely to receive any prescription.

Other Clinical Articles

In an important study, Alende-Castro et al¹³ explore the implications of randomly selected patients with no known inflammatory disorders who underwent sedimentation rate *and* c-reactive protein testing. Although only a minority of patients had abnormal tests, which test was abnormal had different clinical implications. Drs. Venkatesan and Patel¹⁴ review positive research evidence for the use of probiotics to prevent *Clostridioides difficile* infection related to inpatient antibiotic use. And, thankfully, Trejic et al¹⁵ found family physicians do quite well at excluding malignancy when considering skin lesions. Also, for those clinicians who see urgent and emergent cases, we have a review article with many pictures of eye trauma.¹⁶

In a reflection, Dr. Ventres¹⁷ suggests a helpful phrase with the acronym PRESSS to help patients understand physical symptoms related to emotional distress.

Health Services

Although many of us daily negotiate how to practice the best medicine within our health systems, family physicians continue to practice “outside” a system—about 80% of solo practices and one-third of small practices are independent. More information and discussion are provided in this issue's Policy Brief.¹⁸ This is accompanied by Dr. Annette

Chavez's enlightening description of many of the advantages and joys of her independent, solo private family practice.¹⁹

In an international study including almost 33,000 adult patients in China,²⁰ signed service agreements (by both the patient and the practice) were associated with increased primary care utilization, which is important as an assignment to a specific practice is not the norm in China.

Sutton et al²¹ provide insights from a trial of practice facilitation with the ultimate goal of blood pressure control. And, which type of quality improvement activities should be encouraged: locally controlled or centrally controlled in a health care system? There is an interesting discussion by Provonost and Caron.²²

“No 1 mission subordinates others” exemplifies the University of Minnesota Department of Family Medicine's efforts to harmonize the department's mission, expanding research to encompass all types of faculty, not just the ‘researchers.’ This article²³ provides detail of what energized and supported broader departmental research efforts.

To see this article online, please go to: <http://jabfm.org/content/34/5/883.full>.

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