

EDITORS' NOTE

A Focus on Climate Change and How It Impacts Family Medicine

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This issue highlights climate change, its effects on patients, and actions clinicians can take to make a difference for their patients and communities. The issue also includes several reports on current trends in family physician practice patterns and the influence of practice structure. Four articles focus on controlled or illicit substances. Noteworthy among them is the description of an innovative yet simple device that allows patients to safely discard unused opioids. Other research covers adverse childhood experiences (ACEs), smoking cessation programs, and the impact of Medicare reimbursement rates on influenza vaccination. (J Am Board Fam Med 2024;37:1–3.)

Climate Change

How will family physicians rise to the health challenges caused by climate change? Perez¹ asks the question, noting that communities are suffering from the health impacts of climate change. It is undeniable that from heat waves to flooding, climate change currently poses a risk to everyone's health. Climate expert and family physician Dr. Sarfaty offers insight into how these changes interact with clinical practice.² Dr. Weibel et al.³ point out that even practice-based research networks (PBRNs) can unintentionally contribute to climate change. The authors suggest PBRNs may be able to modify their practices to reduce their environmental impact. The broader medical community is increasingly vocal about the health risks of climate change. In October 2023, the National Academy of Medicine (NAM) released a statement on the reduction of greenhouse gas emissions to slow the pace of climate change.⁴ Yet, in Muller et al.,⁵ almost 1-third of primary care providers surveyed did not think global warming was occurring or was not caused by humans or affecting the weather. Many others felt they needed more information. To enhance family physicians' understanding in the emerging field of Climate Health, fellowship training programs and residency curricula are available for collaboration, readily found through internet searching. Support for discovery of the health impacts of climate change is growing. For example, AHRQ recently announced special interest

in funding this space.⁶ We expect to see much more climate-related family medicine research in the coming years.

In another survey of family physicians, many identified how weather had affected their practice and were concerned about raising the issue of climate change with their patients.⁷ Climate anxiety can affect patients,⁸ yet their clinicians may be unaware. Muller et al.⁵ note that climate-harmful medication packaging contributes to greenhouse gases. Project Echo authors⁹ recommend actions to communicate with patients concerning climate change issues. Wolk and Porter¹⁰ note they personally emphasize how patients can reduce household air pollution to improve their respiratory health, adding environmental health to our holistic approach to medicine. Further, and quite unfortunately, minority communities face higher threats to their health from climate change and environmental disadvantage.

Practice Patterns and Structures

Walter et al.¹¹ report the percentage of family physicians who perform women's health procedures by gender and race. Discouraging patterns emerge that could exacerbate disparities in health care delivery for minority women. The authors suggest how to reverse this trend. Results of 2 national surveys of family physicians quantify the current trend toward narrowing scope of practice from a combination of outpatient and inpatient care to practicing just 1 or the other.¹² The authors also compare the

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frequency of such narrowing for both recent graduates and seasoned family physicians.

With primary care clinician burnout continuing to rise, protective factors are important to understand. These factors may be different for rural versus urban clinicians, as reported from Minnesota.¹³ Primary care is often practiced in small multidisciplinary teams sometimes referred to as “teamlets.” When teamlets are high-performing, patients have better outcomes and clinicians are happier. But what makes a teamlet high performing? Through qualitative inquiry, Chen et al¹⁴ identify criteria for performance.

Controlled and Uncontrolled Substances

Chronic back pain is a common and challenging clinical problem. A retrospective study of long-term (across 12 months) opioid prescribing for chronic back pain compared those given opioids to those not given opioids.¹⁵ The results add to the growing body of evidence regarding opioids in noncancer chronic pain. Proper disposal of unused and expired medications in a safe and environmentally friendly way has been the subject of much research across the past 2 decades. As disposal for unused controlled substances is problematic, Otufowora et al¹⁶ describe an innovative approach to opioid disposal.

A separate study looks at the rate of sedative use among men in 2 Southeastern states.¹⁷ Veteran status and chronic pain correlated with increased sedative use. This study highlights the need to address our patients’ underlying reasons for sleep issues. Available at convenience stores across the country, kratom is a substance that family physicians need to be ready to talk to our patients about. A letter to the editor describes the risk of potential life-threatening overdoses from kratom, and the need for more research about this potential health threat.¹⁸

More Research

Adverse childhood experiences (ACEs) have a significant long-term impact on future health. Clinicians and policy makers have implemented a variety of screening procedures for ACEs. Alcalá et al¹⁹ used California Health Interview Survey data to understand screening implementation in the real world. The results reveal inequities in screening patterns.

Potter et al²⁰ present the results of a pilot study comparing 2 smoking cessation programs. The

results are mixed and interesting. One interpretation is that there may not be one best smoking cessation program and that the approach needs to be individually tailored, like much of the care family physicians provide.

Would increasing Medicaid reimbursement rates for preventive services increase delivery of those services? Marcondes et al²¹ show that adolescent influenza rates after the Affordable Care Act temporarily increased reimbursement rates. The results may not be representative of all preventive services but indicate the need for additional tools to increase influenza vaccination uptake.

Dr. Newton²² provides an update on how the American Board of Family Medicine is leading the way to identify competency-based outcome measurements for residency education.

Lastly, a reflection on the COVID-19 pandemic and its impact. Research during the COVID-19 pandemic demonstrated the impact of various public health measures (such as stay-at-home orders) on chronic disease outcomes (such as glucose control in diabetes). A new report looks at outcomes from prepandemic, through the pandemic responses, and into the postpandemic era in 2 primary care clinics in North Carolina.²³

To see this article online, please go to: <http://jabfm.org/content/37/1/1.full>.

References

1. Perez AH. Climate change: how will family physicians rise to the challenge? *J Am Board Fam Med* 2024;37:4–6.
2. Sarfaty M. How physicians should respond to climate change. *J Am Board Fam Med* 2024;37:7–10.
3. Webel B, Villalobos G, Rockwell MS, et al. Considering the environmental impact of practice-based research. *J Am Board Fam Med* 2024; 37:22–24.
4. National Academy of Sciences. *Accelerating the decarbonization in the United States: technology, policy, and societal dimensions*. 2023. Available at: <https://nap.nationalacademies.org/catalog/25931/accelerating-decarbonization-in-the-united-states-technology-policy-and-societal>.
5. Müller F, Skok JI, Arnetz JE, Bouthillier MJ, Holman HT. Primary care clinicians’ attitude, knowledge, and willingness to address climate change in shared decision-making. *J Am Board Fam Med* 2024;37:25–34.
6. National Institutes of Health. AHRQ announces interest in research on climate change and healthcare.

Available at: www.grants.nih.gov/grants/guide/notice-files/NOT-HS-23-006.html: Accessed November 28, 2023.

7. Callen EF, Clay TL. Investigating the effect of weather events on primary care clinicians across the United States. *J Am Board Fam Med* 2024;37:95–104.
8. de Jarnette J. Climate change psychological distress: an underdiagnosed cause of mental health disturbances. *J Am Board Fam Med* 2024;37:11–14.
9. Katzman JG, Wheat S, Christiano AS. When climate change shows up in the exam room. *J Am Board Fam Med* 2024;37:15–18.
10. Wolk D, Porter R. Climate change and policy reforms: a view from the primary care clinic. *J Am Board Fam Med* 2024;37:19–20.
11. Walter G, Laddha R, Jetty A, Jabbarpour Y, Huffstetler A. Racial inequities in female family physicians providing women’s health procedures. *J Am Board Fam Med* 2024;37:134–136.
12. Carek PJ, Cheng Y, Bazemore AW, Peterson LE. Variation in practice patterns of early- and later-career family physicians. *J Am Board Fam Med* 2024;37:35–42.
13. Harry ML, Sudak NL, Engels MJ, et al. Physician and advanced practice clinician burnout in rural and urban settings. *J Am Board Fam Med* 2024;37:43–58.
14. Chen MA, Rubinson C, O’Donnell EM, Li J, Bodenheimer T, Casalino LP. High-performing teamlets in primary care: a qualitative comparative analysis. *J Am Board Fam Med* 2024;37:105–111.
15. Licciardone JC, Rama K, Nguyen A, Ramirez Prado C, Stanteen C, Aryal S. Effectiveness of long-term opioid therapy for chronic low back pain. *J Am Board Fam Med* 2024;37:59–72.
16. Otufowora A, Egan KL, Chaudhari PV, Okusanya AA, Ogidan AO, Cottler LB. Drug deactivation pouches for primary prevention of opioid overdose: perceptions and attitudes of community members. *J Am Board Fam Med* 2024;37:112–117.
17. Otufowora A, Liu Y, Okusanya A, Ogidan A, Okusanya A, Cottler LB. The effect of veteran status and chronic pain on past 30-day sedative use among community-dwelling adult males. *J Am Board Fam Med* 2024;37:118–128.
18. Hatch A, Gonzalez E, Hanna K. Kratom: facts, fiction, and the unknown. *J Am Board Fam Med* 2024;37:153.
19. Alcalá HE, Ng AE, Tkach N, Yue D, Sharif M. Disparities in screening for adverse childhood experiences. *J Am Board Fam Med* 2024;37:73–83.
20. Potter MB, Tsoh JY, Lugtu K, Parra J, Bowyer V, Hessler D. Smoking cessation support in the context of other social and behavioral needs in community health centers. *J Am Board Fam Med* 2024;37:84–94.
21. Marcondes FO, Price M, McDowell A, Newhouse JP, Hsu J, Fung V. The impact of the Medicaid reimbursement bump on influenza vaccination rates among US teens – evidence from the National Immunization Survey-Teen 2011–2020. *J Am Board Fam Med* 2024;37:137–146.
22. Newton WP, Rode K. What assessments are being used in family medicine residencies? *J Am Board Fam Med* 2024;37:155–159.
23. Bickenbach EM, Keegan CL, Brockel MC, et al. Changes in metabolic parameters of hemoglobin A1c, weight, and blood pressure during and after COVID-19 stay-at-home orders. *J Am Board Fam Med* 2024;37:129–133.