EDITORS' NOTE

Research on the Social Context of Medicine and the Modern Family Physician

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This *JABFM* issue has new research on a wide variety of clinical topics. Four articles study the social context of patients and its impact on health care. Insurance churn, prescription biosimilars, integrated behavioral health, and lung cancer screening are additional topics covered. Another group of articles report on a variety of aspects of modern family medicine practice. For example, what is the scope of care of today's family medicine physicians and how does that change over the course of a career? How do family physicians cope with their own chronic medical issues? This issue also addresses the role of family physicians as leaders, including their role in mitigating a growing challenge of maternity care desert. (J Am Board Fam Med 2025;38:1–3.)

The Social Context of Medicine

JABFM publishes articles on the social context of health care regularly, beginning with our first theme issue on the topic in 2016.[1,2] This issue is no different, but the topic is becoming increasingly nuanced. For example, many studies have reported on using the electronic medical record to help screen for Social Determinants of Health (SDOH). Investigators are increasingly looking at the impact of such screening. Ajibola et al.[3] report on the outcomes of SDOH screening across 3 years in primary care clinics. Gill et al.[4] focus in on the attitudes of California community health center staff and patients about screening for adverse childhood events and social risks. Their findings represent a mix of reactions. Vest et al.[5] demonstrate that health-related social needs cluster together. These findings underscore how intertwined these needs are and point to the complexity of addressing them – addressing one need in isolation may not be enough. A brief report explores the impact of 5 categories of social needs on glycemic control in older adults with type 2 diabetes mellitus.[6]

The Modern Family Physician

Lambert et al.[7] report on the scope of care of a national cohort of family physicians and compare early- versus mid- and late- career physicians, revealing significant regional variation in practice patterns. Similarly, LeFevre and Young[8] explored the factors that influence the scope of practice among the graduates of one large family medicine residency, including physician well-being.

Adashi et al.[9] describe the impact of maternity care deserts on maternal mortality. The authors correctly comment on the role of family physicians as a potential solution.

Stabler et al.[10] compare the effectiveness of 3 procedures for implementing a traditional data collection tool – card studies. Family medicine researchers will be very interested in the results.

Rogers[11] reflects on the importance of community for family physicians living with their own chronic medical conditions. Mahoney et al.[12] comment on the unique perspective that family physicians bring to leadership positions in health care organizations. The authors propose a framework to promote clinician well-being.

Clinical Care

This issue of the *Journal* presents multiple clinical articles that inform patient care. For example, the findings of a unique method to consider randomized trials of lung cancer screening provide a new perspective with implications for lung cancer screening in primary care5.[13]

Preconception visits offer an opportunity to intervene in health issues that can significantly impact a pregnancy. Mulki et al.[14] identify potentially

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modifiable risk factors for preterm birth and highlight the risks that family physicians can focus on for reproductive-age women considering a pregnancy.

Physician-patient communication is an essential part of clinical medicine, yet it is often taken for granted. For instance, what is the role of communication (or lack thereof) in patients not completing a specialist referral placed by their primary care physician? What can be done to improve it?[15] Doles et al.[16] also offer empirically driven recommendations on communicating with patients about minimally abnormal laboratory values. Johnson et al[17] also tackle a tricky clinical conversation – "prescription biosimilars." They describe how patients and clinicians are making sense of these increasingly popular products.

Integrating behavioral health into primary care benefits both patients and clinicians. Exactly how to integrate behavioral health is an open question. Dickinson et al.[18] report the outcomes of 334 practices that used the Colorado State Innovation Model (SIM) of behavioral health integration.

Sometimes providing appropriate care for patients requires thinking outside the box. Putnam et al.[19] report on a family medicine department that opened up a consultation service for patients with intellectual and developmental disabilities.

Insurance instability (or "churn") can make it more difficult for patients with chronic disease to continually receive high-quality care or continuity of care. Lester et al.[20] report on insurance churn among community health center patients with diabetes between 2014 to 2019. No small issue.

To see this article online, please go to: http://jabfm.org/content/38/1/1.full.

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