EDITORS' NOTE

Family Medicine in Today's World: Virtual Care, Artificial Intelligence, Vaccine Hesitancy, and More

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This issue features research on virtual care, artificial intelligence (AI), vaccine hesitancy, and more. Virtual care for conditions such as hypertension is increasingly common. Two articles address concerns about virtual care. A study reports how family medicine academics use AI. One article helps us understand the religious concerns that underlie some vaccine hesitancy. Three studies focus on aspects of primary care implementation, and 3 focus on pharmaceuticals. The American Board of Family Medicine reports on the future of board certification and maintenance of certification. (J Am Board Fam Med 2025;38:779–780.)

Clinical Topics

To improve outcomes, shared decision making is important in clinical situations, particularly when many medical care options are available, or recommendations have recently changed. Schrager et al.[1] present a scoping review of shared decision making in the context of colorectal cancer screening.

Clinical conversations with patients and families who have vaccine hesitancy is a potentially challenging. Cayley[2] reviews the literature and shares insights on how to the address vaccine hesitancy when the underlying issue is religious in nature.

Virtual medical care is increasingly common. Although virtual care offers potential benefits, family physicians and researchers also share concern about what could be lost. How can compassion be maintained in the less personal world of virtual care? Ryan et al.[3] explored this question in their qualitative study.

Hypertension is one clinical concern for which patients and physicians choose virtual care. Clinical management of high blood pressure now often includes incorporating blood pressure readings from outside the clinical setting. What if we could provide all our patients with the hardware and cellular data plans needed for remote blood pressure monitoring? McMullen et al.[4] report on a remote monitoring implementation project in Community Health Centers.

Does the fact that a patient has a gastrointestinal diagnosis automatically trigger you to consider an undiagnosed alcohol use disorder in that patient? The answer is interesting and complex.[5]

Jacobs et al.[6] examined the quality of documentation of seizure disorders and its association with meaningful clinical outcomes. Although their findings chairs investigating how indicate a need for improvement, this study addresses the types of care gaps that AI could help family physicians close one day. This issue also includes results from a CERA study of US and Canadian family medicine department chairs investigating how they are incorporating AI into academic family medicine offices.[7]

A Primary Care Focus

Family physicians consistently promote the large volume of research that demonstrates that primary care improves health while reducing costs. There is no doubt that this is something we are rightfully proud of. But what do patients want? Lee et al.[8] qualitatively explore patient preferences in a hypothetical system without access or financial limitations. Mills et al.[9] explore the functionality of the Person-Centered Primary Care Measure (PCPCM), a patient survey tool designed to assess the longitudinal experience of care. The authors report nearly 330,000 PCPCM survey results from 78 primary care practices. Their findings, especially among certain subgroups, are thought-provoking.

The Veteran's Health Administration (VHA) is a distinctive health system that provides unique opportunities for research because of how it differs from the majority of health systems in America. One noteworthy difference is that the VHA has

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historically spent more on primary care than other American health systems. Staloff et al.[10] present a detailed analysis of 2022 VHA primary care spending and note interesting patterns within the data.

Pharmaceutical Focus

Three articles provide information on pharmaceutical availability, pharmaceutical representatives, and the lifting of the federal buprenorphine waiver. Adashi et al.[11] comment on the growing concern of national drug shortages and the threat it poses to America's health. Pharmaceutical industry representatives are a staple at US medical conferences. How do their education levels and disclosures about study limitations alter conference attendees' perceptions about discussed drugs? Researchers studied medical conference attendees to find the answer.[12]

The requirement for a federal waiver to prescribe buprenorphine was lifted in 2023. How did it impact patients? Simon et al.[13] looked at buprenorphine prescriptions from 32 primary care clinics in Washington and Idaho.

Non-Physician Health Care Professionals

High school athletes are a population who sometimes have specialized health concerns that they may not want to bring up with physicians. McIntyre et al.[14] report on what conditions students are comfortable discussing with outreach athletic trainers and the factors associated with increased trust. Across the US, states have passed laws that grant increased practice autonomy to nurse practitioners and physician assistants. A survey study shows how medical students view this trend and its potential impact on their future practice.[15]

Board News

A new blueprint for the American Board of Family Medicine Certification Examination, In-Training Examination, Family Medicine Certification Longitudinal Assessment, and the Continuous Knowledge Self-Assessment has been crafted. The 5-content domain structure is explained by Stelter et al.[16]

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