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Direct editorial information and inquiries to:

EDITORIAL OFFICE

Health Professions Building, Department
of Family Medicine, PO Box 670582,
Cincinnati, OH 45267-0582.
Telephone: (513) 558-4021.

PUBLISHING OFFICES

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110 Summit Avenue, Montvale, NJ 07645.
Telephone: (201) 782-5735.
Fax: (201) 505-5890

A Capitol potpourri

I just returned from the AAFP Annual Scientific Assembly and Congress of Delegates, in Washington, DC. Between a rally at the Capitol and a night at the Smithsonian, I was renewed by the energy and enthusiasm of colleagues, new and old.

Quality, the Chronic Care Model, and P4P

Many of the “non-clinical” talks focused on improving the quality of care we deliver. Using performance improvement techniques, and elements of the Chronic Care Model (www.ihl.org/IHI/Topics/ChronicConditions/AllConditions/Changes), there is recognition that we have a responsibility to foster practice enhancement. Whether the ABFM, Performance in Practice Modules, the AAFP Metric program, local P4P plans, or the national dialogue about consumer directed care, quality is finally making a main stage appearance. This past week I also listened to leaders from CMS, private insurers, and large consumer groups at the National Quality Forum meeting—it is time you begin experimenting with practice improvement efforts, while the stakes are low. Don't be left out!

Pharma and medicine

I participated in a seminar on the relationship between pharma and medicine, a timely discussion given resolutions to the (AAFP) Congress to limit the role of proprietary entities within the Academy. Should the AAFP stop accepting financial support for CME (and would members be willing to pay the substantially increased fees)? What restrictions should be placed on scientists at the NIH? How do you resolve conflicts of interest effectively? Clearly, this debate has moved to the public eye and I foresee further scrutiny of these interactions.

Dissemination of technology

The number of firms marketing health care technology has skyrocketed. For the first time I have the sense we aren't talking about how to implement the electronic health record, but when. Whether a system for patients to self-complete a review of systems or a telephone repository for laboratory results, I was impressed by how more systems are leveraging technology in a robust and consumer friendly manner. Now, if they could only figure out how to seamlessly integrate quality improvement measures into their software.

The future of family medicine remains bright, and you can be a part by preparing for quality improvement and the impact of information technology today! But remember...

The light at the end of the tunnel may be a train!

Jeff Susman, MD
Editor, JFP