

Editorials

AFP: What's Ahead

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Having the opportunity to serve as editor-in-chief has been a goal—well, actually a dream—of mine since I began my medical editing fellowship in 2000. At some point in my career, I wasn't sure this goal was achievable anymore because I was entrenched in the hustle and bustle of running a family practice.

My partners and I founded Premier Primary Care Physicians in 2003 when the hospital system that employed us decided to close our very busy multispecialty outpatient center. My previous academic medicine ambitions had transitioned to becoming self-employed and building a practice with as many features of the patient-centered medical home (see <http://www.aafp.org/practice-management/transformation/pcmh.html>) that a small group could implement. I was fortunate that, from the very beginning of the practice, I could devote one day a week to editing *American Family Physician (AFP)* and teaching at Georgetown University. I wasn't going to give up academics that easily, but there were many times over the years when it couldn't be a top priority. Like that time the power went out and I had to move all the vaccines to my home refrigerator, or the time the office flooded, or when the electronic health record (EHR) system went down for the billionth time, or when reimbursements were so low we added extra patients, or when an employee "borrowed" from our petty cash—and did I mention the EHR? Yet for each of these headaches, I have been rewarded 10-fold with richly satisfying patient relationships and clinical experiences. My point is that for those of you in practice, whether it's private or academic, a health system, or a community health center setting, I can relate to your challenges and triumphs.

Over the years, the combination of private practice and medical editing has been beneficial for me and my patients. I've cherished the days that I could focus on editing a manuscript or evaluating various practice guidelines to summarize for the journal. I've also been grateful when I could use that information at the point of care or at least remember where to quickly access it online.

As the practice has grown and become financially stable, I've been able to dedicate more time to editing. Like many small groups in the era of pay-for-performance, our group joined a larger entity, which has afforded us continued autonomy with access to tools for quality improvement and technologies like the patient portal. This transition allowed me to take on even more editing duties under the leadership of Jay Siwek.

I've known Jay since I was a fourth-year medical student doing an editing rotation with him to see if the Georgetown University Providence Hospital residency program was a good fit. Well, it was a good fit, and I continued editing as a student, then as a resident, and finally completed the fellowship, which officially launched my editing career. Having seen *AFP* through the eyes of a student and now of a seasoned physician, my perception is that the journal has continued to evolve as an invaluable evidence-based resource for anyone practicing or learning family medicine. I've been impressed by how Jay has transformed the journal over the years by adding Strength of Recommendation Taxonomy (SORT) ratings to articles,^{1,2} developing *AFP Online*,³ partnering with various leaders in family medicine to add new departments and features, and attracting a top-notch team of editors.

My goal is to take what Jay has started and incorporate the perspective of someone in the trenches. I'd like to help more readers use *AFP* at the point of care just like I do. Learning at the point of care is a focus of ongoing research, a critical component of delivering quality care, important for influencing practice patterns, and worthy of continuing medical education credit.^{4,5} It's easy for me to use *AFP* while seeing patients because I am intimately familiar with its many practical features. I want to make it just as easy for you, too, by including some shorter articles and departments to access on the fly, as well as by continuing our longer articles for reading outside of the office. I envision highlighting topic themes in the journal in our print, online, and various digital formats that help readers effortlessly recall where they last read about a specific topic. You should find it easy to go back to get what you need or link to the other useful resources provided there, whether it be a clinical tool, an algorithm, additional articles in *AFP By Topic* (<http://www.aafp.org/afp/by-topic>).

aafp.org/afp/topicModules/viewAll.htm), or a tip on coding and billing from *Family Practice Management* (<https://www.aafp.org/fpm/topicModules/viewAll.htm>). And wouldn't life be easier if a clinical algorithm or practice-changing SORT statement were visible to help with decision making when you clicked on a diagnosis in your EHR? I'd like to see features from *AFP* configured to meet the key pillars of clinical decision support⁶: provide the best knowledge available when needed, and be highly adopted and used effectively, with continued improvements as needed. Implementing all of this will be a work in progress, but it starts with all of our readers. Tell us, tell me: how can we make *AFP* even better? Send us your comments at afpedit@aafp.org.

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