EDITORIAL

Introduction to Issue 28:1 by the Editor-in-Chief

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Welcome to the first issue of the 28th year of publication of *The Permanente Journal*. Your interest in the journal's content is greatly appreciated. Two years ago, *The Permanente Journal* was reimagined and renewed with a focus on the core content topics of health care delivery science, integrated delivery systems, value-based and high-value health care, and health services innovations. Evidence-based clinical care of patients and populations, as well as the integrative team approach to efficient and effective health care, continue to be main foci for practitioners. We are pleased with the progress achieved in the reimagination process and thank all of the many contributors to the changes for their efforts and participation.

The content of this issue is representative of the new perspective of the journal, with a wide range of articles on the core content topics and in clinical medicine for patient care practitioners. To that point, I want to highlight 3 articles that address beneficial improvements in health care within health care systems and programs. These summaries are based on the articles' information.

Kim et al report the outcomes of their cross-sectional study on hyperaldosteronism screening in a resistant hypertension population within a large, diverse integrated health system. The study's primary outcome was the screening rate for hyperaldosteronism defined as any aldosterone and plasma renin activity measurement, with a secondary outcome of positivity rates for those screened. The authors reported extremely low screening rates for hyperaldosteronism among patients with resistant hypertension, yet a high positivity rate among those patients who were tested. They recommended the consideration of hyperaldosteronism screening with subsequent utilization of magnetic resonance angiography to potentially improve blood pressure control in patients with resistant hypertension. The development of system-wide guidelines may be appropriate.

In another clinical study on improving diabetes control in a Medicaid managed care population, Parchman et al partnered with primary care teams to address the complex needs of patients who struggle with diabetes control. A joint effort was undertaken that involved a nonprofit organization, a Medicaid managed care plan, and a Federally Qualified Health Center in California. The study participant group were persons with A1c levels > 9% in a 12-month program. The team developed patient-led action plans, connected patients to community resources, and emphasized behavioral changes to improve diabetes control. The authors proposed that the high levels of unmet holistic health needs of the patients with diabetes could benefit from a team effort among community-based groups and health care practitioner networks.

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Mashaw et al addressed the Advanced Care at Home model and methods to improve physician participation in this point-of-service effort. The authors focused on different change management techniques directed toward physicians. The study was survey-based and was sent to hospital medicine and emergency medicine physicians. Analyses of the results identified an overall positive response to multiple approaches for improving physician attitudes toward utilizing an Advanced Care at Home model, with peer-to-peer physician engagement being the most impactful. Nationally, there is a trend toward engagement in Advanced Care at Home, and each positive contribution toward effectiveness is important.

In a shift to an article on academic medicine, I call your attention to the contribution of Misra et al on "Leaders' Perspectives on Resources for Academic Success: Defining Clinical Effort, Academic Time, and Faculty Support." As an academic physician, I have fully understood the challenges with the difficult balancing of personal time and family needs with clinical effort, research and teaching, and other faculty responsibilities. Providing the necessary resources in a department, hospital, or professional school setting are challenging for both the faculty member and the leadership team. The authors examined perspectives from thought leaders across the affiliate hospitals within a large medical school that addressed the definitions of clinical full-time efforts and academic best practices to success. Additionally, comments were provided on perceived or experienced barriers to faculty advancement. Analyses of the leadership responses indicated some variability in the definition of clinical full-time effort, with some agreement on administrative time and catching up on clinical documentation. Resources to protect academic time were varied in amount and type, but there was generally some consensus on the need to establish guidelines and standards for academic time and building bilateral accountability expectations. With increasing concern about physician burnout, particularly the focus on academic medicine, this article has pertinent information that could be shared by academicians with their respective leadership.

This issue contains a very extensive special section on trauma-informed health care (TIC), guest edited by Drs Ellen Goldstein, Audrey Stillerman, and Martina Jelley. Although TIC is not a new concept, it certainly has garnered increasing attention in the health care professions over the past 5 years or so. The authors, invited by the guest editors to submit manuscripts on a range of topics involving TIC, have provided very informative articles for your consideration. Understanding TIC is foundational to the incorporation of this concept into the evaluations of pediatric and adult patient care and providing appropriate therapeutic interventions. You will find each of these articles quite informative.

Each of the remaining articles in this issue have either health care delivery or clinical patient care topics that are practical and applicable to efforts to achieve value-based and quality-based health care. Thank you for reading *The Permanente Journal*.