

FROM THE EDITORS' DESK

Capsule Commentaries

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This month, we are pleased to launch “Capsule Commentaries,” a new feature in *JGIM*. These brief companions to Original Research articles aim to highlight research articles, place results in the context of other theoretical and/or empirical literature, comment upon methodological strengths and weaknesses, and consider the implications for clinical care, education, or research in general internal medicine or primary care. We hope these commentaries will provide our readers with additional context and insight into the articles, and contribute to dialogue about the research published in the journal.

While all accepted original research articles are eligible for a Capsule Commentary (CC), most CCs will be solicited by the Editors after being nominated either by an external peer reviewer or by the *JGIM* Deputy Editor (DE) handling the submission. Peer reviewers and the handling Deputy Editor have the right of first refusal; we hope this will provide an opportunity for reviewers and DEs to derive additional value from time already invested in reviewing (or adjudicating) material for *JGIM*. It's a small step from providing formal review to writing a CC.

The three inaugural Capsule Commentaries reflect these priorities. In the first, Mancuso¹ comments on True's article on the challenges of implementing open access scheduling. She concludes: “This study provides a glimpse of potential barriers and facilitators at the organizational level to implementing the patient centered medical home (PCMH).” In the second, Ivers² examines Persell's study on Electronic Medical Record (EMR) use for primary cardiovascular prevention. He points out some methodological weaknesses, and concludes that the article “provides an example of how data can be used to automate routine tasks while supporting patients and clinicians to achieve evidence-informed decision-making.” Finally, in the third Capsule Commentary offering in this issue, Slight³ tells us that “Fisher's study characterizes the frequency of missed monitoring in a single health plan, as well as patient, provider and system factors

associated with test non-completion.” She then goes further to suggest a potential solution:

The technology inherent in EMR could be harnessed to allow the prescriber the tools to track testing and remind them of patients who have not completed tests. In addition, EMRs may be configured to send reminders to patients, particularly systems that include a patient portal. Given the finding that most patients didn't get testing because they forgot, adapting EMRs to send patient reminders may help address this important issue.

All three commentaries extend the potential impact of the articles by providing context and suggestions for how to interpret and use the article findings. In keeping with our goal of providing additional opportunities for *JGIM* reviewers, two of the three pieces were written by individuals who provided peer reviews of the original submission.

The *JGIM* Capsule Commentary Editors are diehard evolutionists; evolve or go extinct. We anticipate that this feature will evolve over time, and are interested in reader input and suggestions for improving this series.

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REFERENCES

1. **Mancuso JM.** Capsule Commentary on True, et al., Open Access in the Patient Centered Medical Home: Lessons from the Veterans Health Administration. *J Gen Intern Med.* 2013; 28(4). doi: 10.1007/s11606-012-2305-0.
2. **Ivers N.** Capsule Commentary on Persell, et al., Electronic Health Record-Based Patient Identification and Individualized Mailed outreach for Primary Cardiovascular Disease Prevention: A Cluster Randomized Trial. *J Gen Intern Med.* 2013; 28(4). doi: 10.1007/s11606-012-2300-5.
3. **Slight SP.** Capsule Commentary on Fisher, et al., Patient Completion of Laboratory Tests to Monitor Medication Therapy: A Mixed-Methods Study. *J Gen Intern Med.* 2013; 28(4). doi:10.1007/s11606-2301-4.