

In This Issue of JAMA

Vital Directions From the National Academy of Medicine

Opinion

Vital Directions From the National Academy of Medicine

During the past decade, health care in the United States has been characterized by advances in medical science and care delivery, new forms of financing, and growing attention to wellness and prevention. However, alongside these advances are ongoing challenges of rising costs, disparities in health status and access, and health care quality that may fail to equal the quality of care in other high-income nations. To address these challenges and in anticipation of a new presidential administration, the National Academy of Medicine launched a policy initiative, Vital Directions for Health & Health Care. A steering committee identified 19 priority focus areas that reflect 3 overarching themes to guide US health care reform: better health and well-being, high-value health care, and strong science and technology. Working groups comprising more than 100 leading scientists, researchers, and policy makers compiled information and contributed expert opinion to inform debate and decisions regarding these 19 health care priorities.

This issue of *JAMA* features 19 Viewpoint articles summarizing findings and recommendations of the respective Vital Directions working groups. Two Editorials reflect on the issues considered by the Vital Directions initiative and consider possibilities and challenges for health care reform in the United States.

Clinical Review & Education

Primary Care Interventions to Support Breastfeeding 1688

This US Preventive Services Task Force (USPSTF) recommendation statement addresses primary care interventions in the prenatal and postpartum periods—including those provided by health care professionals and nonprofessional peer educators—to support breastfeeding. Based on a review of the evidence on the effectiveness of these interventions to promote breastfeeding initiation, duration, and exclusivity, the USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding. In an Editorial, Flaherman and Von Kohorn discuss benefits and potential harms of interventions to support breastfeeding.

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133 YEARS
OF CONTINUOUS
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Clinical Review & Education (continued)

Interventions to Support Breastfeeding: Evidence Report 1694

Patnode and colleagues summarize findings from the USPSTF review and analysis of the evidence from 52 studies (66 757 participants) that evaluated a primary care-relevant intervention to support breastfeeding. Key findings included evidence that individual-level interventions to support breastfeeding—including individual or group counseling provided by professionals or peers, or structured education—are associated with an increase in rates of any breastfeeding and exclusive breastfeeding. Few well-controlled studies have examined the effectiveness of system-level policies and practices on rates of breastfeeding or on child or maternal health outcomes.

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Professional Boundaries 1706

Maintaining appropriate boundaries when a colleague requests informal medical care can be challenging. This article by Ginsburg and Levinson in the JAMA Professionalism series presents the following scenario: an obstetrician-gynecologist's practice colleague, who is new to the community and lacks a primary care physician, shares that she is feeling a bit depressed and requests a prescription for an antidepressant. What should the physician do?

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Interventions for Vitiligo 1708

Vitiligo, a chronic skin disorder characterized by patchy loss of skin color, affects approximately 0.5% to 2% of the world's population. This JAMA Clinical Evidence Synopsis article by Ezzedine and colleagues summarizes a Cochrane review of 96 randomized trials (4512 patients total) assessing treatments for vitiligo. Ultraviolet light-based therapy is the most common treatment. Other therapies—often combined with light therapy—include psoralens, corticosteroids, vitamin D analogues, fluorouracil, and azathioprine. The review found that combination therapies, particularly those involving some form of light, were associated with better repigmentation than monotherapies. However, combination therapies were associated with more adverse effects than monotherapies.

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Editor's Audio Summary

Howard Bauchner, MD, summarizes and comments on this week's issue.

JAMA Professionalism

AUDIO Interview with the authors, experts in the field, and practicing physicians on "Professional Boundaries." Listen at <http://sites.jamanetwork.com/linked-audio/jpr160005audio1.html>.

Author Interview



AUDIO Interview with Ann E. Kurth, PhD, RN, MSN, MPH, author of "Primary Care Interventions to Support Breastfeeding: US Preventive Services Task Force Recommendation Statement"

The JAMA Forum

Insightful commentary on the political aspects of health care from leading health economists, health policy experts, and legal scholars

Primary Care Interventions to Support Breastfeeding



PREGNANT WOMEN AND NEW MOTHERS



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