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The Permanente Journal | Winter 2008/Volume 12 No. 1

Mission: The Permanente Journal is published for physicians and nurses to create and deliver superior health care through the principles and benefits of Permanente Medicine.

Permanente Medicine is preventive, innovative, evidence-based, population care practiced by a multispecialty group, using an electronic medical and medical record, and focused on patient

Circulation: 10,000 print readers per quarter, and accessed by 500,000 unique Web readers in 2007 from all 160 countries of the world.

On the cover: “Silhouette” by James McCormick, MD, is a photograph of Califor-nia scrub oaks in the morning fog taken in Calabasas, CA.

Dr McCormick is an emergency physician at the Panorama City Medical Center. His interest in photography was reawakened with the advent of digital imaging, which allows a photographer to move both the color and black and white labs into the house with ease. Dr McCormick says that few things make one feel as self contented as watching someone view and enjoy your work. He also says that it affords him a way relaxing diversion from the tension and pressures of the Emergency Department.

More of Dr McCormick’s work can be viewed at the Web site: www.zeno-photo.net.

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4  The Dartmouth Atlas Applied to Kaiser Permanente: Analysis of Variation in Care at the End of Life, Mat Stav, MPA, Paul Fiedoroff, MD, Elliott Fisher, MD, MPH

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CASE STUDIES

39 “The Other Side of the Fence”: A Geriatric Surgical Case Study of Error Disclosure.
Robert Formanek, Jr, MD; Doug Bonacum, MBA, CSA

An unanticipated adverse event after the surgical repair of a hip fracture lead to an exploration of a patient’s care experience, through panel discussion, commentary, and excerpts from a letter entitled The Other Side of the Fence, written by the daughter of the 90-year-old patient.

47 Giant Colonic Diverticulum: Endoscopic, Imaging, and Histopathologic Findings.
Pejvak Sassani, MD; Hardeep M Singh, MD; Donald Gerety, MD; Maher A Abbas, MD

Two cases of a rare manifestation of diverticulosis illustrate the clinical presentation and surgical management, which is curative and in select cases can be carried out laparoscopically.

CLINICAL MEDICINE

50 Improving Chronic Care: The “Guided Care” Model.
Chad Boult, MD, MPH, MBA; Lya Karm, MD; Carol Groves, RN, MPA

In a new model now being tested by Kaiser Permanente in the Baltimore-Washington, DC area, a registered nurse works in a practice with several primary care physicians conducting eight clinical processes for 50-60 multimorbid patients.

56 The “Party Drug” Crystal Methamphetamine: Risk Factor for the Acquisition of HIV.
Michael Allerton, MS; William Blake, MD

The use of methamphetamine is highly prevalent among populations at risk for acquiring HIV infection, especially men who have sex with men. A novel intervention tool—the “video doctor”—significantly reduced high-risk behaviors.

59 When Is a Computed Tomography Angiogram Necessary to Rule Out Pulmonary Embolus in the Emergency Department?
Joel Handler, MD

In two case examples, use of an evidenced-based diagnostic algorithm to rule out pulmonary embolus seeks to reduce the significant radiation exposure to a patient. A single CTA is equivalent to 400 chest x-rays.

COMMENATORIES

63 Culture and Medicine: Reflections on Identity and Community in an Age of Pluralism.
Sylvestre Quevedo, MD, MPH

This narrative account of a physician-patient relationship explores the meanings and relevance of race, ethnicity, and cultural diversity in the practice of medicine and in our general society.

68 Innovation in Our Nation’s Public Hospitals: Interview with Five CEOs and Medical Directors.
Tom Janisse, MD; Winston F Wong, MD

Prominent leaders talk about developing an integrated system with community clinics and neighborhoods; and, for an ever larger, diverse, and immigrant population, a new simulation translation system; and training future doctors by involving them in the hospital’s quality improvement committees and clinical projects.

75 Beyond Equal Care: How Health Systems Can Impact Racial and Ethnic Health Disparities.
Kate Meyers, MPP

Factors outside traditional health care delivery—community-based social determinants of health such as environment, pollution, job opportunities, education, income, and support for healthy lifestyles—play equally important roles in disparities improvement by health systems.

EDITORIALS

81 Confronting the Uncomfortable: Health Plans and Health Disparities: A Moral Dilemma in a Morally Driven Industry.
Winston F Wong, MD

Health plans, in fulfilling their obligation to provide a reliable, safe, and secure system of care to millions of users, must also assume a leading role in demonstrating a commitment to abrogate the destructive role of racism and social injustice upon the health care of all Americans.

87 HIV Today: What’s Encouraging; What’s Discouraging.
Lee Jacobs, MD

There has been real progress in controlling this infection—in the US and in the developing world—but, however, the heterosexual routes continue to represent the majority of new infections. Despite tremendously effective medication, poor adherence by patients is all too common.

NARRATIVE MEDICINE

88 Narrative Medicine: Challenge and Resistance.
David B Morris, PhD

All narrative shares the common function of someone telling something to someone about something. For decades American medical students have memorized the familiar acronym—S.O.A.P—which identifies patient as subjective and physician as agent of objective fact. Narrative medicine challenges this slippery assumption about a clean division between subject and object. Physicians and patients are immersed in the act of storytelling.

ERRATUM

Perm J 2007 Fall;11(4):30-40.
In the Original Article, “A Decade of Experience with a Multiday Residential Communication Skills Intensive: Has the Outcome Been Worth the Investment?,” an error occurred in the second column of the 26th row of Table 2 on page 35. The percentage should be 3%; the row should read: Psychiatry 17 (3%).