



Briefing

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Within a few years patients will encounter a radically changed healthcare system. Providers, driven by pressures to simultaneously control healthcare costs, ensure quality and access to care, and satisfy skeptical baby-boomers, will relate to patients in new ways. The articles in this issue's special section demonstrate forces that are transforming the current healthcare system, making it more responsive to patients' needs and preferences and more rational in its use of resources.

In this transformed system, physicians will serve as counselors to educated patients who play an integral role in choosing treatment options. Physicians and other healthcare professionals will refer to clinical practice guidelines and clinical pathways as they work with patients to determine a care plan. After a procedure the patients' outcomes will be monitored, and computerized records will enhance care coordination.

Much remains to be done to accomplish this future delivery system, however. Employers, insurers, the federal government, and private organizations are all getting into the fray—collecting data on outcomes, developing measures of quality, constructing guidelines. The Foundation for Informed Medical Decision Making, founded by John E. Wennberg, MD, produces interactive video programs that inform patients about treatment options and will be used in outcomes research (see p. 36). The Agency for Health Care Policy and Research has already developed several evidence-based guidelines. Kathleen A. McCormick and Barbara Fleming describe the agency's guideline development process and point to the need for further research on patient satisfaction, costs, and access (p. 30).

Providers are taking a variety of approaches to optimize resource use. The Daughters of Charity National Health System—East Central Region's strategic planning includes objectives to improve appropriateness of care. The authors note the need for additional staff education and integration of data (p. 26). Saint Vincent Memorial Hospital, Taylorville, IL, is involving physicians in utilization management through a medical review officer, a case manager, a utilization task force, and medical staff education (p. 35).

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Wellness is the basis for success at The McAuley in West Hartford, CT. This continuing care retirement community defines success as reducing the need for skilled nursing by keeping residents independent for as long as possible. The key is focusing on residents' holistic needs by offering social interaction and nursing support.

The Planetree organization in San Francisco also applies holistic concepts in its patient-focused hospital units, which respond to patients' needs for comfort, knowledge, and control. In an interview, Robin Orr explains how Planetree works with hospitals to target their financial resources to improve care delivery (p. 42).

Although cost containment is often the primary motive for utilization management, the immediate impact on cost savings remains unclear. But our authors and other observers agree that patients will benefit from providers' initiatives to improve their outcomes and satisfaction. Moreover, healthcare organizations no longer have a choice—they must collaborate with physicians, patients, payers, purchasers, and researchers in utilization management and assessment.

