
Refining JCOM's Mission to Support Quality Improvement

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JCOM is an independent, peer-reviewed journal offering evidence-based, practical information for improving health care quality.

-JCOM mission statement, 2001

Although the United States spends more for health care than any country in the world, health care outcomes for Americans are not as good as they could be. Among industrialized nations, the United States ranks below average on available outcome indicators, and its relative ranking has been declining since the 1960s [1]. These figures suggest that there is substantial room for improvement in how we provide health care in this country.

A major focus of health care research in the United States has been on technological advances in the diagnosis and treatment of illness. These research efforts are extremely important and will continue to be so, especially as the mysteries of the human genome are unraveled. However, if one asks the question, "What strategy will most improve the quality of care while keeping its costs reasonable?" the answer is not development of new therapies or diagnostic tools. Rather, it is doing the things we already do better, using new techniques selectively and rationally.

As JCOM's new editor-in-chief, I hope to establish the journal as a major forum for presenting practical evidence and suggestions about how care can be improved and measured. A good deal of quality improvement work is being conducted in single institutions or organizations, but much of it has not been published. While one might submit that studies performed by a single group in a single setting have limited generalizability, it is important to circulate success stories. Often, the work is not glamorous. But to move ahead as an industry, it is critical that we disseminate and adopt strategies that result in improved quality and efficiency. An important role I envision for JCOM is to provide a publication outlet for reports of studies that evaluate such strategies.

In addition to publishing more quality improvement studies, I propose that JCOM seek to address several specific areas of increasing importance to clinical practice: informatics and clinical decision support, disease management and critical pathways, patient safety, and quality measurement.

With the exception of genomics, no other field is changing the face of health care more dramatically than information technology. Nevertheless, much remains to be learned about how medical informatics and clinical decision support tools can be used to improve care. While clinical decision support can be highly effective [2], it isn't always so: for example, a recent randomized trial of decision support for hypertension management showed that a clinical decision support tool performed no better than a simple paper flow-chart [3]. I believe that JCOM should contribute to physician education about this new technology by publishing descriptions and evaluations of information support tools.

Disease management and critical pathways can substantially improve care [4], yet relatively few evaluations of such efforts have been published. If evidence is to have an impact on clinical practice, it must be incorporated into routine care with tools such as these.

The publication of the Institute of Medicine report on medical errors [5] has focused our attention on the need to improve patient safety. In response, coalitions such as the Leapfrog Group, which includes many of America's largest employers, have turned to market-based approaches to drive improvements in patient safety [6]. The need to decrease medical errors is acute. To support this critical work, JCOM will solicit reports of success stories in this domain.

Finally, quality measurement will be increasingly important as we move forward. It is vitally important that organizations develop approaches that allow them to measure quality in meaningful ways—ways that change practice—on an ongoing basis [7]. Current approaches, especially those used routinely, only scratch the surface.

At its best, American health care can be terrific; however, its quality is inconsistent, its population-based outcomes mediocre, and its costs high. It is vital that we do better. I am excited by the opportunity to lead JCOM in its effort to

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provide a forum for these complex issues as well as offer practical evidence-based information for improving health care quality.

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References

1. Anderson GF, Poullier JP. Health spending, access, and outcomes: trends in industrialized countries. *Health Aff (Millwood)* 1999;18:178-92.
2. Johnston ME, Langton KB, Haynes RB, Mathieu A. Effects of computer-based clinical decision support systems on clinician performance and patient outcome. A critical appraisal of research. *Ann Intern Med* 1994;120:135-42.
3. Montgomery AA, Fahey T, Peters TJ, et al. Evaluation of computer based clinical decision support system and risk chart for management of hypertension in primary care: randomised controlled trial. *BMJ* 2000;320:686-90.
4. Pearson SD, Goulart-Fisher D, Lee TH. Critical pathways as a strategy for improving care: problems and potential. *Ann Intern Med* 1995;123:941-8.
5. Kohn LT, Corrigan J, Donaldson MS, editors. *To err is human: building a safer health system*. Washington (DC): National Academy Press; 2000.
6. Milstein A, Galvin RS, Delbanco SF, et al. Improving the safety of health care: the leapfrog initiative. *Eff Clin Pract* 2000; 3:313-6.
7. Bates DW, Gawande AA. The impact of the Internet on quality management. *Health Aff (Millwood)* 2000;19:104-14.

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