

# JCOM and the “Decisive Moment” in U.S. Health Care

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

The U.S. health care system remains deeply dysfunctional. Despite its cost—a staggering and unsustainable 18% of GDP [1]—its outcomes remain disappointing compared to other “developed” countries [2]. Access to care has remained problematic for millions, increasingly including those who are employed, as employers shift the burden of insurance to their work forces [3]. On the eve of the implementation of the Affordable Care Act, recent estimates suggest that up to 50 million Americans are without health care coverage [4].

Even for those with access to care, satisfaction with the quality of that care remains low. A significant proportion of patients describe problems with care coordination [5] and are daunted by an opaque, inefficient system that is all too often anything but “patient-centered.” Such a system, of course, leads to unnecessary, redundant, and costly care [6,7].

Much of this dysfunction has been appropriately linked to the pernicious incentives of a fee-for-service system that rewards volume for both primary care physicians and their specialty colleagues. While there is increasing mention of “value” in discussions of health care policy—commonly defined as outcomes/cost [8]—many believe that until reimbursement changes in favor of prevention, care coordination, and more efficient and evidence-based resource utilization, ours will remain a “volume-driven” system.

In this setting, the proliferation of ideas on how care can be more effectively structured and delivered provides reason for optimism. The launching last year of CMS-linked Accountable Care Organizations and the growing interest in both Patient-Centered Medical Homes and, more recently, functional Medical Neighborhoods [9],

provide important opportunities to improve access, outcomes, cost, and patient experience of care.

And this, of course, is exactly where *JCOM* can make a significant contribution. As noted, quality is the key to value, and outcomes are at the core of quality. This is the space where *JCOM* and its readers live and work. These new structures for care organization and delivery need to be evaluated, and their successes and failures examined and reported. As the new Editor-in-Chief of *JCOM*, I hope to solicit such reports so that the *Journal* can help to create a road map for thoughtful change. As always, we seek real-world, evidence-based information—original research, clinical reviews, reports from the field, and perspectives—that can help us navigate this unprecedented “decisive moment” in U.S. health care.

## REFERENCES

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