

# The *Milbank Quarterly* and Health Services Research, 1977–1990

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THE MILBANK QUARTERLY IS ONE OF MANY institutions that have both shaped and been influenced by the field of what, since the 1960s, has been called health services research. This article examines the relationship between the *Quarterly* and health services research between 1977 and 1990, the years of David Willis's long tenure as editor. David strengthened the *Quarterly's* already prominent role in the emerging field of health services research. Under his editorship, the *Quarterly* supported the dominant research themes and methods in the field. At the same time, it expressed its editor's interest in other subjects and modes of inquiry.

This article is about a journal and its editor in their intellectual context. Every good editor encourages and shapes, but does not create, the work of others. Every editor responds to articles that were written as a result of funding priorities in research that are set by other people. This article analyzes the subjects addressed by the articles in the *Milbank Quarterly* under David Willis's editorship in order to describe the relationship between trends in the field of health services research and David's professional preferences.

When the contemporary history of the work we now call health services research began, in the 1960s, the *Milbank Quarterly* had been publishing for almost half a century. When the first volume of the

*Quarterly* edited by David Willis appeared in 1977, the newly self-conscious field of health services research was experiencing considerable internal conflict about its priorities and methods and a recent sharp reduction in its level of federal funding. By 1990 health services research had become, rather unexpectedly to many people, more important to the health policy-making process in the United States than at any time in the past (Fox 1990).

Although David did not use the phrase "health services research" when he told readers about his goals as editor of the *Quarterly* in 1977, his words were reassuring to most participants in forming or reforming the institutions in the field, whatever position they held about its internal conflicts. David told his readers that he had three goals as editor. The first was stimulating communication among the academic community, the health professions, government, and what he called an "intelligent inquiring public." The second was giving voice to many disciplines and "crossing the boundaries" among disciplines. The third was to insist that the "focus is on policy."

## Health Services Research in the Mid-1970s

In the mid-1970s, a large group of people, perhaps a thousand in all, were working to achieve similar goals in health services research. The field had acquired its name, and a funding agency, in the U.S. Public Health Service a decade earlier. In the 1960s, those who identified themselves with health services research were a disparate group of people. Many were reformers first and researchers second. For them, health services research was a new way to achieve changes that they had long sought in how health care was organized and financed in the United States. Most of these reformers believed that prepaid group practice and national health insurance were desirable and imminent. They wanted their colleagues, federal and foundation sponsors of research, and the journals in the field to promote reforms in health care policy that were grounded in the data they collected and analyzed. They urged government agencies and foundations to launch and evaluate demonstration projects that looked toward braver and better worlds.

Beginning in the 1960s, the *Milbank Quarterly*, which was then one of a very small number of journals that regularly published research on health services, had quietly promoted a very different view of health services research. According to this view, the field would only prosper

if it set its goals on the analogy of research in the basic and clinical sciences of medicine and public health. Rigor must precede reform. Peer review was always preferable to polemic. Disciplinary excellence was the only sound basis for multidisciplinary collaboration. In health services research, just as in bench and clinical investigation, the goal of achieving better health could only be reached by first doing, and then applying, better science.

David's predecessors at the *Quarterly* had promoted this point of view. A notable contribution was represented by two *Quarterly* supplements on methods in health services research that consisted of papers commissioned by the new study section created by what was then called the National Center for Health Services Research and Development (Mainland 1966a,b). In the third issue of 1976, just before David became editor, the lead paper in the *Quarterly* reported on the process by which the renamed National Center for Health Services Research (NCHSR), under a new director, had set its priorities and, in effect, given more weight to economics among the disciplines of the field (Fox 1976).

The new priorities for NCHSR were the result of agitation for change within the field. Not only would insistence on rigor and objectivity take preference over zeal for reform. The new emphasis on rigor would also be expressed by according priority to what were taken to be the most quantitative and therefore powerful disciplines of health services research: economics, highly quantitative sociology, epidemiology, and biostatistics.

The new attention accorded to highly quantitative disciplines fit nicely with the ascendant view of the relationship between research and reform. The older generation of medical care reformers believed that prepaid group practice and national health insurance could be achieved by persuading the general public and neutralizing the selfish interest groups, notably physicians and their conservative allies. Many of these people had come of professional age during the New Deal. A significant number had earned their living working in the research departments of liberal labor unions and pioneering group practices.

The younger generation of health services researchers and their handful of allies in medicine and the hospital and insurance industries made very different assumptions about how policy changed. They believed that change came about mainly as a result of discussion and negotiation among experts, who would then quietly persuade influential decision makers that rigorous analysis could be converted into success-

ful political action. This was the prevailing political style in much of defense and foreign policy, in economic and labor market policy, and in the new health policy created in the Johnson Administration.

The younger generation of health services researchers had observed this mode of policy analysis and influence at first hand as graduate students and faculty members at research universities and as employees of federal agencies and of the Congress. Like their colleagues in other areas of policy, moreover, many of them had been trained in federally subsidized graduate and post-doctoral programs, had received federal research grants, and had advised on the awarding of grants and contracts as members of federal study sections and review committees.

By the mid-1970s, with the appointment of Gerald Rosenthal as director of NCHSR, the major funding agency in the field was ready to shed its remaining reformist activities. Rosenthal had learned the new political style of health services research from his mentor, John Dunlop, the Harvard labor economist and dean who was secretary of labor in the Nixon administration. Most of the existing journals followed NCHSR in abandoning reform in favor of analysis. So, even more emphatically, did the journals established in the next few years, notably the *Journal of Health Politics, Policy and Law* and *Health Affairs*.

### The *Quarterly* and Health Services Research

It was not surprising that the oldest journal in the field, the *Quarterly*, amplified its commitment in the late 1970s to health services research as rigorous, quantitative, multidisciplinary, intending to link the academic community, health professions, and government, and focused on policy. David was well connected among the younger generation of health services researchers. Both his published declaration of editorial intent and his private conversations soliciting manuscripts made plain his primary allegiance.

But David, like most people, is not easily categorized. He had close personal and professional alliances that pulled him in different directions from his primary allies. Early in his career he had worked with C. Rufus Rorem, the most rigorous and quantitative researcher among the medical care reformers who became prominent in the 1930s. David's frequent visits to the United Kingdom over many years had resulted in friendships with Brian Abel-Smith and other prominent academics who

advised the Labour Party. He was connected to an older tradition of public health, which emphasized the use of epidemiology and demography to prevent disease and disability, both as a result of his own graduate education at the University of Pittsburgh and his close working relationship for many years with Leroy Burney, former surgeon general of the United States and later president of the Milbank Memorial Fund.

In order to better understand how the *Quarterly* served the field of health services research under David's editorship, I undertook a straightforward exercise in quantitative content analysis. I examined each article published in the 14 years of his editorship and placed it in a thematic category that emerged in the course of the analysis. I created a category when several papers addressed a similar subject. Some of the themes were tools of policy (e.g., competition), some were objects of policy (e.g., hospitals or children), some were methods (e.g., measurement or economic analysis, learning from other countries). Some of the papers did not cluster at all: my favorite being one by a noted poet on teaching poetry to the old and the ill.

To present the findings of this analysis in tabular form would be misleading. Many papers fall into more than one category, so there is no proper denominator. Moreover, the number of papers published may not always signal the importance of a theme to an editor, compared say, with the regular appearance of papers on particular subjects. In addition, except for special issues and supplements, it is difficult to tell which papers David commissioned, which he invited, and which were unsolicited and survived the *Quarterly's* famously exhaustive peer review and editorial process.

Nevertheless, this analysis reveals a great deal about the preferences of the editor of the *Quarterly*. David edited aggressively. He encouraged the submission of manuscripts, offered commissions, and rarely hid his enthusiasm for particular topics and authors and his boredom about, and occasionally his disdain for, others. With David you always knew where you stood, or knew that he would let you know when his time permitted. (Here is an example: I could always interest David in my papers about the intellectual history of large ideas and major policies. His eyes would glaze over if I offered him papers about health manpower or content analyses such as what follows.)

The results of the analysis conducted for this paper, like most intellectual history, highlights tendencies, some obvious and some not so obvious. Tendencies, alas, always obscure individuality.

I group my major findings in three categories, and examine them in three time periods. The first category is themes that received consistent attention through the 14 years. The second category is themes that received increasing attention in these years. The third category is themes that received diminished attention between 1977 and 1990.

The time periods are 1977–1981, 1981–1986, and 1986–1990. The first five years conclude with the beginning of the Reagan administration and major changes in domestic policy. The second five years end with the preparation of the *Quarterly's* first supplements. The last four years are capped by David's retirement as editor.

I chose these time periods deliberately. The election of Ronald Reagan as president accelerated a profound revision in American domestic policy and politics. Federal health and social policy were deemphasized, and much of it was decentralized to the states and the private sector. The field of health services research, which had given increasing priority to quantitative analysis and policy neutrality for a decade, adapted without great stress to the emphasis of the Reagan administration on devolution and competition. Thus I chose the period 1981–1986 as one of the three time periods for this analysis in order to examine how the *Quarterly* responded to the new priorities of federal policy and the increasingly technocratic emphasis of health services research.

The years 1986–1990 are set apart for a different reason. During these years, for the first time, the *Quarterly* published two supplementary issues each year. Planning the supplements and bringing them to completion occupied much of the editor's time. During these years, moreover, the regular issues of the *Quarterly* increasingly appeared at times that bore little relationship to the date on either its cover or the calendar. Thematic coherence and quality took priority over routine scheduling. Combining for analysis articles in the supplements with those in the regular issues gives the clearest possible measure of the editor's priorities during these years.

### Consistent Themes, 1977–1990

Seven themes received consistent attention throughout the years of David's editorship; that is, in all three periods. I will list them, first, in the order of the number of papers I counted under each theme and then venture some explanations of the significance of this consistency:

1. the cost and regulation of hospitals and nursing homes
2. major problems in the U.S. health care system and proposals to address them
3. measurement and methods in health services research
4. the uses of epidemiology and population-based analysis
5. health maintenance organizations (HMOs) and group practice
6. responses to recent changes in federal health policy
7. influencing and regulating the behavior of physicians and other health professionals

The first two themes exemplify the dual pulls on David. The cost and regulation of hospitals and nursing homes was the preeminent consistent theme because it was the most important perceived problem of health policy and of health services research (and therefore of research funding) from 1977 to 1990. Because most of the money went to hospitals and nursing homes, they were the focus of political activity during these years. This finding is totally expected.

The second theme, however, is a reflection of editorial and authorial rather than of national priorities. Major reform of the health care system in the United States, that is, of how services are financed and organized, was hardly a high-priority issue among either researchers or policy makers during these years and especially not after 1978. David helped to keep the subject alive by encouraging and publishing articles on proposals for national health insurance, on adequate minimum standards for health care, on resource allocation, and on the problems of employment-based health insurance.

The third, fourth, and fifth themes represent a convergence of David's priorities as a member of the health services research alliance with those he had acquired in his other professional experiences. Measurement and methodology were subjects that now engaged more members of the research community than at any time in the past. Epidemiology and population-based analysis were the disciplines in which David had invested much of his own effort before he became an editor. HMOs were both an increasingly important subject of health policy, and therefore of health services research and, under their former name of prepaid group practices, a long-standing interest of medical care reformers.

The sixth and seventh themes, which had the fewest papers, were, I suspect, maintained out of a sense of editorial duty and in response to a consistent number of papers that met the standards of reviewing

peers. Regular reports on changing federal policy (but only nine in the 14 years) occasionally reminded readers that the *Quarterly* intended to be relevant as well as to have the long shelf life to which its editors had aspired for decades. Similarly, the education, regulation, and behavior of physicians (six articles and one supplement) was a theme that David many times said in conversation was less likely to influence the health of the population than most other areas of health policy.

### Increased Emphasis

By my calculation, 16 themes received increasing emphasis in the *Quarterly* during the 14 years of David's editorship. These themes divide sharply into two categories. Seven themes received almost no attention between 1977 and 1981, but a great deal thereafter and the greatest attention in the third period, when the supplements received high priority from the editor. These themes are:

1. the elderly
2. health care in other countries
3. acquired immunodeficiency syndrome (AIDS) and human immunodeficiency virus (HIV) infection
4. race and health care in the United States
5. disability (including occupational health)
6. ethical and philosophical issues in health care
7. the history of health care

The interest in the elderly after 1981 was the most pronounced shift in the *Quarterly's* editorial policy. No articles specifically about the elderly appeared between 1977 and 1981. In the next five years, 26 appeared (including the special issue in 1985 that became the prototype for the supplements); another 18 were published in the briefer period between 1987 and 1990. (In contrast, the only time children's health was a noticeable theme was between 1981 and 1986, when four articles were published, as opposed to none in either of the other periods.) David's interest in the elderly was also evident in other themes—namely, disability and ethical and philosophical issues, and even health care in other countries.

The *Quarterly's* interest in other countries' health care systems was, in contrast, an intensification rather than an innovation. Three papers



on this theme had appeared between 1977 and 1981. These numbers jumped to 13 and 10 in the next two periods.

The attention to AIDS and race was demonstrably a result of the editor's special interest. Both subjects were addressed in supplements that were made up of commissioned papers: three volumes on AIDS and two on race. Yet only five articles on AIDS and three on race appeared in regular issues.

The other three themes that were new to the *Quarterly* in the 1980s were addressed both in regular issues and in supplements. Issues of disability and occupational health were the subject of 17 articles before the two-volume supplement on disability policy in 1989. Two papers between 1977 and 1981 were primarily about ethical and philosophical issues: in the next decade this grew to 14 papers and one supplement. The history of health care became a regular feature of the *Quarterly* in the 1980s: papers by two historians appeared in 1979 and 1980; in the next decade 11 historical papers and one supplement were published. In the 1980s, and especially after 1985, articles by philosophers and historians appeared more frequently in the *Quarterly* than in any other journal of health policy or health services research.

Nine other themes received more attention between 1981 and 1990 than they had in the five previous years. Listing them in descending order of the number of papers on each (from ten to two), they were:

1. reproduction and women's health
2. the cost of illness
3. marketing and competition
4. children's health
5. organ procurement and renal disease
6. drug prescribing
7. the uninsured and the underinsured
8. the effectiveness of medical care
9. law and health care

Each of these themes was an important issue in health policy during the 1980s, but each was also written about extensively in other journals whose focus was medicine generally and health services research and policy in particular. These papers represent the voice of the field as well as the editor's overall interests. They were papers that authors submitted and peers reviewed favorably. Several of these themes, moreover, represented the dominance of economics in the study of health

services—in particular, studies of the cost of illness, of marketing and competition, and of the uninsured. In contrast, the *Quarterly* under David's editorship increasingly sought a unique voice, one that after 1986 was most resonant in the supplements.

## Diminished Emphasis

The *Quarterly* had examined the strengths and weaknesses of the primacy of economics in studying health services in extraordinary detail between 1977 and 1981. Twenty-three articles, the largest on any subject (and seven more than on cost containment), explored the uses of economics. In the next decade only six articles addressed economics as a set of theories and methods (although obviously many used economic analysis). It seems reasonable to infer that the editor, having examined economics with extraordinary care and accepted its strengths, had decided to emphasize different disciplines, thereby shifting to new themes in health policy and methods of analysis.

Other themes besides the use of economics in health services research received diminished attention after 1981. Arraying them in descending order of the number of articles about them between 1977 and 1981, they were:

1. medical technology and innovation
2. mental health services
3. prevention
4. paying and regulating physicians
5. quality assurance
6. the supply of physicians
7. health planning
8. the general direction of health services research
9. changing the behavior of consumers of services

For six of these themes, a few articles continued to be published in the 1980s. These were medical technology (7), prevention (4), mental health (4), health planning (1), quality assurance (1), and paying physicians (1).

It is not entirely clear why the *Quarterly's* interest in these themes diminished. Some areas, like health planning and physician supply, became markedly less important to health policy in the 1980s; fewer

authors wrote about them and fewer federal grants were made to study them. Other themes, however, like medical technology, mental health, and physician payment were prominent in these years. Papers about them appeared frequently in more specialized journals. Many of the authors obviously made these their journals of first submission. Many, too, assumed, from reading the pages of the *Quarterly* that these themes were not accorded high priority by its editor (personal communications [privileged], 1990–1991).

In addition to articles that addressed themes of consistent, increased, or diminished importance in the 14 years of David's editorship, there were a number of papers (in addition to the one by poet Kenneth Koch noted above) that could not be subsumed in larger themes without losing their identity. These include articles on the public voice in the nation's health, the evolution of medical uncertainty, a revisiting of Albert O. Hirschman's classic book *Exit, Voice and Loyalty*, an exploration of public expenditures and private control, an examination of the reorganization of local health agencies, an evaluation of community health centers, another of employee assistance programs, a cross-cultural perspective on personhood, an inquiry about the politics of personhood, a study of teamwork in health care, an exploration of toxic disasters, and one paper on problems of health services in rural areas.

### Health Services Research in the Early 1990s

By 1990, when David edited his fourteenth and final volume of the *Quarterly*, the field of health services research was very different from what it had been in 1977. At the federal level, the former NCHSR had been upgraded with an expanded budget and mission to become the Agency for Health Care Policy and Research. Considerable research on health services was financed by the Health Care Financing Agency and the National Institute on Aging. Several national foundations were routinely sponsoring research on health services. The number of jobs in the field, in academic institutions, private research organizations, and public agencies, had increased. So too had the number of journals in the field and their respectability in academic settings, especially among members of appointment, promotion, and tenure committees in medical, public health, and other professional schools.

Moreover, experts in health services research and health policy had,

in the phrase coined decades earlier by physical scientists, moved from being on tap to being on top. That is, they had been named to head federal agencies (e.g., the Health Care Financing Administration), congressional commissions (e.g., the Prospective Payment Assessment Commission and the Physician Payment Review Commission), national foundations (e.g., the Robert Wood Johnson Foundation, and the Kaiser Family Fund), trade associations (e.g., the Health Insurance Association of America), and even a major research university (Johns Hopkins).

In the early 1990s, health services research had a much larger constituency than it did two decades earlier. Moreover, that constituency expected research on health services and its results to inform policy analysis and debate. With a few exceptions, most of the researchers who applied the methods of social science to health affairs had long since severed any professional connections to liberal reformist politics. When researchers revealed their policy preferences in discussions about alternative proposals for reform in health care financing, they covered the spectrum from right to left in contemporary American politics, but clustered in the center.

The journals that published health services research had also changed in the 1990s. The *New England Journal of Medicine* and the *Journal of the American Medical Association*, the journals with the largest circulation among physicians and other health professionals, regularly published results of research using the methods of social science. Articles reporting research on the effectiveness of health services also appeared frequently in the journals of a number of medical specialties, notably internal medicine, family medicine, pediatrics, psychiatry, and surgery.

The prominence of health services research should not, however, be exaggerated. It still receives little attention in the curricula of most medical schools and residency training programs. Most physicians still regard it, if they acknowledge its existence at all, as secondary to bench and clinical research. Research has been a minor factor in most debates about new policies for financing and organizing health services.

### The *Milbank Quarterly* and Health Services Research in the 1990s

The *Quarterly* will continue to represent both continuity and change in the application of science to health services. Under a new editor, the

*Quarterly* will continue its tradition of maintaining intellectual rigor and independence, which includes being cognizant of and often supporting significant changes in the themes and methods of research. It will also resume regular reports on the results of programs sponsored by the Milbank Memorial Fund. In the 1990s these programs accord priority to preventing the disabling consequences of illness and injury and the allocation of resources to and among health services.

The *Quarterly* will also change in other ways that will be determined by its editor, its editorial board, and the directors of the Milbank Memorial Fund. These changes will acknowledge the growing number and diversity of the journals that publish health services research, and the increasing number, diversity, and sophistication of readers of articles on health policy.

David Willis continued a tradition that began in 1922, when the Milbank Memorial Fund decided to publish on a regular basis evaluation reports on its three community-based demonstration programs in integrating private and public health and social services. What began in the 1920s has been carried forward by a succession of editors, who set standards of rigor and dedication for their successors.

David Willis will be a hard act to follow. The *Quarterly* is, however, a collective institution. Its pages are an extraordinary source of information and insight about the history of the individuals who have written for, edited, guided, and read it.

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