In This Issue

ONE OF THE MANY CHALLENGING QUESTIONS facing health care reformers is how to restructure mental health benefits in a way that will help society meet the complex needs of persons with mental illness. As David Mechanic points out in this issue's lead article, current health reform activities probably represent only the first major efforts in a process that may take many years. Nevertheless, these recent initiatives offer the most significant opportunity in more than a decade to develop a more rational, humane, and efficient system. In his article, Mechanic makes a compelling case for the most important principles that should guide the restructuring of mental health services.

The remaining articles in this issue deal with pregnancy and childbirth. The first, by Emmett B. Keeler and Mollyann Brodie, presents an economic model of obstetric decision making and discusses the possible effects of economic incentives on decisions about cesarean sections by physicians, hospitals, health maintenance organizations (HMOs), and mothers. After reviewing the available data on costs and procedure rates, Keeler and Brodie conclude that, worldwide, women with fee-for-service insurance have higher cesarean-section rates than women who are in HMOs, without insurance, or publicly insured. The authors conclude with proposals for research and payment reforms to encourage good medical practices.

The subsequent articles in this issue are devoted to the origins, significance, and potential influence of an extensive international project called Effective Care in Pregnancy and Childbirth (ECPC). They describe how people in three countries—Canada, the United Kingdom, and the United States—are being and could be further influenced by the best available scientific evidence on the effectiveness of particular health services. The target audience comprises pregnant women and their families, physicians and other health professionals, managers of hospitals and in-

surance companies, and government officials who purchase and regulate health services.

On the one hand, all of the elements of ECPC are familiar. They include two large multiauthored volumes; a paperback that distills the two volumes into slightly less than 400 pages; lists of procedures that should be promoted, discontinued, or further evaluated; and continuously updated data from clinical trials that are available on computer disks.

On the other hand, ECPC is more than these elements; more, that is, than a textbook, a handbook, guidelines, and a database. It is, as Frederick Mosteller of the Harvard School of Public Health writes in this issue, the "most advanced current example of a basis for the practice of medicine founded on empirical evidence as well as theory."

ECPC has these special characteristics for four reasons: First, it pools and analyzes data from worldwide randomized clinical trials (RCTs). Second, it supplements these data with findings of studies conducted by other methods. Third, it provides extensive coverage of a major area of health care. Finally, the authors of ECPC make specific recommendations for action by consumers and health professionals.

In 1990, the Milbank Memorial Fund, in collaboration with the principal investigators of ECPC, convened a meeting to devise a strategy for increasing the impact of ECPC on clinicians, policy makers, and, if possible, consumers in the three countries.

The Fund put two questions to the meeting participants. The first was, What is known, on the basis of both research and experience, about how best to influence the decisions that clinicians make, without regard to the country they practice in? The second was, How could this knowledge be used most effectively to influence decisions in divergent political systems that have different value systems, medical politics, and ways of organizing health services and allocating resources to them?

The members of the group decided that both questions were worth addressing and devised a common format for doing so. Jonathan Lomas of McMaster University agreed to write about Canada and to summarize the existing research on methods of diffusing and disseminating medical knowledge; Barbara Stocking, then of the King Edward's Hospital Fund for London, took on this topic for the United Kingdom; and Jane Sisk of Columbia University School of Public Health volunteered to describe the situation in the United States. In addition, Iain Chalmers, Murray Enkin, and Marc J.N.C.Keirse agreed to write a brief history of ECPC, emphasizing its purposes, methods, and current activities.

The Fund and other organizations have worked to increase awareness

of ECPC among health professionals and consumers in the United States. In the spring of 1990, one of us (DMF) presented a summary of ECPC and its significance at a workshop of senior state legislators and executive branch officials sponsored by the newly renamed Agency for Health Care Policy and Research (AHCPR) of the U.S. Public Health Service. The response was enthusiastic; many of those attending requested copies of the paperback version of ECPC to use in evaluating clinical policy.

In collaboration with the International Society for Technology Assessment in Health Care, the Fund organized a conference on ECPC in Washington, D.C., in April 1991. Ruth Hanft, an officer of the society, solicited the following cosponsors for the conference: the National Institutes of Health, AHCPR, the Bureau of Maternal and Child Health of the Department of Health and Human Services, the American College of Obstetrics and Gynecology, the American Academy of Pediatrics, and the Institute of Medicine of the National Academy of Science. James Mason, then Assistant Secretary of Health, gave the keynote speech. Leaders in obstetrics, neonatology, nursing, and consumer affairs presented papers. AHCPR has published the proceedings of the conference.

One continuing challenge is to make the information from ECPC available and accessible. Toward that end, in December 1992, Jane Sisk convened a meeting of leaders in key professions, accreditation, and consumer affairs. The purpose of the meeting was to discuss the feasibility of forming a network to increase the attention accorded to ECPC methods and findings. Sisk and several volunteers are preparing a draft position paper describing the purpose and membership of such a network for circulation among the meeting participants.

As Chalmers, Enkin, and Keirse report in their article, the example of the work in pregnancy and childbirth has led the National Health Service Research and Development Programme in the United Kingdom to fund a center to facilitate application of similar methods to other areas of health care. The opening of the center has stimulated an international collaborative effort—the Cochrane Collaboration—to prepare and maintain systematic reviews of the effects of health care across the whole range of clinical practice.

In March 1993, the New York Academy of Sciences held a conference to celebrate the L.W. Frohlich Award to Iain Chalmers and his Oxford colleague, Richard Peto. The conference, entitled "Doing More Good than Harm," covered methods of evaluating interventions in medicine.

The brief history of ECPC, described here and in the articles that fol-

low, raises significant questions for people who are concerned about making health care more effective. These questions include: To what extent will the best science influence practice and consumer awareness when news is transmitted by professional leaders of opinion and the media rather than by guidelines and regulations? Are other scientific tools—for example, consensus conferences and studies of appropriateness and of geographic variations in practice—more or less likely to change clinical practice and consumer awareness? To what other areas of medical care should the methodology of ECPC be applied?

The articles in this issue only begin to address these questions. We hope, however, that they will stimulate debate and research about how to make health care more effective and efficient.

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