In This Issue

THE RAPID CHANGES IN HEALTH CARE ORGANIZATIONS in recent years have caused confusion and uncertainty. One certainty nevertheless remains: the decrease in use of acute care hospitals that began decades ago will continue. Many people narrowly attribute this shift to the desire to reduce medical care costs. The factors motivating change in the organization and operation of acute care hospitals, however, are far more complex.

This issue's lead article by John D. Stoeckle, entitled "The Citadel Cannot Hold: Technologies Go Outside the Hospital, Patients and Doctors Too," is the second in the *Quarterly* series, edited by Rosemary Stevens, on the changing acute care hospital. (The first was "The Changing Boundaries of the American Hospital" by James Robinson, published in volume 72, number 2.) Stoeckle describes a range of clinical, technical, and organizational reasons for the decreasing use of hospitals over the past four decades. His concern is not with cost, but rather with how past and future changes will facilitate or impede the ability of primary care physicians to provide high-quality care to their patients. He concludes that the evolution of decentralized, community-based care holds a good deal of promise.

The other virtual certainty in the changing health care environment is the increasing number of patients who will be treated within managed care organizations. David Mechanic, Mark Schlesinger, and Donna D. McAlpine, writing on "Management of Mental Health and Substance Abuse Services: State of the Art and Early Results," review data on how both capitation arrangements and utilization and case management have affected the costs and quality of care for persons with mental health and substance abuse problems. The authors note the importance of assessing the impact of these programs on all health care system costs, not just direct ones, and point out that these strategies have the potential to compromise the quality of care provided to vulnerable populations. Kenneth B. Wells and his colleagues, in a related article, "Issues and Approaches in Evaluating Managed Mental Health Care," review the definition of managed care and the challenges facing researchers who want to learn more about the impact of organizational arrangements on care.

The 1994 debate on health care reform focused on costs and access. There was surprisingly little analysis of how the suggested reforms would affect quality. Still less was heard about a critical aspect of quality: how patients experience the health care system once they have gained access to it. Patients want to be treated respectfully, they want clear and understandable information, and they want emotional support—in other words, "care," not just treatment. Robert A. Scott and his colleagues, in their article, "Organizational Aspects of Care," emphasize the importance of caring in the patient–physician relationship, and they examine the ways in which financial and organizational arrangements can promote or inhibit this critical factor.

People in the United States are increasingly concerned about the quality of their food, water, air, and medicinal drugs. The purity and safety standards established and enforced by the federal government for many years require decisions about tolerable levels of risk. Jacqueline Karnell Corn and Morton Corn, in "Changing Approaches to Assessment of Environmental Inhalation Risk: A Case Study," use the example of inhalation risk from asbestos in the workplace to illustrate the links between scientific research and environmental risk policy as it has evolved from the 1930s to the present.

Paul D. Cleary