

In This Issue

IT IS DANGEROUS TO ASSUME THAT A WORKABLE policy in one country can be successfully translated into viable policy in another. Yet we can learn a great deal by monitoring other nations' policies as they change and are applied in other parts of the world. Arguably, the countries most similar to the United States in terms of culture and history are England and Canada. With his article, "From Managed Competition to Managed Cooperation: Theory and Lessons from the British Experience," Donald W. Light begins this issue by reflecting on the policy lessons, both positive and negative, that can be derived from recent attempts in Great Britain to transform its National Health Service into a more competitive market model.

Jeremiah Hurley, Jonathan Lomas, and Laurie J. Goldsmith write about one aspect of the Canadian experience with health care in "Physician Responses to Global Expenditure Caps in Canada: A Common Property Perspective." They argue that global expenditure budgets should be designed to incorporate policies and administrative mechanisms that would both avoid perverse utilization incentives and diffuse the tensions among providers and between funders and providers. To exemplify this point, they describe the experience of two Canadian provinces that adopted different strategies for implementing global expenditure caps.

A fundamental question confronting policy makers is how to define and carry out policies that ensure the availability and accessibility of necessary, appropriate care. Robert Brook and his coworkers at RAND have relied on physician panels to define "necessary" care, and others have proposed alternative typologies (see, for example, "Appropriateness in Patient Care: A New Conceptual Framework," by Virginia A. Sharpe and Alan I. Faden in *MQ* 74:1, 1996), but there is no generally accepted standard on which to base decisions in this category.

To explore how definitions of necessity have been articulated and applied in Canada, Cathy Charles and her colleagues at McMaster University in Ontario reviewed position papers and other types of documents and reports published between 1957 and 1984. The four general definitions they describe, in "Medical Necessity in Canadian Health Policy: Four Meanings and . . . a Funeral?," have very different policy

implications, and they discovered that the relative use of the term "necessity" has shifted substantially over time as new constituencies in turn adapt the concept to their own needs.

One of the more widely used, or misused, terms to emerge from current health policy debates is "report card," which is applied, sometimes indiscriminately, to plans, physicians, hospitals, and other areas of health care. Although the term does not always accurately describe the types of quality reports that fall under the heading "report card," the concept behind it, of making available quality information that is aggregated at some level of health care organization, is widely acclaimed. The motivation for compiling and releasing such information stems from the belief that access to appropriate data will enable people to choose their health plans more effectively.

In order for a report to facilitate intelligent consumer choice, it must clearly present accurate information that is critical to its users and that can be easily referred to by persons engaged in selecting a plan. After reviewing studies of human judgment and decision making, Judith H. Hibbard, Paul Slovic, and Jacquelyn J. Jewett, the authors of "Informing Consumer Decisions in Health Care: Implications from Decision-Making Research," explain the connotations of such research for strategies of providing quality information to consumers. They conclude that many current methods of consumer education are based on unsupported assumptions. Their article contains important lessons for anyone who is developing reports for public consumption.

Judith Hibbard currently is involved in the Consumer Assessment of Health Plans (CAHPS) project, funded by the Agency for Health Care Policy and Research. This project is developing state-of-the-art, standardized consumer surveys and reports that are designed to promote better decision making about health insurance plans by consumers. Dr. Hibbard and her colleagues are attempting to address many of the limitations in previous similar efforts and to evaluate rigorously the impact on decision making of the resulting materials.

Paul D. Cleary