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## Taking Stock at 2 Years— Continuing the Journey



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It has been 2 years since we accepted the positions of co-editors of *The American Journal of Managed Care*. One of the most common questions we are asked is whether anyone is interested in managed care these days. Our belief is that despite the backlash against “managed care,” the challenges of managing the efficient delivery of care to the population remain as strong as ever. We take this broad view of managed care to encompass all of the efforts undertaken to improve care—at all levels of the healthcare system—and consider the *Journal*, and the issues it addresses, more relevant than ever.

Despite the generally perceived demise of managed care, the healthcare industry as a whole remains incredibly entrepreneurial with advances in information systems and managerial tools affecting all types of care delivery, ranging from inpatient services to prescribed medications. Barriers erected to contain costs continue to be developed at the same time initiatives are undertaken to improve access to care. In contrast to perceptions of the retreat of managed care, activities to improve quality and safety and manage costs continue. Those activities require rigorous evaluations, which is where this journal comes in.

We strive to provide the information necessary to help decision makers manage in today’s environment. Our objective is to disseminate research that will facilitate the translation and integration of research into practice. Given our unique circulation to more than 50 000 decision makers and our reputation for providing credible, relevant research, we believe we are in an outstanding position to achieve this objective.

Central to this goal is high quality, peer-reviewed research. For example, our impact factor, which measures the number of times recent articles in the *Journal* have been cited by other authors in the scientific literature has increased nearly 50% over 2 years. Several of the articles we’ve published have received awards. The paper by Emily Cox and colleagues in our December 2003 issue,<sup>1</sup> for example, was recognized by the International Society for Pharmacoeconomics and

Outcomes Research with its 2004 “Excellence Award for Practical Application Excellence.” An article by Ian Duncan and colleagues<sup>2</sup> was recognized by the Disease Management Association of America as the “Best Journal Article on Disease Management” for 2003. Moreover, we continue to receive high rankings in overall quality and readership among the journals in our category, as judged by the independent firm PERQ/HCI.

In addition to our 12 regular monthly issues, we have published several special issues and theme issues that have been well received. In the past 2 years we have published extra issues on *Evaluating Health Plan Quality*,<sup>2-8</sup> *Cost Drivers in Healthcare*,<sup>9-13</sup> *Diabetes Mellitus*,<sup>14-22</sup> and *Cardiovascular Health*.<sup>23-29</sup> Future themes will include coverage on the VA system, reducing racial disparities, Medicare and Medicaid, and diabetes. Full text of these issues, as well as online issues of the *Journal*, can be accessed on our re-designed web site at [www.ajmc.com](http://www.ajmc.com).

Working on these special issues has allowed us the opportunity to collaborate with research institutions and organizations to expand our reach. When we accepted the Editor positions, one of our goals was to tap into researchers based in healthcare systems. We recognize that much of the important research in our areas of interest is being conducted within healthcare systems, many of which have built outstanding and influential research groups that compete successfully for federal funding and publish in top journals (including *AJMC*).

In this spirit, we have reached out to the HMO Research Network (HMORN), an alliance of researchers based in health systems. We are proud that 3 of the members of the HMO Research Network executive board serve on our editorial board (Jennifer Elston-Lafata, Andrew Nelson, and Deborah Shatin). This issue features a contribution by Tom Voigt and other members of the HMORN, who discuss, in general, the importance of health systems-based research and, in particular, the function of the HMORN.<sup>30</sup> Additionally, we are highlighting selected abstracts from the 2004 HMO Research Network Annual Meeting in this issue in

an effort to present cutting edge research to a new, and hopefully appreciative, audience. The remainder of the abstracts from their annual meeting can be accessed from our web site ([www.ajmc.com](http://www.ajmc.com)), where you can also find a link to the HMO Research Network web site. Finally, we have expanded the *Journal's* circulation to members of the HMO Research Network and hope to continue to work with this organization, and other health systems-based researchers, to disseminate the research needed to achieve our collective goal of improving the effectiveness and efficiency of our healthcare system.

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CORRECTION

Due to an editing error, Table 2 of the article by Ann M. Borzecki and colleagues in the July 2004 Theme Issue on Cardiovascular Health was incorrect (Borzecki AM, Wong AT, Hickey EC, Ash AS, Berlowitz DR. Can we use automated data to assess quality of hypertension care? *Am J Manag Care.* 2004;10:473-479). The corrected table appears below.

**Table 2.** Prevalence of Visits With at Least 1 or 2 Blood Pressure Measurements, by Source

Visits (n = 6097)	Mean ± SE, % (No.)	
	Vital Signs File	Vital Signs File + Notes*
With ≥1 blood pressure measurement	60.3 ± 0.6 (3677)	71.4 ± 0.6 (4350)
With ≥2 blood pressure measurements	1.9 ± 0.2 (115)	14.6 ± 0.5 (890)

\*Notes are electronic clinicians' notes.