A New Look
For The Journal

WITH THIS ISSUE, HEALTH AFFAIRS takes on a new look that we believe is more pleasing to the eye, more reader-friendly to peruse, and reflective of our plan to track more closely the changes that are uprooting the ways of American health care delivery and finance. The process of modernizing our look and adapting the content of Project HOPE’s journal began last year with a series of focus groups that included both subscribers and nonsubscribers. What we learned from these discussions was that many people who derive their livelihoods from the trillion-dollar health economy were anxious about its new directions, motivated by the new opportunities presented by great change, and hungry for as much information as they could consume on the transformation now under way. Overall, the reaction to Health Affairs from the focus group discussions was positive, but there were suggestions for improvement. We took many of them to heart and incorporated them in our new design.

In this issue we also are unveiling our new Health Tracking section. The purpose of the section is to provide readers with the latest information available on the rapid changes that are transforming the way health care is delivered and financed. A key feature of Health Tracking will be brief reports of new trend data (Trends) showing how the system is changing over time. In addition, the section will include longer analyses and forecasts of system changes (MarketWatch) and brief viewpoints from players on the front lines of the health care market transformation (From the Field). Other material in the Health Tracking section will include periodic Interviews and Roundtable Discussions with health care decisionmakers.

While Health Affairs will remain a journal with a strong policy orientation, we also recognize that private-sector actions are having a profound impact on health care delivery and finance. Therefore, we plan to extend our reach beyond health policy making as fashioned in Washington and state capitals to capture the essence of private-sector changes.

One of the most formidable challenges of moving in this new direction is identifying authors who are at the cutting edge of change and who are willing to write about it, given the proprietary
nature of much of the information and the competitive nature of delivery and finance. The health services research community may be many things—indeed, it has no match in other major industrialized countries—but producing rapid results is not one of the defining features of most researchers. Thus, we plan to encourage private-sector decisionmakers to take up their pens and explain to our readers the basis for their actions and how these actions are intended to serve the public interest. These offerings could come in the form of Letters to the Editor, Commentaries, and even empirically based papers. We also plan to extend our reach into fields that our focus group participants reported were of great interest to them: the pharmaceutical and medical device industries, the intersections between the legal and medical systems, and the international sphere, where rapid change is occurring, too.

Our lead paper in this issue underscores our commitment to reach out beyond traditional health services research for analyses that incorporate information that is highly relevant to the emerging landscape. In this case, William Sage, a professor of law at Columbia University, takes us on a whirlwind tour of the legal system and the impact its decisions are having on the health care market. We invited responses from Edward Hirshfeld of the American Medical Association and Jeffery Boyd and Lauren Kelley of Oxford Health Plans. Following this is a range of interesting material on health insurance market reform, the Food and Drug Administration and its oversight of pharmacoeconomic claims, managed care and clinical research, the impact of eliminating restrictive drug formularies, the move toward educated and activist consumers, and much more.

One thing about Health Affairs will not change. We remain committed to external peer review, to strengthen the content of all that we publish. We hope that you will find Health Affairs more readable and interesting because of the changes found in this issue. Let us know what you think; your views are important to us.

John K. Iglehart
Founding Editor