FOREWORD

ADDRESSING VARIATIONS IN CLINICAL TREATMENT and spending has never been more critical. The number of new prescription drugs, biotech therapies, and surgical interventions will overwhelm public and private payers over the next ten years. The issue is not medical innovation, but reducing the unexplained variability in health care services and costs that technological change drives. For consumers, employers, and financiers of care, there is an urgent need for long-lasting solutions that reduce inappropriate variation and ensure access to cost-effective, recommended care.

The WellPoint Foundation is pleased to support this important set of Web-Exclusive papers on clinical variations and ways in which we can work together to reduce them. Our grant reflects our view that Health Affairs is an important resource for stakeholders open to new research and alternative perspectives that challenge their assumptions. We support the use of Web publishing to make these articles widely available because it is consistent with our strategy to leverage Internet technology to benefit our members, provider partners, and the public.

The philanthropic legacy of the WellPoint companies includes five independent conversion foundations with combined assets exceeding $6 billion. In 2001 WellPoint also established its own corporate foundation to help accelerate the transformation of American health care financing and delivery to a knowledge-based, IT-enabled, and more equitable system.

The WellPoint Foundation is intended to be a catalyst for addressing some of the most problematic features of our health care system, including the unacceptable variation in treatment and outcomes. As a health plan, WellPoint’s responsibility to ensure access to affordable coverage makes clinical and cost variations prime targets for intervention.

The $42 million Physician Technology and Quality Initiative described in our Perspective essay (p. VAR-117) is another example of aligning a social investment with our business objectives to improve
quality and reduce costs. The WellPoint Foundation has also contributed to the Dartmouth Atlas of Health Care project to support the Dartmouth group’s work using plan data to further investigate health disparities—a particularly troubling aspect of clinical variation.

Finally, WellPoint is pleased to support both the printed and Web versions of this edition of Health Affairs because members of Congress and their staffs read this journal more often than any other health publication. It is our hope that policymakers will recognize the serious consequences of inappropriate clinical variation and will support public- and private-sector initiatives to address this problem.

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