Editorial Column

Guest Editors' Introduction

The organization and financing of health care has experienced a roller coaster of change over the past several years, with the rise and fall of managed care and reverberations felt throughout the health care system. In our work at the Center for Studying Health System Change (HSC), we have been in the fortunate position of tracking and analyzing these changes since 1996. Our longitudinal perspective on health system change inspired this special issue of *Health Services Research* (HSR).

The articles collected in this special issue all are based on HSC's 2000–01 site visits to twelve nationally representative communities—our third round of site visits.¹ Every two years, HSC sends a team of researchers to each of these communities to interview leaders of the local health system, including representatives of major health plans, hospitals, physician organizations, employers, benefits consultants and state and local policy makers. In-depth, one-on-one interviews with these individuals provide insight into the changing dynamics of local health care markets.

The 2000–01 site visits were particularly fruitful for a number of reasons. First, because this was our third visit to each community, we were well positioned to identify significant changes that had occurred in the six-year period since our study began. Indeed, the extensive changes that unfolded in the health system between 1996 and 2001 gave us a great deal of material for our analyses.

Round 1 (1996–97) took place during a period of rapid growth in managed care, in which many health care institutions were pursuing radical changes in order to survive or thrive in an environment of managed care. New organizations were formed and integrated delivery was the watchword. In Round 2 (1998–99), many of these institutions were adjusting their plans in response to the growth in managed care coming in short of expectations. The strategy that made sense for a world of HMOs with narrow provider networks often was inappropriate for a world of PPOs with broad provider networks. In Round 3 (2000–01), with restrictive forms of managed care in retreat, institutions were adjusting to an environment in which consumers had not only a broad choice of providers, but also reduced administrative constraints on the use of care.

Each of the articles selected for this special issue reflects this story of change over the three rounds of site visits. Our paper at the beginning of the issue provides an overview of the major changes in health care markets over the six-year period. The papers that follow provide a longitudinal perspective on specific sectors, focusing on the changing role of employers in health care markets (Christianson and Trude), health plans' evolving approaches to managing care (Mays, Hurley and Grossman), changes in private plan participation in Medicare+Choice (Hurley, Grossman and Strunk), changes in hospital leverage with health plans (Devers et al.) and hospital competitive strategy (Devers et al.), changing hospital-physician relationships (Lake et al.) and the resilience of the safety net during this period (Felland et al.).

But the rapid change that occurred during this period was only one reason why our 2000–01 site visits generated a particularly prolific round of research. Another critical factor was the redesign of the way in which we manage our site visit research. In the third round of site visits, we moved to a new staffing model with increased management and leadership provided by HSC.² Together, we provided overall direction to the project, overseeing the development of the research agenda, the execution of the site visits and the development of multiple analytic products with an increased emphasis on research with important policy implications and on timely dissemination.

We engaged individuals from the policy research community to help us staff the site visits based on the strong belief that high-quality qualitative research is dependent on individuals with deep understanding of the issues being involved in both the data collection and the analysis. We were fortunate to enlist extremely talented and dedicated individuals, including Bob Hurley, Jon Christianson, Larry Casalino and Larry Brown to help lead the research effort, as well as several individuals from Mathematica Policy Research and University of Washington to help staff the project.

We organized the research staff into a matrix of four research teams (purchasers, plans, providers, public policy) and four site teams. In this way, a research team was represented by at least one of its members during each site visit and this person conducted most of the interviews of interest to the research team. We feel that this helped to strongly improve the quality of the data collected as well as the final research products.

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We also placed a much stronger emphasis on productivity in the third round, encouraging our talented research staff to identify multiple potential products from our study that would be of interest to the policy community. We set out to achieve a mix of articles in peer-reviewed journals and shorter pieces to be published to HSC. Ultimately, we generated over 30 research products based on the third round of site visits, including more than 20 journal articles and 11 HSC-published *Issue Briefs* in addition, 12 *Community Reports* were issued chronicling major changes in the local health system in each of the 12 sites.

The eight articles featured in this special issue represent some of our most important findings that highlight the longitudinal story of health system change over the past six years. Together, they provide a rich picture of the profound changes the health system has experienced during this period and highlight important issues for us to track in the years to come.

Many have made important contributions to the research in this special issue. Jon Christianson, Bob Hurley, Larry Casalino and Larry Brown provided valuable leadership to their respective research teams, guiding the development of research topics and analysis of the findings. In addition, we are indebted to the HSR referees, many of whom provided extremely constructive advice on how to improve the papers in this special issue. We also thank Steve Shortell for his wise and efficient leadership of the creation of this special issue. He selected excellent reviewers, who were well matched to the content of the papers and provided wise and clear direction to the authors about revisions. Finally, we would like to thank the Robert Wood Johnson Foundation for its funding and encouragement and support of HSC's research over the past seven years and in the fourth round of our study in 2002 and 2003. Many Foundation staff, especially Bob Hughes, Jim Knickman, and Maureen Michael, provided excellent guidance throughout the entire period of funding.

NOTES

1. The communities are Boston, Cleveland, Greenville, SC, Indianapolis, Lansing, Little Rock, Miami, Northern New Jersey (defined as Newark primary metropolitan statistical area, including Essex, Sussex, Morris, Warren and Union counties), Orange County, CA., Phoenix, Seattle, and Syracuse. The twelve sites were randomly selected from a total of 60 communities that also were randomly selected and are representative of metropolitan statistical areas with 200,000 people or more. (The unit for the largest communities is one of the primary metropolitan statistical areas within the consolidated metropolitan statistical area.)

Other components of the Community Tracking Study (CTS) include HSC surveys of households, physicians, insurers and employers (Center for Studying Health System Change 1999) in the 60 communities. In addition, research groups at RAND and UCLA have gathered additional information on subsets of the household survey respondents that involve abstraction of medical records to assess quality of care and an additional survey focused on substance abuse and mental health.

2. In prior rounds, HSC contracted with the Lewin Group to provide operational management of the site visit project and help staff the site visits.

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REFERENCES

- Center for Studying Health System Change. 1999. *An Update on the Community Tracking Study: A Focus on the Changing Health System*. Washington DC: Issue Brief No. 18.