In This Issue

THE INSTITUTE OF MEDICINE (IOM) OF THE National Academy of Sciences periodically convenes scholars, practitioners, and laypersons to synthesize the most current information in an area. These analyses are intended to advance an area of inquiry and/or focus professional and public attention on a critical issue. In 1994, the IOM launched a project that was designed to focus attention on the importance of measuring, monitoring, and improving the quality of health care in the United States. A major part of this initiative was the National Roundtable on Health Care Quality, which assembled representatives of business and government health programs, consumers, experts in health quality, representatives of managed care organizations, and clinicians. The participants met over a period of two years to work on identifying the best ways to improve the quality of care. In October, 1997, the Roundtable sponsored a conference, entitled "Integrating Strategies for Quality Improvement," at which prominent experts assessed strategies devised to promote quality improvement—continuous quality improvement, financial incentives, competition, and regulation—and analyzed the degree to which these strategies have succeeded.

Molla Donaldson, project director of the Roundtable, Mark R. Chassin, the cochair, and I asked conference participants to submit articles based on their presentations for potential publication in the *Quarterly*, and we solicited commentaries on the articles as well. From the many insightful submissions, we chose to consider and review for publication only those written by persons who are responsible for making policy or providing care. That is, we wanted to know how people who are engaged in implementing quality improvement programs reacted to the analyses.

Based on the conference and the deliberations it produced, the Roundtable published a consensus statement about the urgent need to improve quality (Chassin, Galvin, and the National Roundtable 1998). This issue of the *Quarterly* also includes an article that, although not a prod-

uct of the IOM Roundtable, discusses the conclusions presented in that statement.

By coincidence, when I was organizing this special issue, I received a manuscript by Mark A. Schuster and two of his colleagues at RAND that summarized current data on the quality of care in the United States. Like all *Quarterly* submissions, this article underwent double-blind peer review and, after revisions, was included with the others we selected for this special issue.

In several respects, this is the best of times and the worst of times. It is the best because there has never been more attention devoted to assessing and promoting quality health care in the United States. It is the worst because we have an unprecedented amount of information about the deficiencies in our nation's care. Furthermore, in spite of intense efforts to promote quality improvement strategies, techniques, and interventions, we have not reached the degree of progress many of us hoped for five or ten years ago.

One goal of the *Quarterly* is to offer state-of-the art research and analysis in a form that is useful to decision makers. We hope the present issue has done this, thereby advancing us a few steps further toward the goal we all wish for: the highest standard of health care for the people of the United States.

Paul D. Cleary

Reference

- Chassin, M.R., R.W. Galvin, and the National Roundtable on Health Care Quality. 1998. The Urgent Need to Improve Health Care Quality. *Journal of the American Medical Association* 280:1000-5.