In This Issue

OVER THE PAST TEN YEARS MANAGED CARE HAS undergone dramatic growth, both in membership and in the types of organizations that characterize it. More than three-quarters of commercially insured persons are enrolled in managed-care plans, as are more than half of Medicaid recipients. Medicare beneficiaries are increasingly enrolling in managed-care plans, although in 1999 the number of participating plans decreased.

A corresponding trend has been the rise in concern among consumers about the impact of managed care. Studies show that news stories about managed care are predominantly negative, and surveys of consumers indicate that they are worried about the changes they see taking place in health care delivery. Unfortunately, many people, including researchers and policy makers, have a poor understanding of what is actually occurring. Almost all purchasers, health care administrators, and clinicians are focusing on improving the efficiency and effectiveness of the care they provide. Thus, it could be said that most care is “managed care.” Further, numerous strategies are being used in different ways to produce the most efficient and effective systems. As a result, there is no single trend; instead, there are numerous developments with complex implications for both providers and consumers of health care.

Marsha Gold reviews the literature on health system change and describes five general themes that are emerging within this rapidly changing environment. Characterizing and monitoring the changes should constitute a valuable first step toward providing policy makers with the kind of information they need to evaluate and respond to the events that are shaping the health care system.

Persons with disabilities or complex chronic conditions have more health care needs and are more likely than others to be adversely affected by problems in the financing, organization, and/or delivery of care. In addition, such conditions often create personal, logistic, and financial demands on family members. When Barbara M. Altman and her colleagues analyzed data from the National Medical Expenditure Survey, they found that nondisabled family members of persons with disabili-

ties, especially primary caregivers in the family, used health care services more extensively and had higher expenditures than persons in families without a disabled or chronically ill member. Thus, these authors recommend that policy makers and administrators should consider the needs of entire families when they design programs to assist persons with disabilities.

The care of persons with disabilities also typically involves extensive use of both health and social service providers. Walter N. Leutz examined programs in the United States and the United Kingdom in order to understand how best to integrate these two broad categories of services. He outlines five general conclusions that should form a useful guide for policy makers, administrators, and clinicians who are developing better systems of high-quality, well-rounded care for persons with disabilities.

Throughout this century, basic scientists, clinicians, and policy makers have debated the definition and role of clinical studies relative to laboratory research. The current view of many clinicians is that the importance of clinical research is not adequately appreciated, resulting in a lack of funds for this kind of work. In exploring the recent history of medical research, Evan M. Melhado suggests that a consensus on its importance will emerge only when there is a better model that demonstrates how clinical research can help translate scientific advances into practical solutions to important clinical problems. Such a model must overcome the present atmosphere of rivalry between basic research and clinical studies by fostering collaboration between the two scientific groups.

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