From the Editors

Best of the 2014 AcademyHealth Annual Research Meeting

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In this issue of *Health Services Research*, we are pleased to publish the third installment of our featured section, “The Best of the 2014 AcademyHealth Annual Research Meeting (ARM).” We publish annually a set of articles based on abstracts submitted to the ARM and selected to be outstanding by both reviewers from the ARM theme groups and *HSR*’s own editorial staff and reviewers.

HSR has been an official journal of AcademyHealth for many years, and this new feature is the latest in a string of successful collaborative efforts intended to showcase significant work in the field of health services research in a timely manner. Early in 2014, we requested from AcademyHealth staff members the top three abstracts from each of the ARM themes whose author (s) had indicated an interest in “Best of ARM” publication, plus an additional two to three abstracts from those themes most reflective of *HSR*’s mission and audience interests. From 26 submitted abstracts, the editors of *HSR* invited nine papers’ authors to submit full manuscripts for consideration for publication. The submitted manuscripts went through expedited review, culminating in the seven articles appearing in this issue.

With the implementation of the Affordable Care Act, timely and high-quality health services research of the type reported here has never been more important. Several papers in this issue of *HSR* explore key questions related to health reform. Reiter, Jiang, and Wang studied the financial performance of safety net and non-safety-net hospitals from 2007 to 2011, and found that the former had consistently lower revenues and operating and total margins (although the gaps changed little during the recent recession), raising policy

concerns about how these hospitals will fare in states that have chosen not to expand their Medicaid programs. Dawes et al. used linked data from the California Cancer Registry, a hospital discharge database, and Medicaid enrollment files to show that continuous enrollment in Medicaid for at least 6 months prior to diagnosis is linked to improved survival for lung, stomach, and colon cancer at 1 year, apparently due to lower risk of metastatic disease and higher likelihood of definitive surgery. These results highlight how the Medicaid expansion promises to yield significant population health benefits in the states that accepted it. In another data linkage study from California, Ko et al. found that higher payment rates for personal care assistants were associated with greater use of home and community-based services (HCBS), but the policy lessons here are less clear because there was no evidence that HCBS substituted for postacute nursing home care. Finally, Wang et al.'s analysis of seven quality measures from 192 small primary care practices in New York City suggest that Patient-Centered Medical Home (PCMH) certification may be linked to improved performance, supporting state and federal policies to reward organizations with PCMH attributes.

Several other papers in this issue of *HSR* offer methodological advances to inform future management and policy decisions. Yakusheva, Lindrooth, and Weiss exploited the power of electronic health records data to estimate, for the first time, the relative effectiveness or "value added" of individual hospital nurses, based on how their patients' clinical conditions changed between admission and discharge. Wisk et al. used data from the National Health Interview Survey and the Medical Expenditure Panel Survey to improve our understanding of how income and out-of-pocket health care costs (OOPC) contribute interactively to the unmet need for health services; they demonstrate that the conventional 10% OOPC threshold for identifying financial burden is too insensitive and regressive to guide health benefit design. Finally, Fortney, Pyne, and Burgess applied an innovative methodological approach, which they label as Population-Level Cost-Effectiveness Analysis (PLCEA), to estimate the ratio of incremental population-level costs to incremental population-level effectiveness for an intervention to improve antidepressant adherence. These methodological approaches show substantial promise for guiding future health policy decisions.

We would like to thank AcademyHealth staff, particularly Deborah Edwards, Andrea Fendt, and Amy Hammer, for their assistance in enabling this special feature, as well as our own editorial staff and reviewers in expediting the review process for these manuscripts. Authors who would like to be considered for *HSR*'s Best of ARM publication in 2015 should consult the

instructions provided with the 2015 ARM abstract solicitation. We hope that our readers find value in this journal feature and we look forward to future contributions.

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