

From The Editor's Desk

Nowadays, the practicing physician has a multitude of sources of medical information to choose from including periodicals, audiotapes, abstracted literature services, videocassettes, and CD ROM programs. Consequently, the addition of a limited circulation periodical to the already established mix might be viewed with skepticism and even indifference. However, it is my belief that a place exists for a concise, easy-to-read health care journal that is responsive to the changing social and regulatory milieu in which medicine is currently practiced. The past few years have witnessed profound changes in health care delivery with an increasing number of patients receiving their medical care in managed care settings. During the same period, increasingly restricted reimbursement by commercial insurers and the Health Care Financing Administration has further contributed to a seeming paradox between biomedical advances, improvements in clinical outcomes, and the shrinking health care dollar. The effective utilization of health care resources has become, and should properly remain, an important component of the physician's experience whatever form his or her practice takes.

The Ochsner Clinic has multiple innovative systems in place to address issues of quality of care, comparative effectiveness of new and traditional means of disease management, and ways of reducing health care costs. One of the major focal points of this newly christened Journal will be to share the results of our programs in population medicine and health outcomes research. The information will be conveyed in a number of ways including featured articles, editorials (by staff and outside consultants) and algorithms for health care delivery. A regular feature of the Journal will be a decision tree in which we present the diagnosis and therapy of common medical or surgical problems. We hope that the inclusion

of relative cost units for the branches of the decision tree will be elucidating and promote cost-efficient patterns of practice. Another section entitled "Scanning the Literature" will summarize and comment on articles in other journals that present important and sometimes controversial concepts in resource utilization and practice management. A section entitled "Under the Microscope" will describe how developments in basic science impact medical practice and set the stage for a transition from the laboratory to the bedside. Finally, the results of potentially important clinical and laboratory-based research studies underway at Ochsner Medical Institutions will become a regular feature. Many of the clinical research protocols have been implemented by our residents-in-training under the mentorship of our staff physicians.

It is a pleasure to introduce this inaugural issue to you. We are anxious to have your suggestions for improving this Journal in any way, particularly through suggestions about topics and sections which may improve its relevance and applicability to your own practice.

About This Issue...

The inaugural issue of the Ochsner Journal is representative of another mission that the Journal will serve, namely, a forum for topics of great social or medical significance. The recent ruling by the Federal Government that the United Network of Organ Sharing redesign the system for organ allocation across the United States was prompted by marked discrepancies in waiting times for livers based on considerations of geography. While the mandate to change the current policy was made on the premise that this would ensure earlier access to donor organs for the sickest patients, enactment of this ruling would have profound ramifications for the vast majority of transplant centers in the United States and would impact the delivery of health care by all physicians,

from the generalist to the ultraspecialist, who manage patients in need of transplantation. The chronology of events that has unfolded since the announcement of the ruling by the Secretary of the Department of Health and Human Services earlier this year, along with its medical and legislative implications and potential effect on organ allocation, is thoroughly documented and discussed. The opinions of the authors reaffirm Ochsner Clinic's stance with regard to the issue of organ allocation, namely that the new Federal regulations may very well hinder, rather than help, in making transplantation available to many patients, particularly the indigent; the ruling will potentially increase the chances of poorer overall survivals by virtue of transplanting the sickest first. And finally, it will almost assuredly decrease the number of organs going to small to medium sized centers, many of which, like Ochsner Clinic, are engaged in meritorious transplant-related research. Thus, without access to organs, the research being done will be jeopardized. The state of Louisiana has played a critical role in the efforts to place a moratorium on implementation of the ruling until more study can be done on its potential consequences for patients and the rate of successful health care delivery. We are privileged to be able to present the views of a number of key experts on this important and timely topic, not only from a medical point of view but from a political and social perspective.

Robert Perrillo, MD

Editor-in-Chief, Ochsner Journal
Chairman, Gastroenterology and Hepatology
Section, Ochsner Clinic, New Orleans, LA