

AS THE NEW EDITOR-IN-CHIEF of *The American Journal of Accountable Care*® (*AJAC*), I'm particularly excited about the June 2019 issue because the content is an excellent representation of how we see *AJAC*'s niche going forward. Specifically, the goal is to straddle the space where implementation science, health services research, and applied management and systems science meet. This is a lot of space to cover, but it is incredibly important if healthcare in the United States is to achieve greater value for resources expended.

While partnerships between scientists and practitioners have led to improvements in care delivery, the business of evidence creation has been dominated by academics and health scientists, often with little input from consumer advocates, industry representatives, and care providers. Likewise, innovations occurring in industry are often considered proprietary in a health system with significant profit motives. The result is that lessons on implementing scientific evidence are not disseminated enough, nor are innovative ideas studied with the level of rigor needed to influence policy, payment, and clinical training.

The vision is for *AJAC* to provide a space for scientists and those involved in all facets of care delivery to interact and to communicate with those who set policy, regulations, and payment. *AJAC* will adhere to the principles of transparency and scientific rigor, but it will also embrace the uncertainty that comes with applying science in real-world settings, publishing results from exploratory or pilot studies and informed commentaries from leaders in the field.

The June issue illustrates the value of *AJAC*:

- Low-value care is discussed from the perspectives of a patient advocate, a health plan, and a state policy maker. They highlight the success possible when such care is targeted and eliminated, as well as the delicate balance of communicating to patients the costs and benefits of treatment options.
- Yunfeng Shi, PhD, and coauthors reflect on the success and limitations of the push to implement and use the capabilities of electronic health records and health information technology. Despite progress, there is more work to be done to achieve better care. The article highlights some of the political, economic, and market barriers that impede achieving that potential.
- Two articles report on important topics from the field, including an article by Megan N. Whittet, MPH, and coauthors that focuses on health systems changes to address tobacco dependence; and an article by Bernadette Mazurek Melnyk, PhD, APRN-CNP, that focuses on clinician burnout.

I hope you find the content in the June issue of *AJAC* useful in your work, and I encourage you to think about contributing your own content for future issues. We are quite willing to work with potential authors, many of whom may not have experience with publication, to help frame and develop their work to meet the publication and scientific standards of *AJAC*.

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