



Celebrating Our 20th Anniversary

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As 2015 marks the 20th anniversary of *The American Journal of Managed Care* (AJMC), we wish to express our appreciation for the extraordinary teamwork that has played an integral role in enabling our publication to achieve this important milestone. We rely entirely on the authors who share their research and commentaries and on the committed peer reviewers who ensure that what we publish remains rigorous and relevant. We are grateful to our editorial board members, who provide regular feedback on our direction and scope, and we thank the editors who preceded us, Joseph R. Carver, MD, and J. Sanford Schwartz, MD, for their vision and for laying the solid foundation for what has become the leading journal of its type. We are most appreciative of the unwavering support and the business expertise of our publishers who gives us the resources and independence to focus on substance. Finally, the most important element responsible for our longevity and the growth of the AJMC enterprise: the tireless dedication of our staff, who graciously deal with a growing number of submissions, anxious authors, late reviewers, and often-distracted editors.

When AJMC was launched in 1995, the healthcare system was very different compared with today. Managed care was still in its youth, global and bundled payment systems were rare, significant innovation in consumer engagement had not yet occurred, and "delivery system transformation" was not the buzzword it is considered today. Additionally, much less attention was paid to "patient-centeredness," whether it be in the context of patient-centered medical homes (PCMHs) or patient-centered outcomes. In essence, the tools of managed care were largely undeveloped and fee-for-service medicine was the norm.

Twenty years ago, perspectives regarding healthcare delivery were often presented unchallenged, without critical peer review, and articles in scholarly journals were written largely for academics or front line practitioners. Our founders felt a real need for a journal that would bring peer-reviewed evidence to an audience of high-level

decision makers across the entire spectrum of healthcare. AJMC sought to fill that role even before translating evidence into practice and policy had become a well-accepted notion. The founding mission of AJMC was to bring the best available and most relevant evidence regarding efficient clinical and managerial practice to a broad spectrum of healthcare stakeholders—a mission that remains unchanged to this day.

Over the years, we have published a number of highly cited papers in our key clinical, managerial, and methodological content areas, many of which have been cited over 100 times. One area of particular interest has been benefit design. In 2001, prior to taking on our roles as co-editors-in-chief, we published the first paper¹ on value-based insurance design (referred to then as "benefit-based co-pay"). The idea was that financial barriers should be lowered for high-value services and raised for low-value services. Research by Goldman, Joyce, and Karaca-Mandic (2006)² supported this notion with the findings that by aligning co-pays with value in the treatment of high cholesterol, almost 80,000 hospitalizations and 31,000 visits to the emergency department could be avoided, resulting in a savings of over \$1 billion annually.

Other popularly acclaimed work has examined system issues. Perlin, Kolodner, and Rosewell (2004)³ described transformation in the Department of Veterans Affairs (VA). More recently, Rosland et al (2013)⁴ evaluated a PCMH model in the VA, reporting positive movement in process measures. Reid et al (2009)⁵ presented an important quasi-experimental evaluation of a PCMH, suggesting that PCMHs can improve outcomes without increasing costs. Gilfillan et al (2010)⁶ also evaluated a medical home model, reporting success in achieving substantial reductions in both admissions and readmissions.

Several important AJMC papers have resulted in methodological advances or have synthesized important issues. Lydick et al (1998)⁷ developed a questionnaire to identify women likely to have low bone density. Mattke et al (2007)⁸ reviewed evidence related to measuring health-

related productivity loss. Gibson, Ozminkowski, and Goetzel (2005)⁹ conducted a thorough review, which remains relevant today, of studies examining the impact of cost sharing on the use of prescription drugs.

Receiving more value for our healthcare expenditures has been an important focus for *AJMC*. To this point, we have published many important economic and clinical evaluations, including the highly cited work by Hornberger, Cosler, and Lyman (2005)¹⁰ evaluating the economic effects of targeting chemotherapy for early-stage breast cancer. In this paper, the authors use a decision analytic model to assess the cost utility of a targeting strategy for treating breast cancer. Their model predicted recurrence risk more accurately than existing guidelines for lymph node-negative estrogen receptor-positive patients with early-stage breast cancer. If applied correctly, use of the risk score could lower costs and improve outcomes. Kosinski et al (2002)¹¹ evaluated clinical effects of early treatment for rheumatoid arthritis, reporting that early treatment can meaningfully improve patients' health-related quality of life. A recent trial by Herman et al (2014)¹² has a 10-year follow-up to examine the potential for the Diabetes Prevention Program interventions to improve outcomes and reduce costs among adherent patients. They found that lifestyle and metformin could be cost-effective or even cost saving. Philipson et al (2013),¹³ using 11 years of data, reported that oral nutritional supplementation for hospitalized patients can prevent malnutrition, reduce the length of stay, and lower 30-day readmission risk.

Much has changed since *AJMC*'s founding, yet much also remains the same. Strong consensus remains that our current level of healthcare spending does not translate into sufficient value in terms of individual or population health. While many focus exclusively on the level of expenditures, we have long argued that our attention should turn from *how much* to *how well* we spend our healthcare dollars. The principles of managed care may now be pervasive, but they are hardly ubiquitous or consistent in their implementation. There continue to be remarkable clinical advances—often coming at high cost—that present complicated managerial challenges as we strive to create a sustainable high-quality healthcare system. There also remains a tremendous transformative energy exploring new care delivery models, new information technology tools, and new benefit designs. In fact, the amount of innovation has grown substantially over the past 2 decades.

To meet the growing challenge associated with conveying timely content to a broad set of stakeholders, the *AJMC*

team has focused its entrepreneurial spirit on new ways to convey information. Focused titles like *Evidence-Based Oncology*, *Evidence-Based Diabetes*, *The American Journal of Pharmacy Benefits*, and *The American Journal of Accountable Care* have been launched. Targeted special issues, such as those focusing on information technology, the VA, and care for diabetes, have been a great success. Additionally, conferences devoted to the influence that new care delivery and financing strategies will have on specific clinical areas have engaged both researchers and managers. The development of *AJMC*tv and innovative Web content has also greatly expanded our ability to reach out to the field.

Collectively, *AJMC* is no longer just a journal, but rather an array of tools designed to bring the latest evidence about medical practice, delivery systems, and financing to both academic and industry stakeholders. In the coming years, we hope to continue the tradition of innovation and excellence at *AJMC*, and look forward to your continued active participation.

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