Quality and Value of Health Care and ATT’s Content

As health-care costs continue to increase annually at approximately three times the rate of overall inflation in the United States (Kaiser Family Foundation: http://www.kff.org/insurance/7031/print-sec1.cfm), health-care consumers are becoming increasingly concerned about the relationship between the quality and cost of health-related services. “Value-based purchasing” of health-care services is widely viewed as a promising strategy for cost containment, but the relative “value” of a particular service (i.e., quality vs. cost) cannot be assessed without a clear definition of “quality.” Because the concept of quality is subject to numerous interpretations, any effort to measure quality must identify the specific context of the assessment (e.g., clinical proficiency or interpersonal rapport with patients) and delineate its key indicators in very concrete terms.

From the perspective of a physically active person with an injury, the effectiveness of a health-care service in restoring normal function is obviously the most important indicator of the quality of the service. Unfortunately, no mechanism currently exists to quantify the effectiveness of services related to musculoskeletal-injury prevention and rehabilitation in a manner that can influence the health-care purchasing decisions of large third-party payers (i.e., insurance companies, self-funded employer health plans, or government agencies). Current efforts to promote value-based purchasing of health-care services define quality in terms of compliance with existing evidence-based-practice guidelines. The practice of evidence-based medicine, which is the conscientious, explicit, and judicious use of current best evidence from systematic research in making decisions about the care of individual patients (Centre for Evidence-Based Medicine: http://www.cebm.net/glossary.asp), will undoubtedly become an increasingly important concept in relation to the assessment of health-care quality and value.

Although Athletic Therapy Today does not publish clinical-research reports, its mission is to publish evidence-based information that will support efforts to deliver high-quality clinical services to the physically active population. The extent to which this mission is fulfilled depends on the quality of content submitted by authors for review, as well as the efforts of the editorial board to guide improvement in the presentation of submitted work through the review process or to compose content for the journal as authors themselves. Widely recognized components of journal content quality include information accuracy, conceptual clarity, proper grammar, logical flow of ideas, and relevance to clinical practice.

As discussed in relation to health-care services, the concept of value represents the relationship between quality and cost. There is obviously a monetary subscription cost to receive ATT, but there is also a cost in terms of the time you invest in reading its content. Over the past several years, we have implemented format changes to address a wide variety of topics of interest to clinicians in each issue through very concisely written column reports. Additional format changes will be introduced in the near future to further increase the “information density” of each page of content in every issue. Hopefully, ATT readers will increasingly appreciate the value of its content as a means to enhance the value of the clinical services that they provide.

Gary B. Wilkerson, EdD, ATC
Editor
COLUMNS

30  Info Tech Advisor
33  Professionalism & Ethics
36  Continuing Education Assessment
38  Evidence-Based Medicine
42  Sport Psychology & Counseling
44  Disability & Special Needs
46  AT Education
50  News & Notes
51  Case Review
54  Clinical & Corporate Perspectives
56  Clinical Evaluation
58  Book Reviews
60  Therapeutic Modalities
63  Functional Rehabilitation
66  SportsMed Omnibus