

EDITORIAL

## Looking Back and Forward: Reflections on 20 Years of the *Health Policy Newsletter*

For more than 20 years the *Health Policy Newsletter* has been among the intellectual products emanating from what was first the “Office of Health Policy and Clinical Outcomes,” then the “Department of Health Policy” (both at Jefferson Medical College) and what has become, over the course of the past few years, the Jefferson School of Population Health. This will be the last issue published under the *Health Policy Newsletter* masthead. Beginning in the fall, we’ll be publishing under a name that is more reflective of our mission and vision – *Population Health Matters*. As Editor in Chief, I think it’s important to reflect on our two-decade journey as we complete our conversion to a totally online publication.

Our newsletter has served to illuminate and inform our readers about the pressing issues of an important era in health care and documents some key aspects of our own journey from office, to department, to school. We covered many policy issues, political issues and even a few personal issues. It’s a journey we could not have undertaken without the help of many colleagues and friends – from inside and outside the Jefferson family of university, hospital and health system – who contributed articles or gave of their time to serve on the editorial board.

The newsletter started publication before the advent of the digital technology that rules our lives today. When I arrived at Jefferson in January 1990, there was no computer or even voicemail. We actually talked to one another, and there was nothing to distract from the topic at hand during a meeting. While it’s certainly hard to visualize a work environment without all of our modern tools, I think we were a lot less preoccupied and more “in the moment.”

During the first decade of publication of the newsletter, the Office of Health Policy was deeply involved in the early movement toward public accountability for patient outcomes. I began my tenure as chair of the statewide Technical Advisory Group (TAG) of the Pennsylvania

Healthcare Cost Containment Council, headquartered in Harrisburg, PA. PHC4, as it came to be known, was one of the first state-based, tax supported, hospital outcomes purveyors in the United States. In the early 1990s, PHC4 was among the first organizations to create a report card on the outcomes of open heart surgery, myocardial infarction, and then the top 25 inpatient DRGs for every hospital.

Given my role on the TAG, several editorials in the 90s reflected on our work together. “*Report on Report Cards*” (May 1998) acknowledged the struggle of promoting public accountability and drew attention to the differences in outcomes of care. The political climate at that time was not widely supportive of releasing what had heretofore been private information. PHC4 and our Office of Health Policy continued to push forward on these issues.

The second decade (the Y2K era) could be characterized by the introduction of disruptive innovations and technology. We thoroughly examined burgeoning movements to transform care delivery (September 2007). In our early work as the Department of Health Policy (JMC), the faculty were deeply involved in helping to assess the quality of care delivered by nurse practitioners in clinics based largely in for-profit drugstore chains and “big box” retail stores. We had access to some of the emerging national leaders who helped to frame this innovative paradigm which evolved into what is now known as “retail medicine.” We allied ourselves with a new organization, the Convenient Care Association, headquartered right here in Philadelphia.

Hospital technology designed specifically for patient education and entertainment led to the introduction of the “hospital bed of the future” spearheaded by GetWell Network, a young company established in 1999 (December 2007). GetWell Network was among the first to use a bedside touchscreen monitor and other hand held devices that allowed in-patients

to access the Internet and other educational communication and entertainment tools. They coined the phrase “interactive patient care or IPC” to describe this patient-centric point of view, which was endorsed by major national organizations, such as the American Hospital Association. In a relatively short period of time, this work has led to the establishment of the Institute for Interactive Patient Care (IIPC), a not-for-profit research organization closely affiliated with GetWell Network.

Another important milestone in this second decade was our early publication of the results from a now famous Pennsylvania-based study on hospital-acquired infections. The *Health Policy Newsletter* was among the first to describe this new lexicon of “hospital-acquired (later termed ‘hospital-associated’) infections” (HAI). This work was based, again, on heretofore “confidential” data released by PHC4. “*Sunshine is the Best Disinfectant*” (March 2007) was fueled by a press conference at the National Press Club in November 2006 which resulted in a cover story in *Modern Healthcare* magazine. This was a watershed event for the newsletter as it documented how a local story could have national significance.

Sometimes our editorials had a distinct personal flavor. At the end of our second decade of publication I became introspective in three editorials of special significance to me. In the first, in December 2008, I reflected on the meaning of “mission.” At the time, I had concluded 10 years of service on the Board of Directors of Catholic Healthcare Partners, the nation’s 10<sup>th</sup> largest not-for-profit hospital system. CHP is a recognized national leader and I was privileged to work with both religious and lay leaders who taught me a great deal about the meaning of devotion to the mission of an organization.

Probably the most personal editorial came in June 2009, a few months after the death of my father, in a piece called “*Losing My Dad*.” I was humbled by

the power of the newsletter to reach so many, as I received more than 200 personal letters, emails, and hand scribbled prayers of support. I was overwhelmed by the outpouring of emotion as many readers described similar stories of elderly parents or relatives who were victims of medical error and other untoward events.

Finally, in the summer of 2010, the newsletter editorial focused on the Arthur C. Bachmeyer Memorial Lecture, which I was privileged to deliver as the special honoree at the American College of Healthcare Executives annual meeting. I reflected on the passage of health reform as the lecture occurred exactly one day after the Senate passed the Affordable Care Act (ACA).

As we step squarely into the present decade, our content has been appropriately characterized by the launch of our new School of Population Health and it completes our journey from office, to department, to school. Many faculty members have helped to sculpt the front page editorial,

especially in this last era. Editorials have focused on “*One Book, One School*,” which was a detailed review of George Halverson’s critically acclaimed book, [Healthcare Will Not Reform Itself: A User’s Guide to Refocusing and Reforming American Health Care](#). We also began to focus on the details of the ACA and published such issues as “*No Outcome, No Income*,” a deep dive into meaningful use and its impact on the healthcare system. We also took time to reflect more broadly about reform, asking whether it will actually improve our nation’s health. Guest editorialists focused on other pressing issues of the new decade, including, for example, the new program requirements from the Accreditation Council for Graduate Medical Education (ACGME).

As we move forward into the next phase of our journey, we will strive to bring our readers the best commentary, analysis and reporting possible. We hope you choose to join us as we refine our voice in the context of our new publication, *Population Health Matters*. Aside

from choosing a new name befitting the broader goals and mission of the only school of Population Health in the United States, we have transformed our publication into a digital format, a cost-efficient and “green” effort. As we upgrade our technology and online publishing skills, we will work to incorporate more dynamic and interactive content to engage and inform you.

I hope you’ll join the conversation with our faculty and staff, and that you will attend our live programs and conferences (or access the online archives and podcasts), submit an article or commentary, become a member of the Grandon Society, or even take some courses with us in person or online. I am enthusiastically looking forward, with great pleasure, to the next decade of publication. ■

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