



Notes from the Editor-in-Chief

THIS IS THE FIRST ISSUE of *HealthcarePapers*, a new and exciting publication created to bridge the gap between the world of academia and the world of healthcare management and policy. It will focus on the Canadian experience with changes in healthcare systems, and will draw substantially on international research and writings. Often scholars in universities focus their publications on informing their peers in other universities about their work. This is, of course, an important aspect of the university rewards system. In *HealthcarePapers*, however, we want to encourage an exchange of ideas between scholarly research and implementation of results where they will have the most impact. In each issue we will select one topic of substantial interest to the field of practice. Our criteria requires that the theme be of such considerable intrigue and complexity that, if explored in depth, it has the potential to change health policy.

HealthcarePapers is considered peer-reviewed; the main paper of the issue will be subjected to intense scrutiny and debate by a wide range of experts. Here's how it works! An expert known for his or her qualifications in the field of interest will be asked to write a paper on the topic. This paper will form the main focus for the issue and therefore will consider the topic in ample depth. This main paper may take a controversial point of view and does not necessarily need to cover the topic from all angles. To ensure that the topic is covered from many different perspectives, eight to ten other experts will be asked to review the original paper and provide their comments. It is anticipated that these reviewers will round out the topic by providing six to ten pages of commentary to augment the original perspective. Clearly, these reviewers will be chosen for their complementary knowledge and expertise. We expect the secondary reviewers to be controversial — in fact, the more provocative the better! When these reviews have been received they are then forwarded to the main author(s) for their final commentary. It is quite an extensive process but we hope it will produce interesting and exciting reading.

This Issue

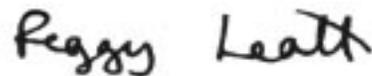
The topic we selected for this first issue of *HealthcarePapers* is Primary Healthcare. We consider this topic to be of particular interest and importance at the present time in Canada and therefore worthy of being the subject of this first issue.

Primary care is considered to be in a state of crisis in many parts of the country both from practitioner and policy perspectives. Over the past 10 to 15 years there have been numerous reports both nationally and provincially about what needs to happen to improve both the effectiveness and efficiency of the way we organize and finance primary healthcare in Canada. Many of the reports are very similar in their conclusions and recommendations but without exception they have not resulted in a great deal of action! Indeed, the reform of primary healthcare will lead to improved access to healthcare, a decrease in inappropriate use of hospital emergency departments, better use of health resources, improved outcomes for patients, and some resolution to the reported physician shortage/maldistribution problems.

In this issue, Rosser and Kasperski outline the new model for family medicine's role in primary care for Ontario from the perspective of the Ontario College of Family Physicians. The College is to be congratulated on its timely report and for bringing the issue of primary care to the centre stage at this time. As governments and practitioners look at ways and means to better integrate the patient care experience it is important that the role of primary care be augmented to become a basic building block to better coordination of services. The reviewers of the Rosser and Kasperski paper are diverse and emphasize different perspectives on primary health care and where it should go in the future. These other perspectives enrich the discussion of the main topic from many viewpoints including nursing, specialists, pharmacy, the pilot projects in Ontario and the experiences of other countries.

We hope we have produced a well-documented issue which will be of value to both practitioners and policy-makers. I have learned a great deal from being involved in this issue. I hope you will too and that you will enjoy the journey the writers lead you through.

We would be extremely interested in your comments on this issue, on topics for future issues and our editorial strategy.

A handwritten signature in black ink that reads "Peggy Leatt". The signature is written in a cursive, slightly slanted style.

Peggy Leatt, PhD
Editor-in-Chief