



## Executive Editor's Letter

**D**isease management is important to hospitals. It is receiving a great deal of attention throughout the world as providers attempt to maintain quality without increasing costs. Paraphrasing Senathirajah et al.: Disease management, almost by definition, can result in a reduction in the demand for the more expensive emergency services and inpatient hospitalization, but they argue that hospitals are not rewarded for diminishing demand for their services. Despite this, the Capital Health Authority in Edmonton has shown that good management can reduce seniors' dependence on the formal acute care system (see page 15). Other articles by Gray Ellrodt and his roundtable, Terrence Montague, Jeff Sidel and Jeff Edelson (in all cases with significant co-authors) provide hospital executives valuable context as they try to define their role within an integrating healthcare system. I am grateful to Jeff Edelson for providing counsel to us in preparing this material. Jeff divides his time between SmithKline Beecham in Philadelphia and St. Michael's Hospital in Toronto, and he has joined our editorial board to provide the perspective of physicians.

We continue our coverage of "private money for public hospitals." Examples cited are only of large health sciences centres, but they are significant because they create opportunities for others. Our editors hope to continue the series by reporting on the practices of smaller hospitals.

This issue presents our second profile. It provides our readers with a unique opportunity to learn about a hospital's well orchestrated campaign to change an unpopular decision: to close it. We are also working on several articles to demonstrate the closing of a hospital. Details next issue.

Anna Day sets the stage for a series of articles that will explore the role of women's health in defining emerging models of healthcare. Something to look forward to as we will explore partnerships with patients in future issues.

Mike Moralis continues his series of web site reviews. Many readers refer to this — often first. The feature will grow in importance as we become more and more conversant and dependent on the world wide web. Recommended reading.

The editing of *Hospital Quarterly* has changed since it was founded only a year ago. We have a rich editorial program to choose from, a lot of change to monitor and many best practices to report. Our readers are interacting in print, by phone, by email and through participation at forums organized to explore significant issues; this provides important feedback and many creative ideas. I am pleased to continue my role as editor while I am on secondment from the University of Toronto to the position of CEO of the Ontario Health Services Restructuring Commission. My work on the journal provides fresh perspectives that, in some cases, have immediate application to the Commission — synergy that I hope you will find as well. All the authors deserve our appreciation for providing significant insight and valuable lessons.

We are aware of many innovative best practices across Canada and invite your suggestions and submissions to publish reports of the evidence. I welcome your contributions.

Thank you.

*Peggy Leatt*

**Peggy Leatt, Ph.D.**