

From the Editors' Desk: Innovation and Improvement

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J Gen Intern Med 25(5):377

DOI: 10.1007/s11606-010-1321-1

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Legislation passes or fails. Prospects for health care reform wax and wane. Government initiatives (on patient safety, disparities, and now comparative effectiveness) come and, just as surely, go. In the meantime, this nation's 50,000 general internists struggle to provide high quality care to their patients. Many succeed. But large national studies from RAND and elsewhere tell a different story. Delivering the right care, to the right patient, at the right time, every time, remains, in the aggregate, an elusive goal.

Whatever the fate of health insurance reform, there is an urgent need to improve care on the ground. Beginning with this issue, JGIM launches a new series, *Innovation and Improvement*, that puts the focus on practical solutions to the big challenges in health care delivery. The series, supported by a grant from the California HealthCare Foundation, will feature two different article types. In *Improvement Happens*, JGIM interviewers will talk with health care innovators and change agents actively involved in solving problems within their own health care organizations or on a state or national level. In *Interval Examination*, authors will write first person accounts describing meaningful innovations within their own health care organizations. The title suggests the interim nature of the self-evaluation. The focus will be on framing the problem, describing how the solution was developed, providing details of implementation (including obstacles along the way), and evaluating (qualitatively or quantitatively) the effects. Our goal is to produce manuscripts that read more like discursive essays than scientific reports; the idea is to give readers a sense of the history, anthropology, sociology, psychology, and politics of innovation as it actually plays out in real world settings.

Topics can span the gamut from retail clinics to innovations in patient safety, from use of new technologies (e.g., clinical

e-mail, cell phones, social networking websites, telemedicine, and robotics) to new ways of organizing care or preparing residents for the practice of the future. Following publication, additional discussion will be encouraged through JGIM's Letters section and blog (blogs.springer.com).

This issue's debut of *Improvement Happens* features an interview with Dr. Christine Sinsky, an internist at Medical Associates Clinic (MAC) of Dubuque, Iowa. Dr. Sinsky describes how MAC has managed to maintain an astonishing record of staff and physician satisfaction and retention while delivering personalized care to patients. MAC has all the modern accoutrements like an electronic medical record and open access scheduling. But the most innovative aspect of the practice is principled and somewhat "retro": all employees (including physicians) are expected to operate at a level commensurate with their skills and training. As Sinsky put it, "We do not ask our surgeons to go into the operating room and gather all the instruments out of the cabinets; we don't ask them to scrub the operating site; we don't ask them to fill out the demographic part of the pathology requisition slip." At MAC, primary care internists do not spend their time gathering forms, and nurses are much more involved in clinical data collection and routine aspects of patient care than in the typical large internal medicine practice.

Innovation and Improvement is a collaborative between JGIM's editors and readers. We need you to send us your ideas, tell us your stories, and connect us to others who are addressing macro-challenges on the local level. We all know the problems with health care. (And if you weren't sure, check out the amusing satire by Jonathan Rauch in the National Journal: http://www.nationaljournal.com/njmagazine/st_20090926_4826.php). *Innovation and Improvement* is about showcasing solutions. We look forward to your comments.

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Published online March 26, 2010