EDITORIAL FOREWORD

This issue of Medical Care Review begins with an extensive review article by Haya R. Rubin entitled, “Can Patients Evaluate the Quality of Hospital Care?” This review discusses methods for obtaining patient reports and ratings of hospital care. Rubin assesses the content, reproducibility, accuracy, sensitivity, and availability of these various methodologies for obtaining patients' evaluations of the quality of hospital care. A wide range of quality measures are examined, including measures of overall patient satisfaction, patients' intentions to return to a particular hospital or to recommend it, and more specific evaluations of nursing and medical care. One of the important findings revealed in Rubin's review is the dearth of research on the relationships between these patient assessments and what one might call the “technical” quality of care, as measured by peer review and assessments of health outcomes.

The second article in this issue, “The Effect of Utilization Review on Hospital Use and Expenditures: A Review of the Literature and an Update on Recent Findings,” by Thomas M. Wickizer responds to the growing use of utilization review as a strategy for reducing the unnecessary or inappropriate use of hospital care. As Wickizer notes, prospective utilization review typifies the managed care approach now being used by employers and insurers to constrain medical resource consumption by private patients. This article reviews the evaluation research literature on utilization review programs, with an emphasis on assessing the methodological soundness of these studies, and Wickizer concludes by proposing several questions that future research should address about the effectiveness of utilization review programs.

“Improved Stakeholder Management: The Key to Revitalizing the
HMO Movement?" by Sharon Topping and Myron D. Fottler, is the final article in this issue of MCR. These authors note that many HMOs today are experiencing serious financial difficulties, and they propose that effective HMO management requires a more complete understanding of the various stakeholders involved with HMOs. To support their contention, national survey data for 1980 and 1984 and other literature over the period 1985–1989 are reviewed. Topping and Fottler conclude their review with several propositions for improving HMO stakeholder management.

It is a pleasure to be able to bring these reviews on such timely issues to the readers of Medical Care Review.

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Editor