

## In This Issue

**A** SCREENING TEST IS MOST COMMONLY EVALUATED by estimating the number of cases it detects (sensitivity) and the number of noncases that it indicates are negative (specificity). Unlike a test's predictive value, these statistical measures remain independent of the prevalence of a condition. However, they do not take into account either the interval between tests or the likelihood that repeated tests will detect a condition over an extended period. Disagreement about the value of different testing intervals contributed to the recent controversy over the appropriateness of mammography in women under 50. Unfortunately, data on frequency or interval, which are needed to make informed decisions about the appropriateness of screening programs, are in short supply. In the first article of this issue, "Cancer Incidence and Mortality," Graham A. Colditz and his coauthors discuss factors that are critical to the development of effective cancer screening programs and focus on the topics of testing frequency and population coverage.

Another health policy issue that has been the focus of recent media attention is the advisability of varying lengths of stay for women who have just delivered a baby. In a move that was virtually unprecedented in health policy, President Clinton signed a bill in September, 1996, requiring insurers and self-insured employers to provide minimum periods of hospitalization for new mothers and babies. In their article, "The Politics of 'Drive-Through Deliveries,'" Eugene Declercq and Diana Simmes review the literature on this subject and analyze the political process that caused a specific, technical question on medical care so swiftly to become part of a federal bill and to move to the forefront of health care legislation in most states.

Coverage for certain types of health benefits often is provided in the hope that the new services will lead to more appropriate and efficient patterns of care. In 1988 the Medicare Catastrophic Coverage Act altered the regulation of skilled nursing care and of eligibility for nursing homes under Medicaid. Linda Laliberte and her colleagues examined the impact of the Act and found that the proportional increase in Medicare-financed nursing-home care was not associated with a reduction in hos-

pital use by nursing-home residents. In "Impact of the Medicare Catastrophic Coverage Act on Nursing Homes," the authors note: "Good intentions do not necessarily lead to good policy, and good policy does not always equal good politics." Unless we respond to the pressing need to create comprehensive policy in this area, we will have to settle for the de facto policies established by the private sector.

Policy debates about the appropriateness of different types of insurance coverage for ambulatory mental health care in the United States have been hampered by a paucity of data on kinds of arrangements, particularly in the area of comprehensive coverage. Marjorie C. Feinson and her coauthors, in "Ambulatory Care under Universal Coverage," base their discussion of this question on a national survey of persons who used ambulatory mental health services in Israel. Their analysis uncovers valuable information about patterns of care in a system that does not restrict mental health services to its citizens.

In the previous issue of the *Quarterly* (75:1), Paul K. Halverson and his colleagues noted that alliances between "not-so-strange bedfellows," namely, managed care plans and public health agencies, are increasing. The authors explored ways to improve coordination between the public and the private sectors in order to promote public health. Based on observations of more than 60 public health jurisdictions, they created a typology of interorganizational relations between managed care plans and local public health agencies. In so doing, they provided important, practical insights into the origins of public-private alliances, how they work, and their possible outcomes. In the current issue, William E. Welton and his colleagues, in "Developing Tomorrow's Integrated Community Health Systems," delve further into the theme of current and future relations between population-based, or public health, services and personal medical services

*Paul D. Cleary*