

We Live in Interesting Times: How Health Services Research and Managerial Epidemiology Helps Point the Way Forward

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“May you live in interesting times” is an often-repeated quote. Much like the COVID-19 pandemic is reported to have arisen from Wuhan China, this quote is rumored to be an ancient Chinese curse. We certainly do live in interesting times with regards to healthcare. From the massive influence of technology to the COVID-19 pandemic, the delivery of healthcare is changing rapidly.

While big data promises to revolutionize and personalize healthcare, the push of technology has caused medical care to become more fragmented and specialized.^{1,2} Additionally, the COVID-19 pandemic has accelerated change with new sweeping public health guidance and a rapid adoption of tele-healthcare or virtual visits.³ In this rapidly changing environment, it is more important than ever to scientifically consider the impact of these changes on quality of care, access to care, value of care, and overall health.⁴

Last year, Ghosh et.al found a worrisome widening disparity in hospital length-of-stay between black and white patients following implementation of the Hospital Readmission Reduction Project.⁵ Studnicki et.al noted that chemical abortions were associated with more emergency department visit morbidity than surgical abortions.⁶ And Boretti raised important questions about an alarming rise in COVID-19 cases coinciding with vaccine introduction in Israel.⁷ While seemingly unconnected, these studies, all published in this journal, indicate the need to objectively evaluate interventions for potential unintended effects. Healthcare is a complex adaptive system, and as such, outcomes are not necessarily linear and cannot be determined by examining only the components.⁸

This journal, Health Services Research & Managerial Epidemiology, is uniquely positioned to study the complex effects of these changes. By applying case-control and cohort studies, the tools of analytic epidemiology, to healthcare

service and management issues, we can objectively determine effects and prove or disprove hypotheses. This is a continuation of the vision Dr James Rohrer expressed while founding this journal.⁹

As your new editor-in-chief, I am grateful for the foundation that Dr Rohrer developed. A study by Khera et.al, reported in this issue, is a wonderful example of the science this journal can advance. Using a retrospective cohort, his team identified patient characteristics which could be used to determine eligibility for virtual pre-anesthetic medical exams.¹⁰ In 2022, I look forward to publishing more works like this which use the techniques of epidemiology to examine all aspects of healthcare delivery.

Ironically, the first known reference of the quote was attributed to Sir Austin Chamberlain, a British statesman and half-brother to the Prime Minister, during the leadup to World War II.¹¹ Despite inaccurate and hyperbolic political comparisons to World War II,¹² we are lucky COVID-19 does not match the devastation of a world war which killed 3% of the world’s population or more than 70 million people.¹³ While we mourn for those lost to COVID-19, we also recognize it has altered our lives dramatically and changed healthcare delivery suddenly. We are indeed living thru interesting times; it would be a shame not to study them objectively and scientifically.

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