ITALIAN JOURNAL OF PUBLIC HEALTH

Editorial

It is rather difficult to give a unique definition of Health Services Research (HSR), since the concept of HSR has been evolving over the last 30 years.
According to Last (1988), HSR can be considered the integration of epidemiologic, economic and other analytic sciences in the study of health services.
HSR is a type of research, multidisciplinary in nature that can be conducted in several settings focusing on different purposes.
The objective, according to the view of the Agency for Healthcare Research and Quality (2002), is to make research capable not only of identifying the most effective ways to organise, manage, finance and deliver high quality care, but also of reducing medical errors and improving patient safety.
The relationship between HSR and public health is very strong: on one hand, both disciplines are concerned with the health status of the individual or of the population; while on the other hand, they deal with health systems, health intervention and factors that could influence health status.
In this issue, there are two papers concerning the methodological issues in HSR. Baglio and coll. reported that due to the increasing availability of clinical information, on the basis of electronically processed data obtained through the hospital discharge records in the Hospital Information System, large databases are being set up to develop risk-adjustment models for outcome assessment, with a specific focus on hip arthroplasty. They conclude showing that gaps in clinical information may compromise the ability to carry out high quality appraisals, particularly considering the underreporting of co-morbidities, potentially leading to an under or over-estimation of the providers' skill and quality of care, as a consequence of imperfect risk-adjustment. Pourhoseingholi et al. present a study aimed at comparing linear regression and quantile regression in order to analyze the predictors of duration of hospital stay for patients with gastrointestinal cancers. They demonstrate statistically that if the duration data showed major skewness, using quantile regression leads to better interpretation and richer inference.
Moreover, Tessarolo and coll. face the interesting point of devices' reuse in a particular area (single-use percutaneous catheters in interventional cardiology). Their starting point is the increasing number of cardiac interventions and the consequent economic load on health system demand, and they conclude that potentially there could be a saving at national level ranges in the intervals of 19.85-24.24 M€.
The link between economic aspects and healthcare is discussed by De Bakker and Groenewegen, who give an update on the situation of primary care in the Netherlands and on the risks of increasing fragmentation of care and to the possible negative side effects of a transformation process from cottage industry to service industry in this field. They state, as the evidence at the international level supports, that strong, integrated primary care can potentially save costs in secondary care. They conclude that in order to provide integrated primary care then the development of electronic patient records is unavoidable.
Finally, Guasticchi et al. demonstrate the importance of the integration between health systems and the network of healthcare providers (Emergency departments). They report on the results and experience of a pilot study concerning the development of an emergency-based syndrome surveillance system in the Lazio region. The aim of the system is to monitor, in real time, the occurrence of clusters of 13 different syndromes. They conclude that this

surveillance system does not duplicate the existing NDS, and actually can be used as a tool to improve mandatory infectious disease notification.

References

Last JM. A dictionary of epidemiology. Oxford University Press, New York 1988.

Giuseppe La Torre
IJPH Editor in Chief