A journal with a readership the size of the Wisconsin Medical Journal seldom has the privilege of publishing what we believe is a substantial contribution toward the improvement of the care of a significant number of patients. We believe that the report of the Wisconsin Medical Society’s Task Force on Chronic Pain Management is one of those occasions.

We are grateful to the Task Force for all of their exhaustive work on “Guidelines for the Assessment and Management of Chronic Pain.” While it is too lengthy to do more than skim initially, we believe it will be most valuable if used as a reference for clinicians confronted by the next patient who seems to have real chronic pain for which the detectable underlying cause, if apparent, warrants the use of powerful drugs. The initial skim will suffice to gain an appreciation for the comprehensiveness and compassionate realism of the content—even including the legal issues surrounding the prescription of controlled substances for chronic pain in Wisconsin. We salute Doctor Vasudevan and the task force for this significant contribution. Doctor Vasudevan’s thoughtful three questions in the accompanying guest editorial (p 11) should, perhaps, become a mantra for anyone treating patients with chronic pain.

But the chronic pain guidelines are just one component of this “bursting-at-the-seams” issue of the Journal. The remainder of the issue focuses on quality improvement, and we would like to acknowledge the efforts of the Society’s Cindy Helstad, PhD, who recruited most of the contributions. We hope that the reader will be able to obtain a balanced overview of some important state and national attempts at the rational measurement of quality in ways that cause the least infringement on physician professionalism.

Doctor Kindig and Dr Stone Newsom recount the efforts to introduce incentives into the processes (p 43); Doctor Hatahet and colleagues report the lessons learned in the forward-looking Wisconsin Health Care Collaborative and its resolve to make appropriate data understandable and available to consumers (p 45); and Doctor Shabino and Ms Richardson report on CheckPoint, a public reporting initiative of the Wisconsin Hospital Association (p 49).

Dr Peppard and his colleagues have undertaken the daunting task of developing “county health rankings” (p 52) and provide us with their initial results along with the request for feedback and discussion with improvement of the process as their goal. Doctor Hartlaub’s brief, yet illuminating account of his transformation from skeptic to believer in the course of his involvement in the Medical Society of Milwaukee County’s Community Collaboration on Healthcare Quality is reassuring indeed (p 57).

The Hladilek, Howe, Carr paper (p 58) is, in its own way, as large an undertaking as the Chronic Pain Guidelines found earlier in this issue. One’s mind boggles at the task of reporting, let alone developing and maintaining a system as complex as the Wisconsin Medicaid Quality Program. There is reassurance that the system can deal with its many functions for the benefit of that needy population. Doctors Bartell and Smith posit that a systems redesign in quality improvement would improve physician job satisfaction, sense of professionalism, and patient care (p 66). Doctor Harms supports a physician-led systems approach to quality improvement based on the Bartell/Smith paper (p 63).

The report of the Society’s diabetes study by Dr Helstad and her colleagues points up the difficulties and opportunities provided by such a meticulous study of the disease—as does the report of asthma in Wisconsin adults (p 79) by Ms Navon and her colleagues. Both reports underline the need for improved patient self-management in the reduction of the burden of these diseases.

Finally, we hope you have the time to read “Looking Back” (p 96), which features an excerpt first published in the Wisconsin Medical Journal 100 years ago. In this issue, we reprint an editorial comment relating to the establishment of a colony for Epileptics. How times have changed.
The mission of the Wisconsin Medical Journal is to provide a vehicle for professional communication and continuing education of Wisconsin physicians.

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