In 2005, the leadership of the Department of Cardiology at Children’s Hospital Boston became convinced that serious health care reform was inevitable in this country, and that “health care reform” was simply an alias for reducing costs. We began to prepare for that inevitable change in the landscape by attempting to create cost-effective clinical care algorithms for the outpatient department in cardiology. We were frustrated by the idiosyncratic nature of clinical practice guidelines and the lack of legitimate data or reasoning that served as their basis, and began looking for a different approach. Exposure to principles from the Harvard Business School on continuous improvement, and a rediscovery of the techniques and principles that we used in an informal fashion to generate some of our most successful clinical advances in the last 25 years, eventually led to the development of the Standardized Clinical Assessment and Management Plans (SCAMPS). The five manuscripts in this issue of Congenital Heart Disease represent our first efforts to improve care and reduce unnecessary resource utilization in a data-driven fashion using SCAMPS.

The first manuscript, “Deciding Without Data,” was crucial in persuading the faculty with actual data, how idiosyncratic and anecdotal our practice actually is, and underscored the need for an improved process of decision making. The second manuscript, “The Manual Operations for SCAMPS,” presents an overview of the process as it stands in the summer of 2010, and should be useful to others pursuing similar efforts to improve quality and reduce unnecessary resource utilization in a systematic, iterative fashion. The next three manuscripts are examples of how the process might work in three different lesions.

The manuscript on the very small patent ductus arteriosus (PDA) reflects the kind of work often necessary to form the basis for a sound plan of medical care, relying primarily on data in the literature to calculate a preliminary risk–benefit assessment of how to proceed. The fourth paper on chest pain in children is an example of a clinical condition for which there are virtually no useful data in the literature. We assessed practices within our center in the last decade in order to design a new approach to the initial evaluation of outpatients with a chief complaint of chest pain. The fifth manuscript on the follow-up of patients after an arterial switch procedure presents our preliminary results from a SCAMP that was prepared and finalized during the year 2008, with data collection beginning in March of 2009.

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