Editorial Column

Recent Changes at *Health Services Research*

Three recent changes in *HSR* occasion the opportunity to take a new look at our peer review process and assess the potential for the Journal to add other value to the field. Some might advise "If it's not broken, don't fix it." Indeed, *HSR* was recently awarded the Emerald Golden Page Award for its excellence (Emerald Golden Page Awards 2002) and was ranked second (after the *New England Journal of Medicine*) in quality as an outlet for publishing articles related to health services research (Williams et al. 2002). However, essential to *HSR*'s continued excellence is its philosophy that the Journal can always be improved to add value. We wish to continue that philosophy and plan to solicit and respond to your new ideas about our processes to attract, select, and publish the highest quality manuscripts in health services research and identify other ways the Journal can help add value to our field.

One change is *HSR*'s new editorial staff. In September 2002, Stephen M. Shortell, Ph.D., after six years of directing and strengthening *HSR,* handed the editor-in-chief baton (suitably split into two equal pieces) to Ann Barry Flood, Ph.D., and Harold S. Luft, Ph.D. The managerial offices shifted to the University of California at San Francisco (UCSF) with a new managing editor, Katherine Bonenti. We've also expanded the available number of Senior Associate Editors (SAEs) to help shepherd the review process, welcoming José Escarce, M.D., Ph.D., and Phil Kletke, Ph.D., to our seasoned roster of SAEs: Carolyn Clancy, M.D.; Nicole Lurie, M.D., M.S.P.H.; Catherine McLaughlin, Ph.D.; and Albert Siu, M.D., M.S.P.H. Steve Shortell has also agreed to serve as Emeritus Editor, along with Gordon DeFriese, who directed *HSR*'s development for thirteen years. These people, besides helping to speed up the peer review process, are integral to our efforts to strengthen the value and contributions of *HSR* (detailed below).

A second recent shift is to Blackwell Publishing. They bring an impressive worldwide base of experience, publishing more than six hundred professional journals. While they have been our publishers for over a year, we are taking increased advantage of their capabilities. We now offer a very much improved publishing time (about six months from when a manuscript is accepted) and we are working to shorten that even more. Additionally, there is

a commitment to publish at least two special issues annually, which permits us to feature some important topics as well as expand our manuscript base. Blackwell is currently customizing, to the needs of the Journal and our field, an innovative electronic peer review management system and other web-based activities. Blackwell's services go beyond merely supporting our editorial and peer review needs and enhancing the access to the Journal. One exciting change underway is the ability to permit the electronic reader to go directly to the articles referenced in the Journal for a look at what references the authors have selected (and therefore help the reader understand why). We can also add some new features to the electronic versions of published manuscripts, such as appendices and color maps or figures.

The third change is to an all-electronic process of submittal and review of manuscripts. This began in September 2002 with a fairly rudimentary system for authors to submit their manuscripts by e-mail. These in turn were e-mailed to an editor or an SAE for initial decision making before identifying and e-mailing them to reviewers, who then e-mailed their reviews back. Much to our dismay we discovered just how many different "theoretically compatible" software, e-mail, and document versions there are and how many ways these systems can embed undesired identifying information into documents while blocking some of the necessary formatted information, e.g. formulas. We increased the efficiency of our process by eliminating the problems and costs associated with faxing and mailing manuscripts to the many layers of people involved in the review of each manuscript. The resultant system, however, overloaded the UCSF e-mail system, increased the amount of "re-dos," and created nostalgia for the "good old days." The change also wiped out the old tracking system for manuscripts and demonstrated the holes in our reviewer address database.

These and other problems have accelerated our enthusiasm to convert to a well-tested electronic management system used by many other professional journals at Blackwell. Early in 2003 we launched a new system for authors to submit their manuscripts and for the editors to solicit reviews. This user-friendly peer review system is largely web-based, interfaces with everyone's e-mail and Internet systems, asks a series of questions to remind authors to provide important preliminary information at the time of submission, and translates all manuscripts into universally readable (and anonymous!) PDF files. It sends instantaneous "form" e-mails to all parties involved to alert them about what actions are needed. It allows everyone involved—within the role they are playing for a particular manuscript—to check on the status of the manuscript's progress on a 24/7 basis. The system should eliminate a lot

of the time-consuming, mechanical, mind-numbing, and error-fraught file transformations and mailing functions, while retaining the scientific integrity and creative efforts that we truly need from the authors, reviewers, and editors. It should also help us substantially in finding the reviewers most appropriate (and available) to review each manuscript. Now that's a more important way to achieve "efficiency"!

The History and Goals of Peer Review

Peer review of scientific and medical practice manuscripts has a long but not entirely unblemished history. Most accounts of the origins of peer review highlight its loftier goals in science, that is, to provide by experts a rigorous and systematic review of scientific manuscripts prior to their publication, ensuring excellence and originality in intellectual discourse. David Kronick (1990) and Ray Spier (2002) trace the beginnings of such peer review to the early 1700s when the Royal Society of Edinburgh adopted a process to submit all manuscripts of its members to a select group of experts before the editor decided to include them in the Society's publication.

However, it would appear this process was not really the norm in scientific publishing until well into the twentieth century. John Burham (1990), examining the peer review in medical journals, portrayed a more humbling history, characterized by scientific journalism, soap-boxing a laboratory's collective theories and findings or parading an editor's personal views. The "selection" process in his account resembled a desperate search for anything suitable to publish, with an occasional review solicited when the topic or technique was too specialized for the editor's usually-adequate-but-generalist knowledge, or when peer review helped explain away a rejection. Thus, the role of true peer review and the roles of the editors in scientific writing—and medical science in particular—were not always aimed to benefit the field.

How can *HSR* best promote the science of our field? What process of scientific peer review (and publishing) is likely to produce the best outcomes for the field? How many levels of editors and reviewers for a manuscript are enough? What degree of feedback from and to reviewers and editors is called for? How much is manuscript improvement a role for editors versus the researchers? What is the best process to ensure quality and promote timely dissemination of science? How important is anonymity for the authors during the review process or of reviewers after a manuscript is accepted for publication? What types of conflicts of interest are important to avoid or

divulge for authors and reviewers? When is a manuscript already so widely distributed—including on the Internet—that it counts as a "prior publication" of the material?

Are there special considerations in peer review of science in our field of health services research? For example, are there special needs in health services research for reporting and reviewing research ethics, such as regarding human subject protection—or "organizational subject protection" if organizations are the subjects of research? In a multidisciplinary field like health services research, how many experts are needed and which are most important to be represented? What is the role of the Journal in relation to AcademyHealth and dissemination of its proceedings?

We will be exploring some of these issues in future editorials, soliciting your feedback and views via e-mail or our web page. We would like your help in identifying other issues and prioritizing areas most in need of a fresh look. To preview some of our ideas to enhance the value of our processes to the field, we are interested in:

- Teaching—identifying through the review process selected articles appropriate for teaching and then adding commentary on the web. In some instances, these may be manuscripts whose primary value is to clearly demonstrate methods or summarize findings, rather than the results, of a particular study.
- Developing effective peer review—identifying selected articles appropriate for demonstrating the value added by reviews. This might be done (assuming agreement by all parties involved) by placing on the web the original version of the manuscript, the reviewers' comments, the author's responses, and the subsequent changes, and adding commentary about what was going on during this process. We may also use scoring and feedback methods to (1) help reviewers assess their own skills, (2) encourage the development of new reviewers, (3) and solicit feedback about the strengths and weaknesses of anonymity in the peer review process.
- Adding features to facilitate new and better ways to stimulate scientific thinking—for selected published articles, placing on the web the database or data used to create tables, thereby allowing readers to examine the implications of adding or deleting a variable on the estimated results, or changing the functional form. We may also make it easier to look at authors' referenced articles by hyperlinking them directly on the web; facilitate the electronic retrieval of archived (old)

journal articles; feature articles that deserve to be read again with commentary; and use web-based commentary forums for specific articles or issues.

- Finding better ways to attract a broader range of reviewers, including more young scholars. Our new web-based system will allow reviewers to identify (and change over time) their areas of subject interest and methodological expertise. (It will also allow people to tell us when they are temporarily unavailable to take on new assignments!)
- Featuring policy commentary on selected articles, to add "translations" and accessibility of the research findings to policymakers.
- Sponsoring selection and publication of outstanding work from the annual meetings of AcademyHealth.

For now, we have concentrated our efforts on trying to increase the speed of the peer review process and the access by all parties (preserving anonymity where appropriate) to information about the stages of review. We have also joined with other journals in health services research and policy to address the issue of prior publications—clarifying what needs to be disclosed and what is more likely to result in being turned away by the Journal. Our policy is not one with a bright line "Inglefinger Rule" with respect to prior publication, but one that emphasizes disclosure and a process so these issues are raised and addressed at the most appropriate time and in an effective and fair method. (See the policy at http://www.academyhealth.org/publications/index.htm). AcademyHealth is currently exploring questions with respect to ethical guidelines for health services research (Harold Luft is a member of that committee) and *HSR* will then assess how we should implement those guidelines.

Not all improvements are good, and a few have some unintended consequences. We have already learned that one idea to speed up the review—soliciting multiple reviewers at once with the statement that we may not need their review if more than two respond—was poor psychology. We have also learned some hard lessons about the wonders and pitfalls of technology. On the bright side, we will soon have an up-to-date database of the expertise and topic areas of researchers in the field as people update their records in the new electronic peer review system! We have contacted everyone in our current, far-from-perfect database. If you have not heard from us and you have been, or would like to become, a reviewer for *HSR,* please contact Katherine Bonenti at hsr@itsa.ucsf.edu.

In closing, we apologize if you have been caught up in some of our glitches to date. We hope you will be patient as we solve these and improve our peer review process and develop other contributions to the field. Like those ubiquitous signs in buildings undergoing construction, we ask you to "Please pardon our looks right now—we're building a new process to serve you better!" Watch for further announcements on the web (http://www.hsr.org) and in these pages.

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Co-Editors-in-Chief

REFERENCES

Burnham, J. C. 1990. "The Evolution of Editorial Peer Review." *Journal of the American Medical Association* 263 (10): 1323–9.

Emerald Golden Page Awards. 2002. E-mail notification to *Health Services Research*, January 30. Award for "Originality and Research Implications" in the Health Care Management category. Bradford, England: Emerald.

Kronick, D. A. 1990. "Peer Review in Eighteenth-Century Scientific Journalism." *Journal of the American Medical Association* 263 (10): 1321–2.

Spier, R. 2002. "The History of the Peer-Review Process." *Trends in Biotechnology* 20 (8): 357–8.

Williams, E. S., R. T. Steward, S. O'Connor, G. T. Savage, and R. Shewchuk. 2002. "Rating Outlets for Health Care Management Research: Update and Extension." *Medical Care Research and Review* 59 (3): 337–52.