

Health Service Research Author Instructions

1. AIMS AND SCOPE

1.1 Purpose

The primary purpose of *HSR* is to provide researchers and users of health services research with new knowledge. We focus on methods, concepts, and results related to the financing, organization, delivery, evaluation, and outcomes of health services. Our audience includes researchers, health care providers, health system managers, and policymakers.

Our vision is to be the preferred outlet for:

- Disseminating findings from original investigations that expand understanding of the broad field of health care and how it can improve the health of individuals and communities
- Analyzing and discussing how findings can be applied in U.S. clinical practice, management and policy

Our mission is to further our vision by publishing thoughtful, timely, rigorously conducted, state-of-the-art research articles and commentaries that are widely disseminated and meet the highest standards of scientific peer review.

1.2 Areas of interest

HSR is interested in studies that appropriately apply the full range of research methods from quantitative to qualitative and from primary data analyses to systematic reviews of the literature. Areas of interest include:

- Issues related to the **delivery of care**—for example, access to and utilization of health services; cost, cost-effectiveness, quality, and outcomes of care; practice variation; technology assessment; and health care workforce issues including provider satisfaction and sustainability
- Assessments of the **impact of or changes in specific policies and interventions** on health care delivery—for example, Medicare and Medicaid, state health policies and regulations, health insurance and payment policies, personnel licensure and certification, and antitrust enforcement
- **Evaluation of national or regional demonstration programs**—for example, those designed to improve health care quality or patient outcomes, and/or to reduce health care costs
- Studies of the roles of **health care organizations and health systems in contributing to health care quality, patient outcomes, health care costs, or provider experience**—for example, studies demonstrating how health care organizations are functioning as learning health care systems that generate and adopt evidence to improve performance
- Studies that report on **important new data sources**—for example, electronic health records, patient-generated data, and patient-reported outcome measures—as well as valid and generalizable methods for analyzing these new data sources.
- Studies on **biological, behavioral, social, and political factors—including structural racism—in addition to health care**, as determinants of health outcomes

- Articles that advance health services research by **developing, demonstrating, or rigorously validating qualitative and quantitative methods** in study design, data collection, and analyses

1.3 Topics of less interest

HSR typically does not consider the following types of articles.

- Preliminary, scoping, or systematic reviews that do not go significantly beyond describing the literature to contribute substantial new insights relevant to policy or practice,
- Case studies from a single site, in the absence of a reasonable argument for the generalizability of the findings to other sites
- Simple pre-post (uncontrolled) studies, which generally cannot account for secular trends and other confounding factors
- Studies whose most recent data are >5 years old unless the cover letter and manuscript provide a valid reason for using older data
- Unsolicited commentaries whose sole purpose is to critique a specific article published in *HSR* or elsewhere

1.4 International submissions

While *HSR* welcomes manuscripts from authors outside the US, our interest in international articles is limited to those that either include US findings (often in comparison with other countries) or that have findings relevant to the US health care context. For example, chronic disease management for aging populations is a theme of research across all developed countries, and would generally be relevant to the US. In contrast, studies of health services in countries other than the US without direct, analytic comparison to US practices are less likely to be relevant. The cover letter and Discussion section for any submission from outside the US should explain why the article is pertinent or salient to US health care.

1.5 Publishing schedule

HSR publishes in print six regular issues and two special or theme issues annually. All papers published in print are also published electronically. Electronic versions may include color figures and are accompanied by electronic-only supporting information that does not appear in print (e.g., appendices). *HSR* now publishes papers online within about one week of acceptance via [Accepted Articles](#) and within about one month of acceptance via the [Wiley Early View service](#). These publications are fully citable and accessible through bibliographic search tools. Articles subsequently appear in a printed issue.

At least twice a year, *HSR* publishes special issues supported by outside sponsorship. Papers in special issues are subject to the same external peer review process as other papers submitted to the journal. Proposals for special issues require editorial approval. Potential sponsors for a special issue should contact the editors via hsr@aha.org. (See [recent special issues](#) and [information](#) on the process.)

2. MANUSCRIPT FORMATTING AND SUBMISSION REQUIREMENTS

2.1 Electronic submission

Once your materials have been prepared according to these Author Instructions (details below), submit them online at [ScholarOne Manuscripts](#). Clarivate provides details on [how to use ScholarOne](#). For help with submission, please contact hsr@aha.org. *HSR* does not charge submission fees. For initial submission and revisions, you may include text, tables, and figures in a single file but on final acceptance you might be asked to upload some items such as figures in separate files.

By submitting a manuscript to *HSR* or reviewing for us, your name, email address, affiliation, and other contact details that the journal might require will be used for the regular operations of the publication. Please review [Wiley's Data Protection Policy](#) to learn more.

HSR recommends that all authors use [ORCID](#). Corresponding authors must have an ORCID profile and enter their number on submission.

2.2 Article types

HSR publishes the following types of papers in its regular issues.

- **Research Articles** focus on important questions involving health and health services. These papers may apply quantitative, qualitative, or mixed methods.
- **Research Briefs** make incremental contributions to the literature such as validations or extensions of previous work, single-setting studies (with an argument for the generalizability of findings to other sites), or descriptive studies based on well-known databases. A research brief is also appropriate for articles in which the essential message can be more succinct than a full-length Research Article.
- **Methods Articles and Methods Briefs** use the same format as Research Articles and Briefs but focus on the development of new methods and tools, the application of current methods in novel ways, and examination of the pros and cons of using different methods and tools. Also appropriate are studies on new datasets and examinations of their value or limitations for health services research. Methods articles may also introduce methodological approaches understood by one discipline to readers in other disciplines.
- **Commentaries** are by invitation only because of space limitations. Commentaries are evidence-based papers that either highlight key findings in an accompanying research article, helping readers better understand the strengths and limitations of the subject paper and placing it in a broader policy context; or stand-alone papers that promote a particular perspective on a health services research or policy topic. Commentaries should be organized into thematic sections with subheadings.

Though commentaries must be invited, authors are encouraged to submit a proposal for a stand-alone commentary for editors to consider for invitation. To do so, send a summary of 300 words or fewer on the issue you wish to address to hsr@aha.org. Include at least some of the evidence on which your commentary would draw (references do not count toward the word limit). Provide all author names, titles, and affiliations. Proposed summaries will be evaluated based on the topic's suitability for *HSR*, salience or urgency, novelty, and evidence-based nature of the perspective.

2.3 Manuscript requirements in brief

The table delineates some of the key requirements for the article types in Section 2.2. Details are in Section 2.4.

	Research Articles	Research Briefs	Methods Articles	Methods Briefs	Commentaries ^a
Word, Figure, and Table Limits					
Manuscript Word Limit^b	4500	2500	4500	2500	2500
Abstract Word Limit	300	200	300	200	Not Required
Callout Box Word Limit	30 per bullet point	30 per bullet point	30 per bullet point	30 per bullet point	Not Required
Figure/Table Limit (Combined)	5	3	5	3	0
Abstract Formatting Requirements					
Structure of Abstract	<ul style="list-style-type: none"> -Objective -Data Sources and Study Setting -Study Design -Data Collection/Extraction Methods -Principal Findings -Conclusions 				Not Required
Keywords					
Keyword requirements	<ul style="list-style-type: none"> -Five to seven, listed after the Abstract -Not included in the Abstract word count 				
Callout Box					
What Should be Included	-Two headings: "What is known on this topic" and "What this study adds"				Not Required
General Formatting Requirements					
File Format	.doc/.docx (LaTeX is not supported)				
Formatting	Double-spaced, including abstract and references. Do not number sections.				
Supplemental Files and Appendices	Supplemental figures, tables, explanations, and appendices for the electronic-only Supporting Information section must be supplied as separate .doc/.docx or .pdf files. Figures may be in the main document or as one or more separate files.				
Anonymization	Remove any human name from any part of the manuscript, aside from references.				
References	AMA Reference style: numerical, by appearance within the text. Do not use footnotes and do not combine multiple references under a single number.				
<p>a Section 2.2 has instructions for proposing stand-alone commentaries for consideration</p> <p>b Does not include title page, abstract, keywords, callout box, references, tables, figures, or figure legends</p>					

2.4. Manuscript preparation instructions in detail

The subsections below provide detailed instructions on manuscript preparation. Please also refer to the Table in Section 2.3.

2.4.1 Cover letter

Please provide the following in a cover letter.

- Rationale for publishing the paper in *HSR*
- Statement about public disclosure of the manuscript's contents, including previous or expected presentations or publications (peer-reviewed or otherwise) of the results. Though in general, *HSR* publishes original articles, we will consider work that has been disseminated previously through preprints, posted dissertations, or conference abstracts. (See [Wiley preprint policy](#) and Section 6.2). However, these must be disclosed in the cover letter at the time of submission, with a link if available. Please state if the submitted manuscript differs from the preprint or posted dissertation and if so, briefly describe how
- Rationale for using data that are all >5 years old, if applicable
- Description of any potential conflict of interest or presubmission approval requirement from funders or organizations providing in-kind support such as data access (Section 2.6)

2.4.2 Main manuscript files

As papers undergo double-anonymized peer review, the main manuscript file should not include any information that might identify the authors or anyone else providing assistance (e.g., collegial comments on prior versions), including in the file name.

The main manuscript file for Research and Methods Articles and Briefs should have the elements below, (each of which is described further in subsequent subsections), presented in order.

- Title page with acknowledgments
- Structured abstract and keywords
- Callout box: What is known on this topic, What this study adds
- Main text
- References
- Tables and figures (each with title and footnotes for tables and legends for figures)

For review, we prefer that all these elements are in a single file Please double-space all text and number all pages.

Commentaries require only the title page, commentary text, and references.

2.4.2.1 Title page with acknowledgements. The title page for the anonymized version of the uploaded manuscript should contain the following.

- A brief, informative title containing the major keywords. The *HSR* editorial team may edit titles for length and style.
 - The title should not contain abbreviations
 - With the exception of articles about methods, titles should not include information on methodology of the study
- Acknowledgments

- List all funding sources, including for the investigators' time and material support such as nonpublic datasets, or state "No funding to report." Authors are responsible for the accuracy of their funder designation. If in doubt, please check the [Open Funder Registry](#) for the correct nomenclature.
- To protect anonymity, for the version submitted for review, do not include individual names (e.g., people who provided feedback on drafts) or grant numbers.
- On acceptance, authors will update the Acknowledgments, naming individuals who contributed but do not meet the criteria for authorship, with their permission, and listing potential conflicts of interest or adding a statement that no authors have conflicts of interest.
- An accurate word count of the manuscript (not including abstract, keywords, callout box, references, tables and figure legends)

Important: Please also upload a separate title page containing the information above as well as the following.

- Full names of the authors
- Authors' institutional affiliations where the work was conducted with a footnote with a present address if different from where the work was conducted

2.4.2.2 Structured abstract and keywords. Manuscripts without appropriate abstracts will not be accepted (Commentaries excluded). Abstracts should not have citations. The following headings and information should be in the abstract.

- *Objective.* Provide a single partial sentence, beginning with the word "To," indicating the principal reason for conducting the study. For example: "To test" a specific hypothesis or theory.
- *Data Sources and Study Setting.* In complete sentences, indicate whether primary or secondary data were collected, the geographic setting (e.g., nation, state or province), and time span of data.
- *Study Design.* Describe succinctly, in complete sentences, the general structure of the study methodology, indicating analytic approach, whether the study involved an intervention or exposure, randomization of participants, or specific diagnostic or therapeutic procedures. Identify the key outcome variables and other measures in the analysis.
- *Data Collection/Extraction Methods.* Indicate in complete sentences the procedures used in assembling and analyzing the data, including eligibility and exclusion criteria, as appropriate.
- *Principal Findings.* Using complete sentences, focus on the most important observations from the data pertinent to the study. When possible, present numerical results (absolute numbers when available and rates only if not available) with appropriate indicators of uncertainty, such as confidence intervals. Do not report the results of statistical hypothesis testing alone, such as *P* values, which fail to convey important quantitative information. Reporting of odds ratios is discouraged (marginal effects preferred) except in case-control studies (see Norton and Dowd [DOI: 10.1111/1475-6773.12712](#) and Norton et al. [DOI: 10.1001/jama.2018.6971](#)).
- *Conclusions.* Using complete sentences, state only conclusions directly supported by the study. Avoid speculative observations but indicate the extent to which additional research may be required to address the central issues raised in the article.

After the abstract, provide five to seven keywords. The US National Library of Medicine's [Medical Subject Headings](#) (MeSH) site may be helpful.

2.4.2.3 Callout Box: What is known on this topic/What this study adds. *HSR* uses a callout box in each article to provide our readers with a quick summary of what is known and what your study adds to the field. Write 1 to 3 short, specific, jargon-free key points for each section, with no citations, and with a practitioner or policymaker audience in mind.

- *What is known on this topic.* Using no more than 3 bullet points of no more than about 30 words each, state for a broad audience what was known about the topic before you did your study and why your study needed to be done.
- *What this study adds.* Using no more than 3 short bullet points of no more than about 30 words each, explain what your study findings add to the field. In other words, give a simple answer to the question “What do we now know as a result of this study that we did not know before?” Include only study findings, not policy recommendations.

2.4.2.4 Main text. We recommend the following standards for the main text.

- To the extent possible, we expect all Research Articles and Research Briefs to follow the appropriate [EQUATOR Network guidelines](#). Given that the majority of manuscripts submitted to *HSR* apply observational designs (e.g., natural experiments) to routinely collected health data, the REporting of studies Conducted using Observational Routinely-collected health Data ([RECORD](#)) Statement is often applicable. We also support other consensus-based methodologic standards, including the CONSORT statement for randomized controlled trials (and extensions for cluster randomized trials), MOOSE standards for meta-analyses of observational studies, PRISMA standards for systematic reviews and other types of meta-analyses, the STARD statement on studies of diagnostic tests, and the STROBE statement on observational epidemiologic studies. Authors are encouraged to adhere to these standards whenever possible.
- Authors of qualitative papers should adhere to the Consolidated Criteria for Reporting Qualitative Research (COREQ) or the Standards for Reporting Qualitative Research (SRQR), and ideally provide a COREQ Checklist or a SRQR Checklist that addresses each point to ensure the rigor and transparency of their methods and reporting.
- For reporting findings about or discussing race and ethnicity, we recommend that authors follow the [AHA/ASA Journals Disparities Research Guidelines](#), [JAMA guidance on reporting of race and ethnicity](#) and [AcademyHealth's table on equity-centered language](#).

We expect Research Articles and Research Briefs to use the following main section headings and content. Subsection headings may be used, especially for longer manuscripts, but are not essential. Methods articles may adapt this format as needed. Please do not number sections and subsections.

Introduction

The introduction should include the following:

- Background on the importance of the issue or problem and a brief review of what is known about this issue or problem

- Rationale for the current study, including a brief description of the theory or conceptual framework that motivated the choice of data, variables, etc.
- Study objectives including one or more research questions and (if applicable) an explicit hypothesis statement. For evaluation studies, the intervention, program, or policy of interest must be clearly but succinctly described. Do not preview study results in the Introduction.

Methods

For quantitative analyses, we recommend authors follow the general statistical guidelines [provided by the Annals of Internal Medicine](#). The Methods section should also include the following:

- Study design (observational, randomized experiment, qualitative, etc.) and setting
- Source of participants or data and timeframe of data collection
- Variables (interventions, predictors, outcomes, confounders, effect modifiers, etc.) and their definitions and data sources. Please be clear about how all assessments and measurements were made, including specific ICD-10-CM/PCS or other codes used to identify cohorts and risk factors, using appendices as needed for details. To support data transparency and generalizability, we encourage authors to provide the logic or programming code for extracting data from its data source or creating analytic variables in a publicly accessible resource such as [GitHub](#). If a method or tool is introduced in the study, including software, questionnaires, and scales, the author should state the license this is available under and any requirement for permission for use. If an existing method or tool is used, the authors are responsible for checking the license and obtaining permission. If permission was required, a statement confirming permission should be included in the Methods section
- How study sample size was determined, if applicable
- Data analytic approach and identification strategy or other description of statistical testing
- Statement indicating the Institutional Review Board that reviewed and approved the study or why there was an exemption of review, for example because the data were anonymized and publicly available or because the study was for quality improvement purposes and not intended as generalizable research
- For studies based on surveys, a report of response rate and a citation or description of analysis of nonresponse bias in Methods, Results, or an Appendix, as appropriate
- Description for calculations of average marginal effects and incremental effects (preferred over odds ratios except for case-control studies (see Section 2.4.2.2)).

Mathematical equations or expressions are discouraged in the text unless they are crucial to understanding the modeling approach that was employed. They may alternatively be provided in an appendix, as part of the supplementary online materials.

Results

The results section should include:

- Descriptive data on sample and/or participants
- Main results, highlighting key findings and referring to tables and figures as appropriate (with full model results in an appendix for reviewers, as part of the supplementary online materials, if not part of the manuscript's tables)

- Other analyses, including robustness or falsification tests as appropriate
- Tables displaying covariate balance before or after matching or weighting should include standardized differences as a metric of balance

Discussion

The discussion section should include:

- Brief summary of key results, preceded by as much context and design of the study so that a reader of only the Discussion can understand the what the results mean
- Comparison of key results with comparable results from prior studies, including studies with both convergent and divergent findings
- Limitations of the study and efforts to address or mitigate those limitations, when appropriate, though we recommend not ending the article with limitations
- Implications of results for practice, policy, research, or other anticipated end users (with comments on generalizability to other settings, when appropriate). Please avoid generic statements about the need for additional research; specific evidence-based recommendations are preferred.

2.4.2.5 References. All references listed must be cited in the text, and all text citations must have a reference listed. *HSR* uses the AMA citation style. The AMA style uses numerical citations within the text and a list of these citations in numerical order, by order of appearance, rather than alphabetical order. Please do not use footnotes, but instead provide a comprehensive list of references at the end of the manuscript. Multiple references should not be combined under a single number. The list of references at the end of the document should be formatted as follows:

Journal article:

1. Chen LM, Ryan AM, Shih T, Thumma JR, Dimick JB. Medicare's acute care episode demonstration: effects of bundled payments on costs and quality of surgical care. *Health Serv Res.* 2018;53(2):632-648.
2. Mukamel DB, Amin A, Weimer DL, et al. Personalizing nursing home compare and the discharge from hospitals to nursing homes. *Health Serv Res.* 2016;51(6):2076-2094.

Book:

1. Dusetzina, SB, Tyree S, Meyer AM, Meyer A, Green L, Carpenter WR. *Linking Data for Health Services Research: A Framework and Instructional Guide*. Rockville, MD: Agency for Healthcare Research and Quality (US); 2014.

Website and software references:

1. Meeker D, Linder JA, Fox CR, et al. Effect of behavioral interventions on inappropriate antibiotic prescribing among primary care practices: a randomized clinical trial. Supplement 1. Study protocol and changes to analysis plan. *JAMA.* 2016;315(6):562-570. Accessed June 18, 2019. <https://www.jamanetwork.com/journals/jama/fullarticle/2488307>

Internet document:

1. Centers for Medicare & Medicaid Services. National Health Expenditure Data: NHE tables. Published December 3, 2015. Accessed June 14, 2016. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html>

2.4.2.6 Tables (each with title and footnotes). Each table should be on a separate page in the file and must be specifically cited within the text using Arabic numerals. Number tables in the order they appear in the text. Keep titles brief but clear and descriptive of the contents. Avoid titles such as “Regression Results,” as they convey nothing about the table content. Tables should be self-contained and complement, not duplicate, information in the text. They should be supplied as editable pages or files, not pasted as images. Use a separate cell for each datapoint (with related information such as percent of total or confidence intervals, as appropriate). Footnotes should be concise but comprehensive.

The table and footnotes must be understandable without reference to the text. All abbreviations must be defined in footnotes, even if they are defined elsewhere in the paper. Use superscript letters for linked table footnotes (a, b, c, ...), with asterisks reserved for statistical significance, for example: ***, **, and * denote statistical significance at the 1%, 5%, and 10% levels. Column or row headings should specify when statistical measures (such as percent, CI, SD, SEM, or *P* values) are used.

While tables may be of any length, include only tables and content therein necessary for the reader to understand and evaluate the main findings. Additional information should be in an Appendix. Authors of manuscripts with unreasonably large tables may be asked by editors to move some of the content to an appendix.

2.4.2.7 Figures and figure legends. Figures can be in the main document or one or more separate files. Please review the [figure requirements](#) for peer review and post-acceptance manuscripts.

Although authors are encouraged to send the highest-resolution figures possible, for peer review, a wide variety of formats, sizes, and resolutions are accepted so long as they are readable by all. Text in figures must be legible when the page is viewed at 100%. All illustrative artwork (figures) must be original. Color may be used, but note that the printed version will appear in black and white only.

While figures may be divided into panels, the spirit of the limits indicated in Section 2.3 should be observed. We recommend that all panels of a single figure fit on one page, with sizes that allow readability by all. Authors of manuscripts with unreasonably large numbers of panels per figure may be asked by editors to move some of the content to an appendix.

Figure legends must be in text, not as footnotes or embedded in figures as part of the image. Figures and legends must be understandable without reference to the text. Labels on the axes of graphs must be meaningful to readers. Legends should be concise but comprehensive. Include definitions of any symbols used and define/explain all abbreviations and units of measurement, even if they are explained in the main text.

2.4.2.8 Supplementary files

Supplementary files for publication should be uploaded as separate documents from the main manuscript text. Any information for editors or reviewers that is not for publication can be stated in the cover letter and the editorial staff will contact you if we need documentation (such as a paper under review that describes a study sample).

Examples of supplementary files include appendices with details on the questions used in a survey or a database, inclusion and exclusion criteria, or alternative modeling results. Upon publication, this information is hosted online and appears without editing or typesetting. It may include text, tables, figures, audio files, video files, datasets, etc. Wiley has [FAQs](#) on supporting information, including acceptable file formats. There is no limit on the number of supplementary files that can be made available to readers, but please restrict individual file sizes to 10Mb or fewer (zipped or unzipped) as larger files can lead to download issues for users. Label all files clearly as "Supporting Information" (e.g., use SuppInfo, Supp, or Supplemental in the filename). Include a text legend, preferably close to the figure or other supporting material, explaining what it is. Supporting or supplemental material should be cited in the main text of the manuscript.

If data, scripts, or other materials used to generate the analyses presented in the paper are on a publicly available data repository, authors should include a reference to the location of the material within their paper and do not need to separately upload it as a supplemental file. If an article contains copyrighted material reproduced from other sources, written permission from the author and publisher to use such material must be received prior to our sending the manuscript for review.

2.5 General style points

HSR uses the [AMA Manual of Style](#). (Subscription is required for access. Your institution's library may have access. Authors who lack access can submit style questions to hsr@aha.org.) The following points provide general advice on formatting and style.

- *Abbreviations*: In general, terms should not be abbreviated unless they are used repeatedly and the abbreviation is helpful to the reader. Initially, use the word in full, followed by the abbreviation in parentheses. Thereafter use the abbreviation only. We discourage the use of abbreviations that are not already in common use, or that may have more than one meaning. Abbreviations used in the abstract, callout box, main text, tables, and figures should be separately defined in each.
- *Spelling and grammar*: Please use spell-checking and grammar-checking features in your word processing software to minimize errors before submission. *HSR* uses US spelling; however, authors may submit using either British or US spelling, as spelling of accepted papers is converted during the production process.
- *Numbers*: Numbers under 10 are spelled out, except for measurements with a unit (8 mg/day); numbers in statistical or mathematical functions; numbers that represent scores, points on a scale or series, or time including age (6 weeks old); or lists with other numbers (11 hours, 9 years).
- *Trade names*: Chemical substances should be referred to by the generic name only. Trade names should not be used. Drugs should be referred to by their generic names. If proprietary drugs have been used in the study, refer to these by their generic name, mentioning the proprietary name and the name and location of the manufacturer in parentheses.

- *Proper names of languages, peoples, races and ethnicities (e.g., Black, White, Latina):* Capitalize according to AMA style.
 - *Race and ethnicity terms:* Use terms preferred by study participants. Include country or region of origin if possible. If asking participants is not possible, for example when using electronic health records, Medicare or Medicaid datasets, or surveys, use the dataset's prespecified terms. For example, ask participants if they prefer Hispanic, Latino and Latina, Latina/o, or another term such as Latinx. However, if using data collected using a specific term such as Hispanic or Latino, then use that term in your manuscript.
 - *Updates:* As preferred usage changes, we will update these guidelines. For reporting findings about or discussing race and ethnicity, we recommend that authors follow the [AHA/ASA Journals Disparities Research Guidelines](#), [JAMA guidance on inclusive language](#), and [AcademyHealth's table on equity-centered language](#).

2.6 Authorship, conflicts of interest and disclosure

At submission, the corresponding author, on behalf of all authors, will attest to authorship as [defined by the International Committee of Medical Journal Editors \(ICMJE\)](#). All qualified authors should have the opportunity to participate in drafting, review, and final approval of the manuscript.

At submission, the corresponding author will also disclose potential conflicts of interest (defined in the [ICMJE Disclosure Form](#)) of any manuscript author and prior dissemination. As long as it is disclosed, the existence of a possible conflict rarely precludes publication. Financial and material support for the content of the manuscript must be disclosed in the Acknowledgments section (2.4.2.1) and prior dissemination described in the cover letter.

For accepted manuscripts, we will publish electronically and in print a statement recognizing the forms of support that made the project possible, based on information provided at submission.

3. EDITORIAL POLICIES AND ETHICAL CONSIDERATIONS

3.1 Guidelines on publishing and research ethics

The journal requires that you include in the manuscript details about Institutional Review Board approvals, ethical treatment of human and animal research participants, and gathering of informed consent, as appropriate. You will be expected to declare all conflicts of interest, or none, on submission. Please review [Wiley's policies](#) surrounding human studies, animal studies, clinical trial registration, biosecurity, and research reporting guidelines.

This journal follows the [core practices](#) of the Committee on Publication Ethics (COPE) and handles cases of research and publication misconduct accordingly.

3.2 Review

Manuscripts submitted to *HSR* are subject to review by the editorial staff. Manuscripts will be sent to external review only if the Senior Managing Editor, Editor(s)-in-Chief, and Senior Associate Editors determine that they meet quality and relevance requirements. The acceptance criteria for all papers are the quality (scientific value, as well as clarity and organization of writing) and originality of the research

and its significance to journal readership. Except where otherwise stated, manuscripts are double-anonymously peer reviewed. Submissions authored by researchers with whom a particular editor has close relationships (for example mentor/mentee, recent coauthor, academic department member) or prior personal or professional conflicts will not be handled by that editor. The editorial staff will monitor the review process carefully to minimize the risk of peer review bias. Please consult [Wiley's policy](#) on the confidentiality of the review process.

Authors are encouraged to suggest reviewers for their manuscript who have appropriate expertise but no apparent or real conflicts of interest. However, there is no guarantee that any of the suggested individuals will be used. Please do not include reviewers with whom you have discussed the submitted work previously.

Authors may request that specific reviewers not be used, but please provide brief justification in the cover letter. We will not exclude potential reviewers for what we believe are honest intellectual disagreements with the authors.

HSR's electronic system permits each author to monitor the progress of the manuscript through peer review via our ScholarOne site. We generally make an initial decision to reject or send out for external review within a few weeks of submission. If we send a manuscript out for external review, we generally obtain one to three reviews, and then summarize key themes in these reviews for the benefit of the authors.

4. ARTICLE PREPARATION SUPPORT

[Wiley Editing Services](#) offers help with English language editing as well as translation, manuscript formatting, figure illustration, figure formatting, and graphical abstract design. Please see Wiley resources for [Preparing Your Article](#) for general guidance about writing and preparing your manuscript.

5. ASSISTANCE UPON REJECTION

Every year, hundreds of manuscripts are submitted to *HSR*. Unfortunately, we can publish only a fraction and accept only about one in seven. Reasons for rejection may include that a manuscript is better suited to a journal with a different focus and audience or it may be similar to a recently accepted or published paper.

To assist authors in finding a suitable journal, Wiley offers options to [transfer a manuscript](#) from *HSR* to another journal in the same general area that is within the Wiley transfer network. Authors of declined papers should receive an email about transfer options. Taking advantage of one of the options may increase the chance of publication and streamline the review process.

6. AFTER ACCEPTANCE

After your paper is accepted, your files will be assessed by the *HSR* editorial office to ensure they are ready for production. You will be contacted for updates and final files before your paper is sent to the Wiley production team.

The author identified as the formal corresponding author will receive an email prompt to create an account and log in to Wiley [Author Services](#). Via the Wiley Author Licensing Service, the corresponding author will be required to complete a copyright license agreement on behalf of all authors of the paper.

If excerpts from copyrighted works owned by third parties are included in the paper, credit must be shown in the contribution. You must also obtain written permission for reproduction from the copyright owners. For more information visit [Wiley's Copyright Terms & Conditions FAQ](#).

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