

HSR AUTHOR GUIDELINES

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1. SUBMISSION

Authors should kindly note that submission implies that the content has not been published or submitted for publication elsewhere except as a brief abstract in the proceedings of a scientific meeting or symposium.

Once the submission materials have been prepared in accordance with the Author Guidelines, manuscripts should be submitted online at [ScholarOne Manuscript Central](#). Details on how to use ScholarOne are [here](#).

Data protection

By submitting a manuscript to or reviewing for *HSR*, your name, email address, affiliation, and other contact details the publication might require will be used for the regular operations of the publication. Use may include, when necessary, sharing information with the publisher (Wiley) and partners for production and publication. The publication and the publisher recognize the importance of protecting the personal information collected from users in the operation of these services, and have practices in place to ensure that steps are taken to maintain the security, integrity, and privacy of the personal data collected and processed. Learn more [here](#).

Preprint policy

Only original manuscripts will be considered for publication. Articles published, accepted, or submitted for publication elsewhere will not be considered, except as described below.

Please review Wiley's preprint policy [here](#). *HSR* will consider articles available as preprints on noncommercial servers such as arXiv, medRxiv, SocArXiv, Social Science Research Network (SSRN), and the National Bureau of Economic Research (NBER). Authors may also post the submitted version of a manuscript to noncommercial servers at any time. Authors are requested to update any prepublication versions with a link to the final published article, if it is accepted by *HSR*.

Prior dissemination by preprints or conference abstracts must be disclosed in the cover letter at the time of submission. For further details, see the [Prior Publication Policy](#) statement.

2. AIMS AND SCOPE

The primary purpose of *Health Services Research* is to provide researchers and users of health services research with new knowledge regarding methods and concepts as well as results related to the financing, organization, delivery, evaluation, and outcomes of health services. The target audience includes researchers, health care providers, health system managers, and policymakers at all levels. Additionally, *HSR* provides a mechanism for linking the various disciplines engaged in health services research and for disseminating the results to those charged with improving the health of individuals and communities and setting evidence-based policy.

Our vision is to be the preferred outlet for:

- Dissemination of the findings of original investigations that expand knowledge and understanding of the broad field of health care and how it helps to improve the health of individuals and communities
- Analysis and discussion of the implications of these findings for clinical practice, management, and policy in both US and global contexts

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

Areas of specific interest for manuscripts in *HSR* include:

1. 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;
2. 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;
3. **Evaluation of national or regional demonstration programs** designed to improve health care quality or patient outcomes, and/or to reduce health care costs;
4. 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**. We are particularly interested in studies demonstrating how health care organizations are functioning as learning health care systems that generate and adopt evidence to improve performance.
5. Studies that report on **new important data sources** such as electronic health records, patient-generated data, and patient-reported outcome measures, as well as valid and generalizable methods for analyzing these new sources of data; and
6. Studies of the relative importance of biological, behavioral, social, and political factors, **in addition to health care**, as determinants of health outcomes.

3. MANUSCRIPT CATEGORIES AND REQUIREMENTS

HSR publishes four basic types of manuscripts in its regular issues. Most issues include full-length research articles, research briefs, and methods articles:

1. **Full-length Research Articles** deal with important questions involving health and health services. These papers may apply quantitative, qualitative, or mixed methods. Maximum length is 4500 words, with a combined limit of 5 tables and figures.
2. **Research Briefs** involve incremental contributions to the literature such as validation or extensions of previous work, single-setting studies, or descriptive studies based on well-known databases. A research brief is also appropriate for articles in which the essential message can be communicated in fewer pages. Maximum length is 2500 words, with a combined limit of 3 tables and figures.
3. **Methods Articles and Briefs** focus on contributions involving 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 in specific study settings. *HSR* is interested in studies that appropriately apply the full range of research methods, from quantitative to qualitative and from primary data to systematic reviews of the literature. These articles may also serve to introduce methodological approaches understood by one discipline to readers in other disciplines. Please adhere to the same maximums as for Full-length Research Articles (4500 words) or Research Briefs (2500 words), as appropriate.
4. **Evidence-based Perspectives** are commentaries on timely health services research topics that are grounded in rigorous evidence from previously published studies, but add the authors' perspectives based on their assessment of the literature and personal experience. Maximum length is 2500 words, with a combined limit of 3 tables and figures.

HSR also publishes at least three other categories of papers, but these are typically invited by the editors.

1. **Solicited editorials on empirical research papers published in the same issue.** These editorials highlight key findings from the subject paper(s), place these findings in a broader policy context, and help readers to better understand the strengths and limitations of the subject paper. Maximum length is 2500 words, with no tables or figures, except by prior arrangement with the editors.
2. As an official journal of *AcademyHealth*, *HSR* publishes the **Uwe Reinhardt memorial lecture**, which is presented at *AcademyHealth's* Annual Research Meeting. On an occasional basis, other invited presentations may be published.
3. **Debates or point-counterpoints** presenting alternative views on important methodologic or policy questions in health services research.

HSR is particularly concerned about methodologic rigor and policy impact, where policy is defined broadly to include decisions made by government, health insurers, health care providers, payers, and other stakeholders in health care. Accordingly, *HSR* typically does not consider the following types of articles:

1. Preliminary or scoping reviews of the literature, which describe relevant studies but do not synthesize the literature in a systematic manner;
2. Case studies from a single site, in the absence of a reasonable argument for the generalizability of the findings to other sites;
3. Simple pre-post (uncontrolled) evaluations of policy interventions, which generally cannot account for secular trends and other confounding factors;

While *HSR* welcomes manuscripts from authors outside the United States, 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 United States. On the other hand, studies of traditional medicine practices in non-Western countries are less likely to have relevance. The cover letter for any submission from outside the United States should explain why the article is pertinent or salient for *HSR's* readers. We are not able to consider studies that focus on health service models or health problems (including social determinants of health) that are unique to a single nation outside the United States.

HSR publishes in print six regular issues and two special or theme issues annually. All manuscripts published in print are also published electronically. Electronic versions may include color and are accompanied by electronic-only appendices and disclosures. *HSR* now publishes manuscripts online within 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 regular printed issue.

At least twice a year, *HSR* publishes special issues, usually based on papers supported through a common funding mechanism. These papers are subject to the same external peer review process as other papers submitted to the journal. Thus, there is no guarantee that a paper presented at a conference and subsequently submitted to *HSR* will be published. All special issues are supported by outside funds, and proposals require editorial approval. Potential sponsors or guest editors for a special issue should contact the editors via hsr@aha.org. See [recent special issues](#) and [information](#) on the process.

4. PREPARING THE SUBMISSION

ALL MANUSCRIPTS MUST BE DOUBLE-SPACED AND SUBMITTED IN ELECTRONIC FORM via the [Manuscript Central ScholarOne web-based peer review system](#).

Cover letter

Authors' identifying information should appear only in a cover letter or notes to the editors and appropriate author fields, not in the manuscript file, its headers or footers, or in the file name. Please provide a rationale for publishing the paper in *HSR* and describe any previous or expected presentations or publications (peer-reviewed or otherwise) of the results.

Main Text File

The main text file should be presented in the following order:

- i. Title page with acknowledgments
- ii. Structured abstract and key words
- iii. Callout box: What is known on this topic, What this study adds
- iv. Main text
- v. References
- vi. Tables (each with title and footnotes)
- vii. Figure legends

We prefer that all text references, tables, and figures be included in the same electronic file or in as few separate electronic files as possible. Please number all pages for easy reference. As papers are double-blind peer reviewed, the main text file should not include any information that might identify the authors.

Title Page. The title page should include a short informative title (under 80 characters) containing the major key words. The title should not contain abbreviations (see Wiley's [best practice SEO tips](#)). With the exception of articles about methods, titles should not include information on methodologic features of the study. In general, we recommend against titles that include punctuation such as colons or question marks. The *HSR* editorial team may edit titles to match our preferred style.

On the title page, please also provide an accurate word count of the manuscript (not including abstract, references, tables and figure legends).

Acknowledgments. Contributions from anyone who does not meet the criteria for authorship should be listed, with permission from the contributor, in an Acknowledgments section. Financial and material support should also be mentioned. Thanks to anonymous reviewers are not appropriate.

Structured Abstract. Manuscripts without appropriate abstracts will not be accepted. The maximum length of an abstract is 300 words for research and methods articles and 200 words for research briefs; key words are not included in these counts. The following headings and information should be included in the abstract. Evidence-based perspectives, solicited editorials, and debates or point-counterpoints do not include abstracts, unless requested by the editors.

Objective (or Study Question). 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 (or Study Setting). Provide a single sentence indicating whether primary or secondary data were collected, and the geographic setting (e.g., nation, state or province) and time frame of the data collection.

Study Design. Describe succinctly (with complete sentences) the general structure of the study approach, indicating 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 sentence(s) 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 Question. When possible, present numerical results (e.g., absolute numbers and/or rates) with appropriate indicators of uncertainty, such as confidence intervals. Avoid solely reporting the results of statistical hypothesis testing, such as *P* values, which fail to convey important quantitative information. ***P* values should never be presented or summarized alone without the data that are being compared.**

Conclusions. Using complete sentences, mention only those conclusions directly supported by the data from this study. Avoid speculative observations but indicate the extent to which additional research may be required to address the central issues raised in the article.

Keywords. Please provide five to seven keywords using recommendations from the US National Library of Medicine's [Medical Subject Headings \(MeSH\) list](#). These keywords can differ from those required in the pulldown menu on the article submission system, which are used to categorize manuscripts and select reviewers.

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. One to three key points for each section should be written with a practitioner or policymaker audience in mind. This statement should not repeat the Abstract.

What is known on this topic: Using no more than 3 short bullet points (one sentence or less), say what was known about the topic before you did your study and why your study needed to be done. Be clear and specific, very briefly summarizing prior work on the same topic.

What this study adds: Using no more than 3 short bullet points (one sentence or less), 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?” Be succinct, specific and accurate, with attention to any clinical or policy implications.

Main Text. Full-length Research Articles and Methods Articles should be no longer than 4500 words, and the combined number of tables and figures should not exceed 5. Research and Methods Briefs as well as commentaries (evidence-based perspectives and invited editorials) should not exceed 2500 words, and the combined number of tables and figures should not exceed 3. Requests to waive these maximums are handled on a case-by-case basis through discussions between the corresponding author and editors assigned to the manuscript, but are rarely granted. The editors generally request that certain text and tables/figures be posted on the web as supplementary material. *HSR* does not allow footnotes or endnotes that contain text other than references (see below).

To the extent possible, we expect all Full-length 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.

We expect Full-length Research Articles and Research Briefs to use the following main section headings. Subsection headings may be used, especially for longer manuscripts, but are not essential. Methods articles may adapt this format as needed; for example, by having one Methods and one Results section

describing an innovative method, followed by another Methods and Results section validating that method.

1. Introduction:

- a. Background regarding the importance of the issue or problem, and a brief review of what is already known about this issue or problem.
- b. Rationale for the current study, including a brief description of the theory or conceptual framework that motivated the choice of data, variables, etc.
- c. Study objectives, which should include one or more research questions and (if applicable) an explicit statement of any specific hypotheses. In any evaluation study, the intervention, program, or policy of interest must be clearly but succinctly described. Do not preview study results in the Introduction.

2. Methods:

- a. Study design (observational, randomized experiment, qualitative, etc.) and setting.
- b. Source of participants or data (for studies based on routinely collected health data).
- c. 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. To support data transparency and generalizability, the logic or programming code for extracting data from its data source or creating analytic variables should be provided in an appendix, prior to publication. 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 in the research, the authors are responsible for checking the license and obtaining the permission. If permission was required, a statement confirming permission should be included in the Methods section.
- d. How study sample size was determined, if applicable.
- e. Data analytic approach and identification strategy or other description of statistical testing. Mathematical equations or expressions are discouraged in the text, unless they are crucial to understanding the modeling approach that was employed.
- f. 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.

3. Results:

- a. Descriptive data regarding sample and/or participants.
- b. Main results, highlighting key findings and referring to tables as appropriate.
- c. Other analyses, including robustness or falsification tests as appropriate.

4. Discussion:

- a. Brief summary of key results.
- b. Compare and contrast these key results with comparable results from prior studies, including both studies with convergent findings and studies with divergent findings.
- c. Limitations of the current study (and efforts to address or mitigate those limitations, when appropriate).

- d. 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.

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.

Sample website and software references:

It is important that authors check on the current availability of the website and in general refer only to those sites that are expected to be available permanently.

1. Wells GA, Shea B, O'Connell D, et al. The Newcastle-Ottawa Scale (NOS) for assessing the quality of nonrandomised studies in meta-analyses. 2013.
http://www.ohri.ca/programs/clinical_epidemiology/oxford.asp. Accessed January 27, 2017.

Internet Document:

1. American Cancer Society. *Cancer Facts & Figures 2003.*
<http://www.cancer.org/downloads/STT/CAFF2003PWSecured.pdf>. Accessed March 3, 2003.

For more information about AMA reference style, see the [AMA Manual of Style](#) (subscription required).

We recommend using reference management software for optimal retrieval and formatting of citations. For example, search for *Health Services Research* in the [EndNote reference styles](#). When such software is used, the article HTML proof within our Manuscript Central peer review system will have its references linked directly into Web of Science. This feature allows authors to check the accuracy of their references.

Please review Wiley's [data citation policy](#).

Tables. Each table and figure should be on a separate page in the file and must be specifically cited within the text. Keep titles brief but clear and descriptive of the contents. Tables should be self-contained and complement, not duplicate, information contained in the text. They should be supplied as editable pages or files, not pasted as images. Legends should be concise but comprehensive – the table, legend, 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. Footnote symbols: †, ‡, §, ¶, should be used (in that order) and *, **, *** should be reserved for *P* values. Statistical measures such as SD or SEM should be identified in the headings.

Figure Legends. Legends should be concise but comprehensive – the figure and its legend must be understandable without reference to the text. Include definitions of any symbols used and define/explain all abbreviations and units of measurement.

Figures. Although authors are encouraged to send the highest-resolution figures possible, for peer-review purposes, a wide variety of formats, sizes, and resolutions are accepted. All illustrative artwork (all figures) must be original. Color may be used, but note that the printed version will appear in black and white only.

Basic requirements for figures submitted with manuscripts for initial peer review, as well as the more detailed post-acceptance figure requirements, are [here](#).

General Style Points

HSR uses the Wiley Journals [Style Manual](#). 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. In general, we discourage the use of abbreviations that are not already in common use, or that may have more than one meaning.
- **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.
- **Units of measurement:** Measurements should be given in SI or SI-derived units. Visit the [Bureau International des Poids et Mesures \(BIPM\) website](#) for more information about SI units.
- **Numbers:** Numbers under 10 are spelled out, except for measurements with a unit (8 mmol/l); 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 dogs, 9 cats, 4 gerbils)
- **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 and races** (e.g., Black and White) should be capitalized according to Wiley style.

Manuscript Preparation Tips

Wiley has a range of [resources](#) for authors preparing manuscripts for submission available here. In particular, we encourage authors to consult Wiley's best practice tips on [Writing for Search Engine Optimization](#).

Editing, Translation, and Formatting Support

Wiley Editing Services can greatly improve the chances of a manuscript being accepted. Offering expert help in English language editing, translation, manuscript formatting, and figure preparation, [Wiley Editing Services](#) ensures that the manuscript is ready for submission.

Supplementary Materials

Our Manuscript Central process requires authors, at submission, to indicate any **prior publication relevant to the current manuscript**. Authors should explain affirmative answers in the section for author's notes or in their cover letter.

Authors may designate three types of supplementary materials:

1. For the **editors' use only**: Examples include disclosures of potential conflicts of interest that do not qualify for listing on the International Committee of Medical Journal Editors (ICMJE) form, and disclosures of prior presentations or publications of the same or related work. While potential conflicts need to be addressed during the review process, they will usually not jeopardize publication. Failure to disclose these issues initially is a far more serious problem and may rise to the level of being considered scientific misconduct.
2. For the **editors' and reviewers' use only**: Examples include a previously published or accepted paper or a paper under review that describes the sample in more detail.
3. For **all readers**: Examples include appendices with details on the questions used in a survey or a database, inclusion and exclusion criteria, or alternative modeling results; and SAS or R programs defining predictor(s), outcome(s) and co-variate(s). 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). All supporting materials must include a legend stating what they are and should be cited in the main text of the manuscript.

If data, scripts, or other artefacts 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.

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International Committee of Medical Journal Editors disclosure (required). The ICMJE disclosure form includes (1) identifying information; (2) information about the work that you have submitted for publication, including resources that you received, either directly or indirectly (via your institution), to enable you to complete the work; (3) relevant financial activities outside the submitted work, including financial relationships with entities that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work; (4) intellectual property, including patents and copyrights, whether pending, issued, licensed and/or receiving royalties; and (5) other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work. This disclosure form **must** be submitted with your manuscript and updated at the time your paper is accepted.

5. EDITORIAL POLICIES AND ETHICAL CONSIDERATIONS

Manuscripts submitted to *HSR* are subject to review by the editorial staff. Papers will only be sent to review if the Senior Managing Editor and Editor-in-Chief(s) determine that the paper meets the appropriate quality and relevance requirements.

Authors are encouraged to suggest reviewers for their manuscript who have appropriate expertise but no apparent or real conflicts of interest; we prefer 2 to 4 suggestions but up to 10 (all with email addresses) can be named. 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 also request that specific reviewers not be used, but please provide justification other than what might be considered to represent honest intellectual disagreements.

The acceptance criteria for all papers are the quality and originality of the research and its significance to journal readership. Except where otherwise stated, manuscripts are double-blind peer reviewed. In-house submissions, i.e., papers authored by Editors or Editorial Board members of the title, will be sent to Editors unaffiliated with the author or institution and monitored carefully to ensure there is no peer review bias. Wiley's policy on the confidentiality of the review process is [available here](#).

HSR's electronic peer review system permits each author to monitor the progress of the manuscript through the peer review process via our Web site on Manuscript Central. 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 two or three reviews, and then summarize key themes in these reviews for the benefit of the authors.

Authorship

HSR follows the [ICMJE definition of authorship](#), which indicates that authorship be based on the following four criteria:

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND

- Drafting the work or revising it critically for important intellectual content; AND
- Final approval of the version to be published; AND
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

In addition to being accountable for the parts of the work they have done, authors should be able to identify which co-authors are responsible for specific other parts of the work. In addition, authors should have confidence in the integrity of the contributions of their co-authors.

All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged. These authorship criteria are intended to reserve authorship for those who deserve credit and can take responsibility for the work. The criteria are not intended for use as a means to disqualify colleagues from authorship who otherwise meet authorship criteria by denying them the opportunity to meet criteria 2 or 3. Therefore, all individuals who meet the first criterion should have the opportunity to participate in the review, drafting, and final approval of the manuscript.

Data Sharing and Data Accessibility

HSR encourages authors to share the data and other artefacts supporting the results in the paper by archiving it in an appropriate public repository. Authors should include a data accessibility statement, including a link to the repository they have used, so this statement can be published alongside their paper.

Conflict of Interest

HSR requires that all authors disclose any potential sources of conflict of interest. Any interest or relationship, financial or otherwise that might be perceived as influencing an author's objectivity is considered a potential source of conflict of interest. These must be disclosed when directly relevant or directly related to the work that the authors describe in their manuscript. Potential sources of conflict of interest include but are not limited to: patent or stock ownership, membership of a company board of directors, membership of an advisory board or committee for a company, and consultancy for or receipt of speaker's fees from a company. The existence of a conflict of interest does not preclude publication. If the authors have no conflict of interest to declare, they must also state this at submission. It is the responsibility of the corresponding author to review this policy with all authors and collectively to disclose with the submission ALL pertinent commercial and other relationships.

Financial and Material Support

At the time of initial submission, authors are asked to disclose all financial and material support (including the provision of or access to data) for the research and to disclose to the editors all affiliations and financial involvements with organizations with a financial or policy interest in the subject matter discussed in the manuscript. This disclosure is consistent with the [policies](#) set forth by the ICMJE and is generally done using the [fillable PDF form](#) provided by the ICMJE. This disclosure should include sponsor names along with explanations of the role of those sponsors in study design; collection, analysis, and interpretation of data; writing of the report; the decision to submit the report for publication; or a statement declaring that the supporting source had no such involvement.

Authors should also list all funding sources, including funding for the investigators' time, in the Acknowledgments section. Authors are responsible for the accuracy of their funder designation. If in doubt, please check the [Open Funder Registry](#) for the correct nomenclature.

We also ask whether sponsors and/or supporters of the research (including employers and providers of data) have contractual rights to review and approve the manuscript. This disclosure is done through a separate form that can be submitted at any time prior to final acceptance of the manuscript for publication.

For accepted manuscripts, we will publish electronically and in print a 1-3 paragraph acknowledgement/disclosure statement recognizing the various forms of support that made the project possible and summarizing all real or potential financial and other conflicts about which readers may be concerned. This statement reflects disclosures with respect to the project supporting the work and the authors, and will be submitted by the corresponding author, with the concurrence of all the authors.

6. AUTHOR LICENSING

If a paper is accepted for publication, the author identified as the formal corresponding author will receive an email prompt to log in to Author Services. Via the Wiley Author Licensing Service (WALS), the corresponding author will be required to complete a copyright license agreement on behalf of all authors of the paper.

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7. PUBLICATION PROCESS AFTER ACCEPTANCE

Accepted Article Received in Production

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