Dr. Steve Fihn: Well, hello. Sorry, I missed the introduction. I’m Steve Fihn. I know many of you. I understand we got something over 60 people online, and I want to thank everyone for attending. This will be a rather informal session. I am Deputy Editor of *JAMA Network Open*, and we would like to present the journal to those of you who are unfamiliar with it and describe it more for those who may be. Many of you know that spent 36 year in the VA as an investigator and physician and held a number of positions, which I will not regale you with at this time. But [garbled audio] with VA, and it’s a real pleasure to be able to participate in this session. I want to thank Rob and his staff and the folks from HSR&D for coordinating this session, and I want to acknowledge Caroline Simon who’s on the call here from the *JAMA Network* who is organized from our end.

The format today will be I’m going to give a brief overview of *JAMA Network Open*, and that will be followed by presentations by three of our most prolific and illustrious VA authors who I will introduce in a second. And then the remainder of the time will largely be for Q&A and discussion regarding any aspect of publishing in *JAMA Network Open*, *JAMA Network*, or *Open Access* in general. I want to say from the outset that our goal is, in this session, that you will think of *JAMA Network Open* as you go to publish your VA research. I hope that you’ll think of it along with other illustrious journals that any of us publish in and as well. This is not an effort to get into a competition with medical care, HSR, JGIM, all of which, and many others, are outstanding journals, but ask you to think of us as you go to publish your research.

It’s a real honor for me today to have three individuals with whom I’ve worked over the years, both collaborated in research, as well as have the opportunity to work with them as authors in *JAMA Network Open*, Ann O’Hare, who is a Professor of Medicine in the Division of Nephrology at the University of Washington. Dawn Bravata, who’s a Research Scientist at the Regenstrief Institute and Professor of Medicine at the University of Indiana. And Rachel Werner, who’s the Executive Director of the Leonard Davis Institute, a Professor in Medicine and in Health Care Economics at Penn. And all of them, as you know, are VA investigators, and I’m very pleased that they were willing to contribute their time to attend and present at this session.

Rob, could we have the first slide, please? So I’ve done the introductions. I mentioned Dawn Simon. I hope and I think that Annette Flanigan may also be online. Annette is the Managing Editor of the overall *JAMA Network*. And Annette knows everything there is to know about medical publishing and his here to answer questions that I’m not able to and to provide additional information. Okay, next slide please.

So a bit of overview of *JAMA Network Open*. We’re now entering out fourth year of publication. We are an all open access journal, the first one in the *JAMA Network* to be exclusively open access. We think there are advantages to publishing in our journal. The first is that we try to be reasonably quick and turn around and initial decision on average whether to not to send a paper out for review within two days. The average time it takes us to come to a final decision of articles that have been sent for review is 41 days. That typically includes two content reviews and a statistical review for all the articles we publish, with some exceptions.

We recently received our second Impact Factor. As you know, a journal has to publish for at least two years in order to qualify for an Impact Factor. Our first one was about 5 coming out of the gate, and this year was 8.5, which is quite high for a journal in its second year of publications for those of you familiar with Impact Factors. We get broad play. We had 9.9 million visits this past year to our site, and annual articles views and downloads were almost 20 million. There is extensive coverage of our journal in the press with 60,000 mentions in 2020 and ’21. We also have a broad medial platform which includes author interviews, podcasts, email alerts, social media, and so forth. Next slide, please.

There is also an electronic table of contents that goes out weekly, and it’s sent to over 100,000 individuals. And many of our hits on the website results from links in the ETOC. I think it’s really important for me to emphasize that we are a completely open-access journal. There is no print version of *JAMA Network Open*. And that means that every article is free to the world the moment it’s published. For those of you who’ve had a chance to look at our website, it is completely integrated with the *JAMA Network* platform of *JAMA IM*, so articles research on that platform, articles from *JAMA Network Open* also appear. Next slide, please.

So what we’re going to do at this point is I’m going to stop and ask our three illustrious panelists to talk about—oh, sorry. Did we—yep, we skipped a slide. Sorry. Yeah, sorry about that. Okay.

Rob: Yeah, that’s my fault, sir. I’m sorry.

Dr. Steve Fihn: That’s okay, Rob. Not a problem. And this is the \_\_\_\_\_ [00:08:02] for why we’re talking to you today. The *JNO* has published over 200 research articles from VA authors, and that’s included 500 VA contributors to those articles. Happened to know that of the articles nominated for the HSR&D best paper, not this year, I know they’re now soliciting the nominations this year, but last year, six of the articles nominated came from *JNO*. And I was really gratified by that. Next.

So we’re going to—I’m going to ask the panelists, as I said, to just reflect on their experience, good or bad, and comment on what their experience has been in working with *JAMA Network Open*. All of them have published multiple articles in *JAMA Network Open*. We’ve just selected here the ones that are most highly cited, and Dr. Rachel Werner has agreed to go first. So, Rachel, can I turn this over to you?

Dr. Rachel Werner: Sure. Thank you, Steve. Thanks for having me here on this panel. Before I talk about the articles that appear on the slide, I thought I might just reflect a little bit on why I have chosen to publish in *JAMA Network Open* over the past couple of years. So as Steve mentioned, I’m a general internist, and my research is in health economics, really focusing on healthcare delivery and health policy so not very clinically oriented research. So when I go to publish my research, I usually think of publishing it and sometimes if it’s methodologically complex or a long article intends to go to like the health economics or health services research literature. But when it’s a message that I really want to get out to a broad audience and a practicing audience, to the clinical literature. Because I don’t study clinical questions, I’m often looking for clinical journals that reach a very wide audience but are not specialty driven. And so the *JAMA Network* of journals is obviously a very good option that type of research and for me to publish. And so it’s one of the reasons that I published a number of articles in *JAMA Network Open* over the past few years.

Some of the things that I found most positive about my experience in publishing in *JAMA Network Open* is the facts that Steve highlighted about the journal, which is that it has a very broad reach and a really good dissemination strategy. And that’s, I think, reflected in the fact that its Impact Factor in its second year is already quite high, and it’s trending upward. And I think the *JAMA Network* of journals is obviously a very strong network of journals and *JAMA Network Open* really benefits from being part of that network. And it is in and of itself a very strong journal, and so that’s definitely a factor. Consider when submitting papers there. I do like the fact that it’s an open access journal, which Steve also emphasized. I think that can be challenging from some people, and I’ll get to that when I think about what the negatives of *JAMA Network Open* are.

I think in principle having open access journals is really important. It certainly increases the opportunity for stakeholders, either media or policymakers or practitioners to pick up the article without subscription, and so that’s great. And then I think the third thing that I really enjoyed about publishing in *JAMA Network Open* is the quick turnaround. Often like the article actually that’s on the slide here, was related to COVID, really benefited from having that very quick turnaround because it was a timely topic that we wanted to get out into a publication relatively quickly.

*JAMA Network Open* also takes referrals from other JAMA journals, and so that’s also decreased the review time. And so if you submit—like I’ll sometimes submit to *JAMA Internal Medicine,* if it gets reviewed but not accepted can be referred on to *JAMA Network Open*, which can also cut down the review time substantially and get papers out more quickly. And I think that especially today’s day and age when there’s a lot of—a lot of things are changing in healthcare delivery and during a pandemic in particular. Having the opportunity to get research published more quickly, even by a month or two, can be impactful.

I will say that the open access policy actually comes with a fee for authors, and that I think can be challenging for people. I have paid a lot of these fees over the year as I publish a lot of these articles, and I think I’ve been lucky in that I have the ability to do that through my grant-funded research through my academic affiliate. I often also pay the fees for my mentees, and so a lot of my mentored research goes into this journal because people who do unfunded research don’t necessarily have the ability to pay the fee, which is really nominal in the large scheme of things, but if you have no funding at all, can be prohibitive. And so I don’t know how much of a barrier that is for junior investigators or people who are just starting out and doing unfunded research, so the open access is in my view overall a plus but comes with some barriers to getting into the journal, which I think can be challenging for some individuals.

I will say that *JAMA Network Open* like all of the *JAMA* journals is also very heavy-handed in its editing, which can be challenging at times. They have a style guide that they adhere to. And it sometimes feels a little inflexible, but that’s true of all the *JAMA* journals. So Steve told me I should say the good things and the bad things, so there you have it. I will talk about the two articles that were selected to be part of the slide deck, and I think these are examples that highlight the reasons that I chose to publish in *JAMA Network Open*. So this first one is a study of racial disparities for COVID hospitalizations during the pandemic, and this one I think was when I was actually referred to *JAMA Network Open* through *JAMA Internal Medicine.* But the quick turnaround was really helpful. It got a lot of pick up through social medial and in the press, and so the open access I think was important. It had, I think, an important message that we wanted to get out into as many hands as possible, and so I think *JAMA Network Open* really provided the opportunity to do that.

And then the second article that was part of this slide deck, which is on the next slide believe, is one of the—this was an article that is not a clinical question as all but is more about the way that articles get published and looking at whether there are gender disparities in citations in articles. And so like a lot of the research I do, it doesn’t ask a clinic question. This one actually doesn’t really even ask a question about healthcare delivery, but *JAMA Network Open* was a good landing place for this article because of its broad appeal and its very, sort of, wide reach and diverse audience. And so this one also I think was a—definitely benefited from the open access because it has a lot of interest outside of medicine. And actually a lot of people in other fields, academic fields, wanted to be able to access it and so really benefited from being in *JAMA Network Open*.

So that I think is the end of my comments, and I can turn it over to who, I think, every is up next.

Ann O’Hare: Yep. So yeah, that was great, Rachel. You said a lot of what I was going to say. Go ahead, Steve.

Dr. Steve Fihn: Go ahead, Ann. I muted myself. I’ll circle back. Go ahead.

Ann O’Hare: Oh, okay. So I would agree with pretty much everything that Rachel said. A couple of extra points that I would make as someone—and many of us have been working with the VA data for many decades now and have seen the strengths of the VA data system, and the VA system itself has really the largest integrated health system in the U.S. And I know I’m preaching to the choir here, but it hasn’t always been easy to find a home for really good VA research. Especially early in my career, it was really shocking to me when I saw—I really felt like the work was really strong and bolstered by great data resources in the VA. And editors, reviewers didn’t always see things that way. And so from my perspective, it’s just really such a privilege to have a journal where we have a deputy editor who understands VA data and values VA data, not to say that VA research projects will automatically be accepted by *JNO*, far from it.

But I think it is comforting to know that your VA work will receive a fair review at *JAMA Network Open*, not just Steve as editor but also a network of associate editors and then reviewers who understand VA data. So to me that’s really huge and comforting, quite frankly. I would echo what Rachel said about the scope. I think *JAMA Network Open* is actually incredibly flexible and broad in terms of the articles that make it in there. I like to read the table of contents every week because a lot of articles are really interesting, not necessarily even related to my own research. But I think for health services researchers in particular, it’s sometimes hard to find a home for work research and a lot of general journals. And I then I think qualitative research increasingly is something I’ve become really interested in, and I know a lot of folks in the VA are doing really excellent qualitative research. But again, it’s not always easy to find high impact journals that are open to that kind of work, and so I’ve really appreciated that personally.

I think the dissemination piece, which Steve talked about at length, is absolutely incredible. I think acceptance of a paper to any of the *JAMA* family of journals including *JAMA Network Open* benefits from this incredible dissemination machinery, the tweets, the podcasts, the table of contents, often I think gets picked up then by new media, et cetera. So that is huge. And I think Rachel talked about her decision-making in terms of journals. As a medical specialist, my decision-making is often—who does clinically-based research, my decision is often do I try to go to a general journal and reach a wider audience, or do I go to the nephrology journals? Which by the way in two short years, *JAMA Network Open* is approaching the Impact Factor—if you believe in that metric, that the Impact Factor of many of our leading nephrology journals. So for me that that’s been nice to have an extra option in the general medical literature for papers that may fit within the nephrology literature but I feel very often have a potential relevance to a wider audience or interest to a wider audience. So I would say that piece.

And truly of the submission process is incredibly author friendly in a lot of ways that Rachel talked about. The option of submitting to one of the other *JAMA Network* journals, and then if it’s reviewed, can come to *JAMA Network Open* or other *JAMA* journals. I sometimes refer to this as the *JAMA* shoot in the sense that you can sort of—it really saves you that efforts which can be quite considerable, of resubmitting. So that’s really nice. It’s also, as Steve mention, that timely review piece is really key. This is not the kind of journal that you submit your paper to and accept it and expect it to sit there for months. I had during COVID, when it’s very competitive to get—has been very competitive to get papers accepted anywhere, I had the horrible experience of waiting three months from a relatively a low-tier journal for a response and very, very painful. So that is not a concern with any of the *JAMA Network* journals, at least of all *JAMA Network Open*.

And then I found occasionally things come up with articles, and I’ve found the editorial staff to be super accessible and very rapid responses, very empathic, and seeing the authors’ point of view. So those are all things that I’ve really appreciated. And then a couple of other things I just wanted to add after hearing what Rachel had to say, the piece about proofing is really interesting because I actually really like that proofing part, but that’s just me. I’ve always really appreciated that about the *JAMA Network* is that instead of sending you a finished, sort of, galley proofs that they will actually send you a Word file. And as someone who is like a very iterative writer, constantly tweaking, I’ve really appreciated that, and I just feel like the proofing is a place that sometimes other journals do fall down on. And I do think it’s a super important part of the whole publication process. So just that’s just my opinion, but I can see how that wouldn’t appeal to everybody.

And then open access piece, it’s true that there is only the open access option with this journal, but to me that’s not much of a consideration. Because even when I go to other journals, I try to pay for open access if I can, and that’s often dependent on whether there’s grant support. But I do also hear the piece that Rachel raised about junior investigators without funding, and I myself as a mentor have even paid out of my own bank account for—not *JAMA Network Open* but—other journals. So anyway, those are sort of my general points. Could we get the next slide, please?

So this is an example. This paper is an example of a qualitative research piece that is the work of Kate Butler who’s currently a nephrology fellow at the University of Washington but is soon to be faculty here we hope. Just during the first three months of the pandemic, she conducted more than 60 interviews with clinicians around the country. It was incredible. I mean she really sort of cut her teeth on qualitative research and did a very masterful job. And I mentioned this because I think this certainly was very timely, and we got very rapid review and response from the journal. But we also got—and then also this illustrates the openness to qualitative research, which is not so much of a mainstream methodology I think in the general medical literature.

And then I just want to say dissemination wise, this is a great example because Kate talked with Seth Trueger in a podcast, and that was a fantastic discussion. I was so proud of her works to present this. And then actually the story got picked up by NPR, which was just fantastic. So that’s one example. And could I get the next slide, Rob?

And then this is the other example, and I was really—this effort was led by my colleagues George \_\_\_\_\_ [00:25:04] and Vince Phan at the VA here, one of the of the early papers looking at COVID outcomes in veterans. And they really jumped on the shared data resource, which I think is a fantastic initiative to study COVID in an integrated healthcare system. This is interesting. This paper was very interesting from a dissemination perspective. It was almost entirely disseminated via Twitter, and the Impact Factor—I mean, not the Impact Factor, the Altmetric score far exceeded anything on any paper I’ve ever been on. So that was also really cool and, I think, speaks to the power of the *JAMA* dissemination infrastructure there. So that’s all I had prepared. So, Steve, I don’t know, should we pass this to Dawn for the next…?

Dr. Steve Fihn: Yeah, I think what I’d like to do is let Dawn go ahead, and then I’m going to circle back and offer a few comments on the comments you’ve made and then start to address the questions that have been posed so far. So, Dawn, do you want to take over?

Dr. Dawn Bravata: Sure. Yes, please. Rob, may we have the next slide, please? And I’m actually not going to chat about the articles themselves and more about our team’s experience. So next slide, please. Next slide. Next slide. There we go, okay. So our team’s experience really started in 2018 when we submitted a paper to *JAMA* and it got sent over to *JAMA Network Open*, just like that Rachel and Ann were sharing that that’s a very efficient process. But we had never heard of this journal before. It had only launched in May, and this was like June, July of 2018. And so our team was like, what’s this open network journal? Obviously, that is now a different experience entirely, and I think that the Impact Factor reflects that. But the name is it is a little kind of—you can’t tell what it really is necessarily from the name, and that was our team’s initial experience. So just by way of historical perspective. Next slide, Rob, please.

So I know that everyone has sort of said this already, but I would just really like to emphasize that my experience or our team’s experience of this journal is that the role of the editors is actually kind of pretty different than my experience has been with editorial review on other journals. So when you get the response letter, the bit usually that’s at the top of your response letter, what’s from the editors themselves, can be really pretty extensive in the *JAMA Network Open* response letters. And really the editors are synthesizing the comments of the reviewers, and they seem really thoughtful, like it’s really clear that the editors are paying attention. They’re reading the article, they’re forming their own opinion, and they’re forming opinions about what the other reviewers have said. And so I really feel like this kind of creates a greater partnership with the editors, at least in my own experience, then with other journals. And it could also be that I have known Steve for a long time in the VA, and so that we had like a personal relationship before he became the editor of some of the papers that I have submitted. And it seems like they’re really thoughtful about inviting commentaries to papers. Next slide, please.

Because the editors are involved in the peer review process, it actually changes my approach to the response letter. So my response letters to the reviewer comments are pretty long, and in some cases are longer than the paper itself. And I’ll include things in those response letters like tables or figures, and I’ll defer to the editors to sort of say if you would like us to include this, I’ll go with what you have to say. And generally speaking, the editors have always, I felt, made really reasonable decisions in terms of the choices that we’ve offered to them in the response letters. Next slide.

So everyone has talked about the speed of the review process, and I would say that in general, that’s tremendous. It’s really helpful. And like Rachel said, especially in the COVID period where we really wanted to get our work out in a timely fashion because things were changing so quickly, that was awesome. It was really wonderful. The flipside of that, however, is that sometimes the reviewers ask for major revisions, sort of total re-dos on the analysis. And the editors give you a very short turnaround time to get those reviews done. And I just am sharing with you that at least for us, we work in big teams, and it really involves the whole team really in doing this reanalysis and reconceptualization of the work and reframing of the manuscript. And so that places a pressure on our team that maybe we wouldn’t experience from some other journals. I will say though that whenever we’ve asked for an extension, the editors have always granted us that. Next slide.

So I think a lot of us have already talked about the dissemination, and my own experience with this has been in three categories. So the first category is the editor’s audio summary, so that’s like when you actually go on the website, there this like strip at the bottom on the website when your article shows up. And this is the editors chatting about articles. And that was just lovely to get that and to get their perspective on that. We’ve already heard Ann’s experience with Seth Trueger. We were invited to do interviews, and that’s a video podcast that’s posted on YouTube. So that’s a very different kind of dissemination activity. And then finally, they have a pretty active Twitter feed, and we’ve heard from the other authors about their experiences with that.

I would just have some other things to say about it and that is, if you could go to the next slide. Yeah, the Twitter feed, if you go to the *JAMA Network Open* Twitter feed, you get essentially one graphic. And so I’m just offering here some different graphics from just some recent Twitter feeds, and you can see that some of them are much more visually appealing than others. So the upper left, I would offer is just text and is not really, at least in my opinion, particularly engaging visually. The one on the bottom right, that was actually a visual abstract that *JAMA*, I don’t know who on *JAMA Network Open* produces those, but we were asked to produce one.

They didn’t like the one that we produced. They produced this one. Quite honestly, I find it to be busy and doesn’t actually engage people and really get you. I don’t really feel so excited about that one. The upper right one is from one of our papers. That’s a figure that comes from the paper, and I think it’s sort of interesting. But it doesn’t really actually tell you really kind of what the paper is about. The one on the bottom left, I think it’s kind of cool, right? Clearly this is some geospatial kind of imaging, and you’re sort of interested in what’s going on there. And so you certainly get a sense that it’s something geospatial, but again, I don’t think you get like the main message from the paper from these visual abstracts. So next slide.

Oh, yeah, so anyway, I would just say that what I would recommend is that the journal and we as authors really invest in creating visual abstracts in a way that the abstract itself, that was a kind of invention of modern medical publication. The social sciences really didn’t come to a structured abstract until fairly recently, last 20 years or so. And I think really now we need to invest in our own resources in terms of creating visual abstracts to describe our work. The last point that I would like to say—and Ann said this—is that really I so appreciate how much the editors gets the value of VA work. And so often we hear of this paper is not generalizable because it was done VA, and I’ve never heard that. In fact, quite the opposite. And so I really feel is so welcoming to VA research. So that was my last comment, thank you.

Dr. Steve Fihn: Well, I just want to thank the three of you. It’s really a pleasure to hear that and the constructive criticism as well. We are a new journal, and, Dawn, I’m so happy you were willing to risk it with a new journal. I’d like to, just before we go to the questions, respond to a few of the issues that were raised by the three authors. I do want to acknowledge I think Dawn showed a picture of Eli Perencevich, who you all know as the center director in Iowa city. Eli is an associate editor of the journal. He’s an ID specialist and a very accomplished health services researcher, and so he’s another VA presence on our editorial group.

Regarding the financial structure, there have been some talk. I’m going to just talk briefly about that. Traditionally, most of you know that journals for decades were funded largely through subscription and advertising. And for most journals, those revenue sources, particularly with the direct-to-consumer advertising and with digitalization of media, both those sources have gone down dramatically for almost all journals. The only journals which really still rely on subscription are small society journals really that can include subscription fees in the dues. But for large journals, we can’t depend on that. As we move to open access, the question is how to pay for it.

When I first learned about this, I thought that the main expenses for journals for ink, paper, publishing, and postage, it turns out not. It’s like everything else. It’s labor. And you’ve heard how much labor goes into this in terms of the editing and the editorial staff and how much involvement it is, and that’s expensive. And it costs just as much to publish a digital article as it does actually a print article. So the question then becomes if you’re open access, how do you pay for that? And I think medical publishing is kind of where—we’re maybe a decade behind other media. But as you know as music, video, everything gets digital, you figure out the new financial models. And is it streaming? Is it subscription? Is it advertising? So I think for the moment, the author fees are the main way, vehicle to support open access.

I don’t think that will continue forever. I’m hoping there’ll be institutional support for this. As you know, not only are you paying those open access fees, but your institution actually is paying publishers to buy that content back and make it available through the library system and through your online access. And at some point, I suspect there’s going to be some convergence of that. There’s also secondary use of digital products, which I won’t go in to, but someone asked, how do we finance this? We are an all research journal. We only publish original investigations and commentaries, invited commentators to accompany about twenty percent of those articles. So the vast majority of our authors do have grant support. There are those who don’t. We’re hoping the institutions can help with that. We do have a waver system, but it’s largely confined to low and middle-income countries for whom we automatically extend waivers from author fees.

For individuals, we can occasionally issue waivers and accept in extraordinary circumstance. To be honest, we don’t get that many, especially from the VA. And my sense is the VA has been very good about supporting open access, and I hope that you’ll advocate for that. Because as Rachel said, in the big scheme of things, it sounds like a lot, $3000. But for a million-dollar grant, really to get your dissemination, to get quality, isn’t the goal to get a paper published that people are going to read and it’s going to get out there? And if that is the goal, it’s to the benefit of the funders, the institution, the authors, to have that happen and have it happen in a quality way.

In terms of the editing, Rachel, I very first did a little copyediting on my first manuscript that I managed, and I got my hand slapped right off the bat and said nope, we do that. And they do a fabulous job. They can seem heavy-handed to some authors, but the beauty is the consistency across the network. And I got to say, many of the journals that we publish in regularly don’t do copyediting at all. I mean, to have copyediting and then to have it of the caliber, the copyeditors, these are all professional copy editors, and they’re remarkable. And they do a good job. Occasionally, there are some disagreements with editors, and I think those are amicably resolved.

One we talked about, you all talked about, the rapidity. We struggle with that. Our biggest obstacle right now is getting peer reviewers, so anyone on this Cyberseminar or anyone knows wants to help us with that problem. COVID has been a particular problem. As Ann pointed out, we really strive for turnaround on those. We get 400 COVID submissions a month. That’s a hundred a week, papers just about COVID being submitted to us. And to sort of maintain that level of responsiveness on a single topic area and get quality reviews is a challenge. Eli, I, and Fred Rivara the editor-in-chief, and Angel Desai our other infectious disease specialist, meet once a week to review all the COVID papers, all the COVID papers we think are worth reviewing. Let me put it that way. Fred and I whittle out most of them. So we try to move those through very quickly.

I would like to say that because we publish, we publish every day. We publish on average about five to six articles a day. We do have the luxury of publishing a broad range of both topics, methodology, and that’s the thing I perhaps love most about the journal is that we can be a broad platform for lots of different kinds of research. We love negative trials. We like confirmatory research. We don’t mind if we have an article on the same topic two weeks in a row. We have the capacity to do that. We’re not like journals who published four or five articles a week and have to be very careful about duplication and novelty. We believe that by getting these articles out, getting them available—even trials that may be the fifth trial on the topic. Well, that’s going to go into a meta-analysis. It’s going to be an important contribution to the medical literature, and that is one of our goals, to be able to do that.

Forty percent of our submissions come from outside the US, so we definitely are a global journal. I tend to think the VA shouldn’t be parochial. There’s a lot about the VA system that is applicable to the rest of the world, and they are interested in those things. So and the last thing I would just say about the visual abstracts, right now we only do them for randomized-controlled trials. There is a format for them. They’re very labor-intensive, and so we do have to do them a certain way. And we ask the authors to do that. Maybe at some point in future that will be expanded to other kinds of articles, but at the moment, it is just RCTs.

So let me stop there and go about looking at some of the questions that have come up. There was a question about are our articles peer reviewed. So the way it works is that, as we said, we get about a thousand, right now, articles a month, manuscripts a month, submitted to us. The editor-in-chief, Fred Rivara, and I sift through those, and of we eliminate the vast majority of them. And those that pass that screen then go to—assigned to an associate editor or one of us for further considerations, whether they’re sent out for review. Our acceptance rate has varied between fifteen and twenty percent. That’s much higher, of course, than *JAMA* and *JAMA IM*, but it’s still somewhat competitive. And as I said, we do struggle to get reviews. We strive to get to two content reviews and a statistical review for every article. Occasionally, we may compromise on one or more of those. The editors meet twice a week. We met this morning. We meet for an hour twice a week to discuss articles, so that they’re not sitting, waiting for weeks for an editorial meeting that happens once a month or once every couple weeks. So we do try to move things forward or through fairly quickly.

I should say someone asked about the structure, is there an editorial committee. We now have, I believe, 15 associate editors. Sounds like a lot, but for the volume it’s really not. And they work very hard, and they’re spectacularly good. And our editorial meetings are like twice a week, research seminars. People show up because the conversations are so interesting and so informative, both about the clinical content, the methodology. And there isn’t a morning I don’t fail to learn something I didn’t know. And that’s at 7 a.m. Pacific time twice a week, plus the COVID conference once a week. So there’s a lot of discussion. So a lot of that feedback the Dawn discussed that comes, that actually comes from all the AEs when we discuss it. So we take notes, and we try to transform that into messages back to the authors that not only include some comment about the reviewers. And if we take the reviewers off base, we’ll point that out. And that doesn’t happen often but if we don’t agree and to provide the collective wisdom of the editors who do discuss the papers at our morning meetings.

And that is sort of—someone asked about a publishing committee. That is the editorial committee. It is the associate editors and Fred and I assisted by the *JAMA* staff. For very exceptional circumstances, we may involve people from the *JAMA Network*, occasional articles will be passed by Annette Flanigan, who I mentioned earlier, or Phil Fontanarosa who is the Interim Editor-In-Chief for *JAMA* right now if there are issues that are sort of out of the usual, out of the ordinary. So that’s largely our org structure. We do have an editorial board that meets annually that gives us strategic advice. We obviously have direction from the *JAMA Network* as well.

The next questions. We sort of talked about the business model and income expenses, and anyone who’s interested and wants to hear me drone on ad nauseam about open access and the differences between that and traditional publications and so forth, I’m happy to do that. But I won’t do that at the moment. The technology platform, someone asked about that, it’s the *JAMA Network* platform. And yes, it’s maintained by *JAMA* staff. It’s for all the journals, and it’s amazing. It’s really remarkable. And we asked for changes, and they appear days later. It’s really quite impressive.

Are the articles published in other journals? No. That does bring up the preprint servers. We do allow postings on preprint servers, and we do have a direct submission from that archive if people want to exercise that. I can say that it turns out is that most preprints don’t end up in peer-review journals. And the few that we’ve gotten, most of them have not actually ended up as articles. They haven’t passed peer review. So it’s given me a great deal of skepticism about sort of people who are—and unfortunately, the media still gets a lot of information from articles on preprint servers. But that’s a whole different discussion.

Someone asked about what the waivers are for. They’re waivers for the author fees. In general, we resist trying to give them to, if you will, first world institutions just because we do have expenses and the—we try to.

Someone said, do we get grant funding from the VA? No. We don’t get grant funding. You get grant funding. We get author fees and help from the AMA.

Is it for physicians only? No, not at all. We invite publications from PhDs and all sorts of individuals.

If we sign up to be a peer reviewer, can you give me a sense of how many articles it would be? Most of our peer reviewers, we’re doing analysis now, do one or two articles a year. We’re—love it if you want to do. But you can refuse. We’ll send an article to you, and to be honest, we get lots of refusals these days. People are busy. And at this is a plea, again, for people to sign up and people to say yes when we ask because that’s the way we depend on high-quality peer review to maintain a quality journal. I mean ultimately, the quality of the journal is just the quality of the publications. For us to have an Impact Factor of over eight, publishing over 1300 articles a year, if you think about it, that just requires the articles to be good, that people want to cite them. And so we need good reviewers. We need good submissions. That’s really the key, and we try to facilitate that and handle them in a way that people want to submit to us.

I think—oh, yeah. So here, yes—so we’ve gotten through, Rob, all the—I think all the questions in the Q&A. Did I miss any, Rob?

Rob: I don’t think so.

Dr. Steve Fihn: Let me stop and just, again, thank our three panelists, Dawn, Rachel, and Ann. I really appreciate it. And I think those in the audience can discern that these were their unvarnished comments. We didn’t ask them to say anything particular. Do you all want to add anything at this point? Do you have any other comments you want to make at this point?

Okay, well I really would just like to thank my VA colleagues, all of you, for submitting to our journal. I miss many of my interactions with you, so I get to, as Dawn said, interact with you as authors for the journal. And Eli and I and the rest are very keen to continue to support VA research and have VA research support us. If you have any specific questions, the slide is up here to email us. We’re happy to take inquiries if you want to take a biopsy. If you think an article might be of interest to us, you can always send a query, but as you see, we try to do quick turnarounds, even if you send us the full manuscript.

And I want to wish all of you the best of the season and thanks very much. Rob, thank you for hosting this, and to HSR&D for giving us a chance to interact with authors. And I look forward to receiving manuscripts from all of you, just don’t send them all tomorrow. Space them out, but we want to get them.

Rob: Dr. Fihn, I don’t know if you’re sure, if you knew this, but Dr. Perencevich and Flanigan, they are both here if you want to try to put one of them on the hot seat.

Dr. Steve Fihn: Oh, alright. Let me—we’ve got a couple minutes. Eli or Annette, do you want to add anything? I’ve said my piece. I didn’t know they were able to communicate, or I couldn’t see it.

Dr. Eli Perencevich: I just want to thank the authors, my colleagues in the VA for presenting here and submitting the excellent papers. And I’m biased but they’re some of the top papers we get to read and review, so it’s always a pleasure. It makes Steve and I happy when we see a paper from colleagues with multicenter, strong methods. And additionally, I think other reason I really appreciate being involved with *JNO* is we appreciate mixed methods and qualitative research methods, which I think is a strength of VA implementation science. And so we love those papers as well. And I think for a high-impact open access journal, there’s nowhere like *JNO* to publish that work and get it out there and disseminate it. I think some of the authors—I already mentioned that. So thank you, and I appreciate it. I love listening to authors have mostly good experiences with this.

Dr. Steve Fihn: I see Annette is muted, so I’m going to assume Anne doesn’t—oh.

Dr. Annette Flanigan: Here I come. Always love an invitation to be on a hot seat, Steve. No, I would just echo what you both said. And from my perspective, watching *JAMA Network Open* launch back in May 2018 and seeing where it is now—an particularly with the authors who have presented here. The collaborative effort between the editors and the authors is just really wonderful to see. And I know you only showed a few of your examples, the authors who presented, but I was looking back at some of them. They’re really great articles. They present useful, wonderful information, even those that aren’t clinically relevant directly. And the attention, that one article, wow, it’s just amazing what’s happening in terms of attention, in terms of social media, news media, and of course now other researchers and scholars citing these articles. So thank you very much for letting me experience this. Appreciate it.

Rob: Well, we are just about out of time, Dr. Fihn. If you’re finished, I’ll just ask the attendees to please, when I close the webinar momentarily, you’ll be presented with a webpage with a few survey questions. Please do take a few moments and provide answers to those. We count on them to continue to bring you high-quality Cyberseminars such as this one. And I apologize to our research presenters. I didn’t discover the functionality whereby I could put the talking person on the stage—making finger quotes—until Steve was talking. So I apologize about that. But Dr. Fihn, any closing comments?

Dr. Steve Fihn: No, thanks very much. And really appreciate it and take care.

Rob: Thank you bringing this to Cyberseminars, Dr. Fihn.

Dr. Steve Fihn: Do good work. Continue to do the wonderful things that the VA does every day.

Rob: Bye, everybody.

Unidentified Female: Thank you.

Dr. Steve Fihn: Thanks, guys. I really appreciate it.