Editorial

HSR Begins a New Era

With the start of our 53rd volume in February 2018, *Health Services Research* (*HSR*), an official journal of AcademyHealth published by the Health Research & Educational Trust (HRET), is beginning a new era.

As the United States and other countries have embraced the triple aim of improving the quality and experience of health care, improving population health, and reducing the per capita costs of care for an aging population (Berwick, Nolan, and Whittington 2008), the field of health services research has grown to help policy makers and health system managers to meet this challenge. Altogether, Americans spent \$3.3 trillion or \$10,348 per person, on health care in 2016 (Centers for Medicare & Medicaid Services 2017). What did we get for all of those resources, and how can we get better results in the future? Now more than ever, decision makers around the world need the best evidence about “what works” to inform policy and practice, as we strive to make our health care systems achieve their full potential for optimizing population health.

The last five years have brought dramatic growth to the field of health services research and to this journal, which represents our field. In a recent presentation at the AcademyHealth Annual Research Meeting, Bianca Frogner reported that the estimated population of active health services researchers in the United States rose from 11,596 in 2007 to 14,526–16,743 in 2015, an increase of 25–44 percent (AcademyHealth 2017). Similarly, the number of manuscripts submitted to *HSR* rose from 570 in 2011 to 955 in 2016, and perhaps even more in 2017. Our impact factor, based on how many times the average paper is cited in the subsequent two calendar years, rose from 2.16 in 2011 to 3.09 in 2016. The number of articles downloaded increased from about 200,000 in 2009 to 322,950 in 2016. Through these years, however, *HSR* as a journal has changed very little. The time has come for us to take a new look at *HSR*, reimagining and redesigning it to meet the needs of a new era.

At the end of 2017, my co-Editor in Chief, Jacqueline Zinn from the Fox School of Business and Management at Temple University, retired after completing 7 years of extraordinary service to the journal. Through this time, she has steered the journal confidently through 42 regular issues and 15 supplemental issues, three transitions of editorial management, and a 50th anniversary roundtable that celebrated the ever-wider scope of what health services researchers study (Luft 2017), and how this journal has both reflected and influenced the field (Zinn et al. 2017). Although she will be greatly missed at *HSR*, we are delighted to announce that Andrew Bindman from the Philip R. Lee Institute for Health Policy Studies at the University of California San Francisco has agreed to replace her. Bindman served as Director of the U.S. Agency for Healthcare Research and Quality from 2016 to 2017, as a Senior Advisor to the U.S. Department of Health and Human Services from 2011 to 2015, and as a Robert Wood Johnson Foundation Health Policy Fellow supporting Representative Henry Waxman's (D, CA) work on what became the Affordable Care Act. Before his Federal service, Bindman spent 15 years as Chief of the Division of General Internal Medicine and director of a primary care research training program at Zuckerberg San Francisco General Hospital.

As 2018 starts, we are also delighted to add three exceptional new Senior Associate Editors who bring a wide range of skills and experience to their work: Rachel Werner from the Division of General Medicine and the Leonard Davis Institute of Health Economics at the University of Pennsylvania (and the Center for Health Equity Research and Promotion at the Philadelphia Veterans Affairs Medical Center); Austin Frakt from the Schools of Medicine and Public Health at Boston University and the Boston VA Healthcare System; and Shoshanna Sofaer from the Center for Consumer & Patient Engagement at the American Institutes for Research (AIR). More additions are likely to come in the year ahead. Werner replaces the late James Burgess from Boston University, whose extraordinary contributions to the field of health services research will be recognized in two forthcoming supplemental issues of *HSR*. Sofaer will replace Mary Fennell from Brown University, a distinguished scholar in gerontology and organizational theory who retired from *HSR* after 13 years of dedicated service.

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Finally, readers of *HSR* will begin to see some important changes with this issue. As manuscript submissions have grown, our backlog of papers published in Wiley's Online Library (Early View) but not yet assigned to a print issue has increased from a few dozen to 148 as of December 19, 2017. Faced with this increasing backlog, we had a difficult choice between moving to an online-only (or hybrid) model and increasing the number of print pages to maintain similar content in both online and print issues. Working together, the Health Research & Educational Trust, which publishes *HSR*, and our longtime partners at Wiley opted for the latter alternative. In 2018, the number of print pages in *HSR* will increase by about 50 percent, such that the backlog from online publication to print publication will drop to a few months or less. This issue exemplifies what makes *HSR* unique—we publish cutting-edge empirical evaluations of important health policies (e.g., certificate of need laws, multihospital system affiliations, Accountable Care Organizations, and mandatory Medicaid managed care), along with innovative methodologic approaches (e.g., space time cluster analysis, automated delineation of hospital service areas, high-dimensional propensity scores, and covariate balancing) and exploratory analyses of critical challenges in global health services (e.g., low-value services, projected growth in out-of-pocket spending, and path relationships among domains of primary health care quality).

In 2019, we will introduce a new “look and feel” for the journal, which will make *HSR* easier to read online and more visually attractive, with fewer tables spread across multiple pages and more content on each page. We will also introduce features to make our content more approachable and usable by an increasingly diverse group of readers, with more informative abstracts, thumbnail sketches about what each paper contributes to practice and policy, and online links to blogs and other resources.

Ever grateful for the extraordinary support of our subscribers and readers, authors, reviewers, and editors, we welcome your comments, ideas, and suggestions as we plan for this transition in 2019. Building on a 52-year record of accomplishment, with a secure future, *HSR* will truly fulfill its mission “to publish thoughtful, timely and rigorously conducted state-of-the-art health services research that enhances understanding of the financing, organization, delivery and outcomes of health services and that is relevant to domestic or global health care policy and practice.” Never has this mission been more important!

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