The launch of Circulation: Cardiovascular Quality and Outcomes occurs during a time in which the health-care system is simultaneously achieving its greatest triumphs and facing its most daunting challenges. As a profession, we are manifesting remarkable advances in our ability to understand, prevent, and treat cardiovascular disease and stroke, yet there are vast gaps in our ability to preempt, mitigate, and cure these conditions. Often, these gaps derive from a lack of evidence about how best to provide care and public health interventions, how best to prioritize resources, and how best to work collaboratively with and in the best interests of the public and our patients.

Scholarship is needed to promote improvements in cardiovascular and stroke health and health care, focusing on the end results of our efforts. Outcomes research provides evidence to support efforts to achieve safe, effective, efficient, equitable, timely, and patient-centered care.1 We envision the journal as a venue for content of consequence—a home for outstanding science, commentary, and novel ideas. The journal will be a catalyst for good science with practical implications and a means to inspire junior people to engage in scholarly activities that have practical applicability.

The mission of Circulation: Cardiovascular Quality and Outcomes is to improve clinical decision making, population health, and healthcare policy. Moreover, Circulation: Cardiovascular Quality and Outcomes aspires to play a leading role in strengthening the global community dedicated to eliminating the epidemic of cardiovascular disease and stroke. This will be accomplished through a format that promotes scholarship, education, and constructive debate. The audience for this journal includes researchers, clinicians, policymakers, administrators, health plan executives, and government agency professionals.

The journal’s name is noteworthy. As part of the Circulation family, it occupies a place within a strong tradition of excellence and an association with the American Heart Association (AHA) and with the American Stroke Association. The term Quality and Outcomes is intended to convey our interest in how care and preventive strategies are delivered and what is achieved for patients and the public. The journal will be a home for contributions that span epidemiology, clinical epidemiology, management sciences, economics, statistics, health policy, quality improvement, and other fields. The publications will have a common link to practical importance, with the possibility of informing practice and policy.

For the cardiovascular and stroke community, this journal completes the quartet of initiatives at the AHA to support the growth and development of outcomes research and to elevate the quality of cardiovascular care. In 1999, the Scientific Forum on Quality of Care and Outcomes Research in Cardiovascular Disease and Stroke was launched. Several years later, the AHA formed the Interdisciplinary Working Group on Quality of Care and Outcomes Research to allow a governing structure to oversee organizational efforts in this area. This year, the AHA funded outcomes research centers and transformed the Interdisciplinary Working Group into an official Council, strengthening its position within the AHA. This journal represents a fourth key step in supporting the outcomes research community and extending its impact.

The issues addressed by Circulation: Quality of Care and Outcomes extend far beyond national boundaries. Accordingly, there will be a concerted effort to include a strong international presence that will foster a global community with shared values and goals. Moreover, international differences in structures and processes of care provide opportunities for mutual learning and take advantage of the natural experiments resulting from these variations in approach.

Partnerships are an important aspect of this journal. Our primary goal is to bring together new perspectives and information; an additional goal is to facilitate communication about resources and interests between funders and the research community. To accomplish this, we will seek contributions from varied sources, including governmental agencies, foundations, and nonprofit associations that are interested in outcomes research. We will also work with partners to disseminate information about relevant activities and publications that do not traditionally make their way into the peer-reviewed journals. All of these efforts will position the journal as a resource to investigators as well as consumers of research information.

We anticipate that the articles and contributions will describe many types of methodologies, including mixed methods and qualitative research, and more traditional quantitative research. The theme that will unite these areas is the
focus on improving patient- and population-level decision making and, ultimately, patient outcomes and population health at an affordable cost. As a natural extension of the multidisciplinary nature of outcomes research, this journal will exist at the intersection of basic biomedical research, epidemiology, clinical research, social sciences, and the humanities (ethics). *Circulation: Cardiovascular Quality and Outcomes* will focus not just on what we should do but how best to do it, with an emphasis on implementation science.

In evaluating submitted articles, the Editors will be asking whether they extend our understanding of an issue in an important way, illuminate unstudied issues, question conventional wisdom and current approaches, and equip readers with essential information to improve the status quo. The best articles will influence practice and policy, providing evidence that supports decisions for individual patients, the healthcare system, and society.

*Circulation: Cardiovascular Quality and Outcomes* will be defined by the following sections:

**Original Research.** The core of the journal is scholarship that spans the spectrum of outcomes research. To be competitive for publication, the research questions must be strong and consequential, and the methods and writing should be outstanding. Articulating and addressing important gaps in knowledge through sound methodology and high-quality statistical analyses will be the hallmark of published articles.

**Methods Articles.** We seek articles that describe the methods for registries, outcomes research studies, and appropriate applied clinical trials. We will utilize online appendices for supplementary material and may opt for online-only publication with printed pages for a brief summary and links to the relevant material. We will also actively seek articles that address methodological innovation (eg, development of new health status measures, assessment of performance measures, techniques for quantifying direct and indirect costs, and new analytical approaches to integrate survival, health status, and costs).

**Case Report Commentaries.** The journal seeks contributions from practitioners: those engaged in the delivery and management of health care. This section will introduce innovations and discuss how they may transform the delivery of care.

**Perspectives.** We will have frequent contributions that express opinions about various aspects of clinical decision making and healthcare delivery. We aspire to publish work that proposes solutions to the challenges of cost, quality, and access. Our profession is facing substantial ethical issues, necessitating a forum for discussions about how to promote the best traditions and values of the profession. We will encourage contributions that provide point-counterpoint on specific topics or challenge current ways of approaching issues in medicine. We also seek opinions about recently published studies or statements. In addition, we will solicit editorials to accompany selected articles.

**Data Reports.** We will devote space to data reports, concentrating on those from registries and government databases. The *Morbidity and Mortality Weekly Report*–type contribution is particularly suited to the rapid publication of relevant data. In some cases, these descriptive reports may have the same length as original research articles. Supplementary material can be posted online.

**Scientific Forum on Quality of Care and Outcomes Research.** The journal will be the home base of the Quality of Care and Outcomes Research conference, and will publish conference abstracts and highlights online.

**Reviews.** The journal will seek to publish reviews of relevant topics; systematic and narrative reviews are welcome. The key feature of these reviews should be their relevance to practice and policy.

The editorial processes for *Circulation: Cardiovascular Quality and Outcomes* will be based on rapid evaluation and publication, as well as the use of online publication to provide timely release and augment the range of published contributions and supplementary material.

The journal’s Deputy Editor is Dr John Spertus, and the Associate Editors are Drs Frederick Masoudi, Sharon-Lise Normand, and John Rumsfeld. These outstanding investigators share a strong commitment to providing a rapid and fair evaluation of every submission. Dr Jerome Kassirer, a former Editor of the *New England Journal of Medicine*, is a Senior Advisor. We have also assembled a talented group of individuals to serve on the editorial board, each of whom has made a considerable commitment to helping achieve the journal’s goals. In addition, we have an international board that will help us to achieve a global perspective. We plan to rotate our editorial board positions frequently to provide the opportunity for a large number of interested members to participate.

To ensure fair review, we have also instituted a rigorous process, similar to that used by *Circulation*, in which Guest Editors will assist in the evaluation of submissions from our Editors and the Editors’ institutions. Such submissions will be routed to a Senior Guest Editor who will then assign the work to a Guest Editor, without involvement of the journal’s Editors. The Guest Editors will obtain reviewers and make a decision about the manuscript. This process insulates the decisions from any influence of the Editor or Associate Editors.

Our first issue has original articles that provide a sense of future contributions. The cost-effectiveness analysis of the Clinical Outcomes Utilizing Revascularization and Aggressive Drug Evaluation (COURAGE) trial provides a critical perspective on the value of an initial percutaneous coronary intervention strategy for patients with stable coronary disease.2 The article by Arnold and colleagues introduces a tool to inform patients about the risks and benefits of percutaneous coronary intervention and presents a rigorous evaluation of its impact on care from the institutional and patient perspectives.3 Keenan and coauthors present the science behind a National Quality Forum–approved measure of 30-day readmission rates for patients discharged after a heart failure admission, a measure that could become publicly reported and turn attention to the high readmission rates for these patients.4 Mahoney and colleagues investigate the costs of care associated with the burden of arteriosclerosis, providing estimates that can inform policy and be applied by other investigators seeking an economic perspective on these patients.5 Angell and coauthors present an analysis of preva-
lence and control of hypertension in New York City, with attention to some disturbing predictors of elevated readings, such as access to care.6 These articles, surrounding topics of consequence and resulting from rigorously designed research, are representative of what we seek to provide in every issue. The 3 editorials place articles in context and provide perspective on their importance and implications.7–9 The tutorial by Austin provides needed assessment and guidance on propensity analysis, a technique that is growing in popularity.10 Finally, 2 commentaries will interpret the practical implications of recent, high-visibility trials (Simvastatin and Ezetimibe in Aortic Stenosis [SEAS] and PeriOperative ISchemic Evaluation [POISE]), providing some guidance for clinical practice and policy.11,12

How can you contribute to the journal’s success? We are open to your ideas about how to continually improve; our ultimate success will depend on the goodwill, enthusiasm, and involvement of our community and the sense that this initiative will only succeed through our joint efforts. We also need for our readers and contributors to advocate for libraries to subscribe, and for AHA members to choose it as one of their member benefits. We also want to support the use of an electronic table of contents for the journal. (To sign up, please visit http://circoutcomes.ahajournals.org/subscriptions/etoc.dtl.) We would like for you to consider the journal as an outstanding venue for your contributions (see http://circ.ahajournals.org/misc/ifora_outcomes.shtml for instructions for authors). Finally, we, as a community, have a responsibility to make the journal worth reading.

The ultimate success of Circulation: Cardiovascular Quality and Outcomes will not be in the pages published but in the way that the journal supports ideas and scholarship that lead to tangible benefits for patients and populations. With this issue, we welcome you to the first journal dedicated to quality of care and outcomes research in cardiovascular disease and stroke. We have audacious hopes for this endeavor; please join us in making it a success.

Disclosures

None.

References


Key Words: Editorials ■ outcomes assessment ■ publishing
The online version of this article, along with updated information and services, is located on the World Wide Web at:

http://circoutcomes.ahajournals.org/content/1/1/1