Editor’s Perspective

One Year at Circulation: Cardiovascular Quality and Outcomes

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With this issue, we celebrate completion of the inaugural year of Circulation: Cardiovascular Quality and Outcomes. Since our launch in September 2008, we have sought to create a venue for the most outstanding contributions in a field that stands at the intersection of scholarship and service. From the outset, we declared our aspiration to publish content that would substantially contribute to improving practice and policy.

Establishing a journal is fraught with challenges, not the least of which is name recognition. Although “short” may equate to “more easily remembered,” the relatively expanded title of the journal is true to our original intent to clearly convey our interest in uniting scholarship with practical application.

Articulating an intention to publish important work and the hope that our journal could provide a powerful service are hardly enough to ensure success. We were unknown, and our early articles would have an initial 18-month delay before being listed in PubMed, the great nexus of medical literature. We had no track record, no impact factor, no status, and an uncertain readership. In addition, we had a focus that many still find difficult to describe. Outcomes research is not a condition-defined field like heart failure, a procedural one based on interventions, or a technology-based topic such as imaging. Because of the traditional organization of cardiovascular medicine, we do not have a natural constituency based on a specific type of clinical care. We are instead a journal that crosses the traditional areas of cardiovascular medicine and stroke to address issues of effectiveness, efficiency, equity, safety, patient-centeredness, and timeliness/access.

Accompanying these challenges, however, were some considerable advantages. By launching the journal as a member of the Circulation family, we greatly benefited from guidance from Joseph Loscalzo, the editor-in-chief of Circulation, and the talented team of associate editors. In addition, the extraordinary Circulation editorial staff accelerated our development and endured our early days with remarkable composure. With their help, we learned quickly how to operate effectively. The kind and capable professionals throughout the American Heart Association provided support and advice as we navigated our first year. Finally, our publisher believed in our mission and worked with us to make our articles rapidly available to the public. And contributing authors—as we built it, they did come. Exceptional content defines a premier journal, and from the outset we received remarkable submissions that made it clear to us that the effort was worthwhile.

Our journal also benefited from advantages beyond the considerable support of the Circulation group. The community that is focused on quality and outcomes research continues to gain force, as does our readership. Students and fellows who are interested in academics are turning to outcomes research as a means of combining their academic interests with pursuits that have a proximate relationship to the delivery of health care and the promotion of public health. Also rapidly expanding in scope and popularity is the annual American Heart Association Scientific Forum on Quality of Care and Outcomes Research. This year, the Interdisciplinary Working Group on Quality of Care and Outcomes Research of the American Heart Association made the transition to the status of Council. This designation brings the field on par within the organization with more established fields, and confers an acknowledgement of substance and expected longevity.

In the year since our inaugural issue, Obama was elected President and healthcare reform highlighted the importance of investigation that can contribute to the best outcomes for patients and the public, with the wisest allocation of health care resources. Comparative effectiveness is being understood as not merely an exercise in the comparison of treatment strategies, but also an inquiry into strategies about “how” best to deliver care and optimize population health. Historically poor research funding for outcomes research is giving way to a greater appreciation for the need to have strong, applied science produce knowledge that can guide clinical decision-making and public policy—and to evaluate whether they have achieved their intended aims and to what extent they have spawned unintended adverse effects. Although the investment in outcomes research is still far too small to address the needs of our health care system, remarkable changes occurred during the past year. Health care reform will be an iterative activity, and whatever the pace of change, the value of the need for outcomes research has been firmly established.

This anniversary provides an opportunity to reflect on the highlights of the past year and to focus on goals for the future. Our editorialists in this issue take a broad view. Weintraub provides perspective on contributions relevant to economic
aspects of medicine, and Roger \(^3\) addresses articles about trends over time, providing perspective on how our practice and outcomes are changing.\(^3\)

The first issue of *Circulation: Cardiovascular Quality and Outcomes* contained only 5 original articles, owing to our founding commitment to set a high standard even as the number of publications per issue might initially be small. The lead article from the COURAGE group established the economic case for the findings of the main trial, providing an even greater imperative to ensure that patients with stable coronary disease are aware of an option for medical therapy.\(^4\)

We also published an article that described the methods for what became the Centers for Medicare & Medicaid Services’ publicly reported readmission measure for patients admitted with heart failure.\(^5\) We featured a novel article about an intervention to improve informed consent,\(^6\) an article on the cost of caring for patients with, or at high risk for, vascular disease,\(^7\) and a survey of prevalence, awareness, treatment, and control of hypertension in New York City.\(^8\) In addition, we published perspective pieces that explored contentious topic areas including preliminary trial results, using the ezetimibe studies as an example,\(^9\) and disparate information about the use of β-blockers to decrease perioperative risk.\(^10\) The issue also included a critical analysis of the use of propensity analysis in the cardiovascular literature, a technique that, although growing in use, may not always be properly applied.\(^11\) As a set, these articles spanned epidemiology, economics, statistics, clinical medicine, population health, public policy, and management sciences.

The eclectic content of the journal was to be reflected in subsequent issues. We have published articles using a wide breadth of methodologies, many were directly relevant to improving the quality of care. Concannon and colleagues illuminated patient factors associated with delay in presentation for cardiac complaints.\(^12\) Chan and colleagues investigated whether older patients and those with comorbidity were less likely to receive implantable cardioverter-defibrillators.\(^13\) Carlhed and others provided a Swedish perspective on the effect of participating in a hospital quality initiative.\(^14\) In an article focused on safety in the current issue, Rahim and colleagues describe iatrogenic adverse effects that occurred in a cardiac care unit.\(^15\) Also featured is an overview of the Centers for Medicare & Medicaid Services publicly reported outcome quality measures, originally published online coincident with the release of the measures.\(^16\)

Several intervention studies highlighted promising new approaches to care. Swedish investigators reported a marked reduction in risk associated with a stress reduction intervention for women with coronary disease.\(^17\) Rinfret and colleagues at the Veterans Administration described an effective multidisciplinary information technology-supported program on blood pressure.\(^18\) Groom and colleagues from the Northern New England Cardiovascular Disease Study Group contributed a study that described strategies to detect and eliminate microemboli during bypass surgery.\(^19\) We also published the results of negative studies, including a National Institutes of Health–funded trial of a family-based intervention to improve heart health\(^20\) and an article that described the futility of using coronary revascularization to reduce perioperative risk.\(^21\)

We have stayed true to our commitment as a venue for methods articles. We were honored to publish a series of 6 such articles from an National Institutes of Health initiative to improve hypertension control rates in blacks.\(^22–27\) We published an article that described the Cardiovascular Research Network, an National Institutes of Health–funded consortium of investigators who are pooling resources and data to produce information about best practice.\(^28\) In the current issue, we feature a methods paper from the Get With The Guidelines initiative of the American Heart Association.\(^29\)

And there is much more. We published work focused on population health, extending the implications of a clinical trial. We published a qualitative study that addressed local factors that influenced termination of resuscitation decisions.\(^30\) Several studies questioned conventional wisdom, including an investigation of the potential impact of selenium on the risk of hypertension.\(^31\)

Overall, we have had a spectacular start that exceeded our most optimistic expectations. In the spirit of quality improvement, we enter our second year with a commitment to continue to strive for excellence. In an effort to work as partners with our contributing authors, we will seek to reduce review time and to improve communication. Although we can only accept a minority of submissions, we want to ensure that each submission be given a fair opportunity and that each author be provided timely, relevant, and supportive feedback. We seek your comments and invite you to e-mail the editorial office about any aspects of our publication that could become stronger or more relevant. Although we will not be able to incorporate each suggestion, I can promise that every will receive serious consideration.

A journal and its readership have a special relationship. The journal must serve a purpose and earn attention from a constituency that has numerous competing options. Give *Circulation: Cardiovascular Quality and Outcomes* a chance to earn your loyalty. We invite you to subscribe to our electronic table of contents through which the journal can become essential reading (or at least scanning) for you. To sign up, visit http://www.ahajournals.org/cgi/alerts/etoc. We also ask that those of you at academic institutions and organizations with libraries request that your librarians subscribe.

One successful year has passed, with many more to go. We look forward to sharing them with you.

Disclosures

None.

References


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