Editor’s Perspective

Circulation: Cardiovascular Quality and Outcomes Annual Report, 2012
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With this issue, we mark 4 complete years of publication of Circulation: Cardiovascular Quality and Outcomes (CQO). Thank you to our editors, readers, authors, reviewers, and supporters—and especially to Emily Picillo, Katie Sullivan, Karen Barry, and the rest of the outstanding Circulation staff—for helping CQO to mature as a publication with impact.

Earlier this year, we submitted a report to the Scientific Publishing Committee of the American Heart Association. We would like to share the key aspects of the report.

Mission
The mission of CQO is to improve clinical care and healthcare delivery for patients with, or at risk for, cardiovascular disease and stroke. We pursue this mission through a format that promotes scholarship, education, and constructive debate. The audience includes researchers, clinicians, policymakers, administrators, health plan executives, and government agency professionals. In addition to serving as a venue for high-quality scholarship, we seek to be a catalyst for good science, a vehicle for strengthening and expanding the community that is committed to improving clinical care and population health, and a means to inspire junior investigators to engage in scholarly activities of consequence.

CQO Content
CQO has included original research, methods (describing studies that have been implemented) and methodological (describing specific research methods) articles, commentaries, data reports, quality improvement articles, and editorial perspectives. Our original articles span a broad set of disciplines. We consider the journal to be a home for high-quality epidemiology studies that have relevance for patient outcomes and public health. In a word cloud from the titles of 100 articles published in CQO earlier in the year (Figure 1), with word size proportionate to frequency of use, it is most heartening that the largest word is patients.

Impact Factor
Although the impact factor, defined as the average number of citations received per paper published in the 2 preceding years, is an imperfect method of assessing the performance of a journal, it is the most common measure of performance and thus deserves mention. With its first impact factor of 4.84 received last summer, CQO ranked 15th among cardiovascular journals, although several journals were tightly clustered around that level.

Citations
As of February, the 360 articles that had been published since CQO was launched were cited 1744 times (1415 of which were in journals other than CQO). There were 1311 articles that cited CQO articles, 1205 of which were published in journals other than CQO. The h-index indicates that ‘h’ articles have at least ‘h’ citations. A younger journal will necessarily tend to have a lower h-index, and the h-index for CQO was 18. Although there is no benchmark, this indicates that 18 of our articles have at least 18 citations and we are on track to exceed the number of citations from last year.

The top 10 articles published in 2008, 2009, and 2010, on the basis of the number of citations, include a qualitative research study, a systematic review, a methods article, a descriptive study, and quantitative studies.1-10 They span preventive cardiology and acute cardiovascular care, with relevance to patient care and to national policy.

Submissions
Submissions indicate the level of interest in submitting to the journal. Until 2010, there was a steady increase in the number of submissions to CQO (Figure 2).

Acceptance Rate
Acceptance rate is a measure of a journal’s competitiveness. The acceptance rate at CQO remained 30% in 2008 and 2009, followed by substantial decline to around 20% in 2010 (Figure 3).

Decisions
Over the past year, the editors have sought to make earlier decisions about papers that are unlikely to be competitive. We believe that authors appreciate the rapid response and the approach saves time and effort on the part of reviewers. As a result, there has been a steady growth in the Rejected Without Review category. We have sought to use the Reject De Novo category sparingly (Figure 4).

The opinions expressed in this article are not necessarily those of the American Heart Association.

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**Time to First Decision**
Timeliness of our decisions is an important metric for CQO. The time to first decision for original research articles has steadily improved over the past 3 years and has dropped nearly 25% since 2009 (Figure 5).

**Time from Submission to Acceptance**
The time from submission to acceptance for original research articles dropped by 37 days compared with 2010 (Figure 6).

**Submissions from International Authors**
CQO has a particular interest in serving as a destination for international submissions. Last year, we identified submissions from 28 countries in addition to the United States. We show the top 10 countries (including a 3-way tie) from which we received international submissions in the Table.

**Guest Editors**
In 2011, 22% of the CQO submissions were handled by guest editors. We added a senior guest editor, Peter Groeneveld, to share this responsibility with Paul Heidenreich, our sole senior guest editor since 2008.

**Quality Initiatives**
Ongoing initiatives to improve CQO include:

1. **Better Editorial**. We are seeking earlier identification of articles that are suitable for accompanying editorials.
in order to provide more time and direction to the editorialists. We have assigned an associate editor to work with the editorialists and continue efforts to ensure that editorials are submitted on time for the internal review process.

2. More Media Attention. We are seeking to expand promotional efforts on behalf of our accepted articles. At manuscript acceptance, we identify articles that may generate media interest and ensure their consideration by the American Heart Association press team.

3. Stronger Connection with the Quality of Care and Outcomes Research (QCOR) Council. Our intent to strengthen our relationship with our home Council has resulted in the creation of 4 goals, which we will pursue directly through Council activities and the annual QCOR conference. Goal-directed efforts will build on our established integration with the conference through the Young Investigator Award, abstracts, and support for page charge waivers for highly rated articles that result from abstracts presented by trainees at the conference. QCOR has provided additional support for page charge waivers for 2 series of articles over the next 24 months.
Goals are set to:
- provide all QCOR Council members with electronic Tables of Contents;
- raise awareness of CQO and its relationship with QCOR;
- increase submissions and reviewers from our QCOR community;
- achieve 100% participation of CQO members who are associated with nonsubscribing educational organizations in petitioning their organizations to subscribe to CQO.

4. Better Engagement with American Heart Association Communities. We are reaching out to other Councils, eg, Epidemiology; Nutrition, Physical Activity, and Metabolism; and Nursing, to express our interest in a connection and we include members of those Councils on our Editorial Board. The effort with Epidemiology is most advanced, with one of our associate editors specifically designated as a liaison between our Councils. We continue to seek ways of making CQO more attractive to other communities while retaining our original focus.

5. Better Engagement with the International Community. We have identified an International Advisor, Simon Stewart from Australia, who is assisting us with global dissemination efforts. Although we actively encourage submissions with international relevance, we continue to adhere to our high standards for all submissions.

6. Better and More Submissions. The editorial team proactively identifies and assesses high-quality science at national meetings for suitability for CQO. We continue to extend the reach of our promotional activities through networking among outcomes research centers. In addition, we are seeking methods articles from outcomes research studies. Although we show no special preference, we have encouraged American Heart Association projects to submit their outcomes research papers in an effort to increase the number and diversity of potential papers for review.

7. More Timely Reviews. The focus on reducing the time to decisions and publication for all submissions is particularly relevant to processes related to statistical reviews. Toward this overall aim, we are using e-mail to achieve rapid decisions between editorial meetings for those submissions that involve minimal variation in opinion among the team.

8. More Timely Assessments. We have worked with the Circulation team to obtain monthly feedback for our metrics. In this way, we can be more accountable for our performance and more responsive to changes that require our attention.

Future Direction
As a firmly established journal, CQO is entering its next phase. Supported by the exceptional staff at Circulation, the journal will achieve its promise by adhering to its commitment to serve as a venue for top science while also featuring content that adds to the national dialogue about how best to practice medicine and produce constructive health policy.

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