

## Special Issues, Special Sections—— Special Consideration? (December 2003)

This December issue of *Health Services Research (HSR)* has a special section called “Managing Chronic Illness in Managed Care Settings.” Packaged with the regular issue is a special issue on “Social Determinants.” This provides a good opportunity to discuss how we at *HSR* use the special issue or section and what it means to have a paper in one.

In general, editors of an academic journal are faced with three decisions concerning the acceptability of a manuscript. The first decision is whether the manuscript is of the general type usually published (or desired to be published) by the journal. Many manuscripts submitted to *HSR* do not fall into this category and the coeditors return them promptly, often with a suggestion as to the type of journal to which they may be better suited. Second, when *HSR* does seem to be the right place for the topic of the manuscript, the next question is whether it meets the quality criteria of the journal. We usually rely on the advice of our reviewers and senior associate editors in making this decision. As noted in an earlier editorial column (Luft and Flood 2003), it is rare that a paper is immediately accepted at this first step, but the response to our review process leads to an improved product that is likely to meet our quality standards.

Up to this point, everything is based on the subject matter and quality of the manuscript in question. The third decision point, however, is more complex. All journals face budgetary constraints—a given subscription price and circulation base determine how many pages can be printed without running a deficit. (Obtaining sufficient overall revenue is obviously more complicated in the long run, since journals with more pages may command higher subscription prices, but lower prices may expand the circulation base. In any given year, however, there is a fixed projected total revenue that is translated into a “page budget” that impacts our editorial decisions about how many articles we can publish.) Thus, a fixed amount of space and an increasing number of high-quality manuscripts clearing the “second hurdle” of editorial decision creates a dilemma for us: Do we create a backlog of accepted papers or try to find other ways to periodically support additional pages per year?

One solution is to more rigorously enforce our maximum page length per article, which we are doing. The availability of electronic appendices (which do not count against the *printed* page budget) makes it easier for authors to be responsive to reviewers’ requests for more tables and analyses and still keep within our 25-page maximum. Shorter papers, however, are only a partial solution and sometimes not desirable for maintaining *HSR*’s standards for rigorous and well-explained content and methods.

Some journals, particularly medical journals including health services research as only one topical area, address the “page-limit hurdle” by using the editorial group to select from among those already judged to meet the quality criteria, using additional questions such as “does manuscript X offer a greater

contribution to the field than the others under consideration?’’ With a constant flow of new manuscripts that meet the quality criteria, and the need to move a ‘‘batch’’ on to the publication process for the next issue, manuscripts that might have done well against the ‘‘competition’’ a few months before—or hence—may be rejected when faced with the specific set being considered for the next issue. Not surprisingly, this is often seen as being unfair by the authors.

At *HSR*, we have avoided this approach; instead we try to be somewhat more selective during the first hurdles where ‘‘importance and contribution’’ are crucial criteria for judging quality from the onset. The judgment of importance is made in the context of the published material more broadly, rather than in the context of selecting among ‘‘acceptable’’ manuscripts for the next issue. This may be no more fair than the alternative, but if the paper is to be rejected on those grounds, at least a decision is reached far sooner.

This approach has an important side effect—a bias against having a set of manuscripts on a given topic. Regardless of how important an area, it is unlikely that a collection of papers on a single area would warrant dropping a large number of excellent manuscripts on other topics.

The bias in our ‘‘usual process’’ against accepting a collection of articles, coupled with a need to bypass our page budget restrictions, leads to our use of the special issue and special section. Special issues are separately bound collections of manuscripts; special sections are similar, but not bulky enough to be bound separately. In both situations, separate funding is obtained to increase the page budget, so the question of whether each manuscript in the special issue or section is better than the manuscript it would otherwise ‘‘bump’’ is not relevant. The process of editorial review is handled essentially the same way as other manuscripts—so each article should be important enough and otherwise high enough in quality to warrant being accepted to *HSR*. Because a special issue or section may be focused on an area requiring special expertise, we often use guest editors to help judge the suitability of submitted manuscripts as a collection of articles on a theme.

It is sometimes the case that a conference has been held and the organizers feel that the papers presented warrant publication together in a peer-reviewed journal. In other instances, a funder may feel that bringing together research on a specific topic in a single source would be beneficial and of sufficient interest to the field as to warrant our agreement to produce a special issue. In a third situation, a set of related papers may arise from a large project or group of projects. The *HSR* special issue on ‘‘Qualitative Methods’’ is an example of the first category; in this issue, the special issue on ‘‘Social Determinants’’ falls into the second category, and the special section on Chronic Illness in Managed Care, the third.

The ‘‘Social Determinants’’ special issue used an open call for papers. When we undertake a project like this, we first require the sponsor and guest editors provide us with a proposal, which undergoes an approval process by our editorial staff and our publisher. If not in the proposal, we will identify guest editors for the special issue who will serve in the usual senior associate editor’s role. In this particular issue, two of our senior associate editors,

Catherine McLaughlin and Nicole Lurie, were joined by James House in undertaking this effort. With an open call, we try to give prospective authors reasonably detailed expectations as well as sufficient notice to prepare or revise a manuscript to fit the call and a deadline by which all papers need to be submitted for consideration in the special issue. As might be expected, usually nothing appears on our horizon until shortly before the deadline, and then there may be a deluge. Catherine, Nicole, and Jim split responsibility for the process, making “first-cut” decisions about the suitability and quality of the submissions, and then attempted to find reviewers. Ann Flood served as the coeditor overseeing this process, with particular attention to moving the review process along the usual many steps for each submission while bearing in mind the unusual goal of meeting a particular timeframe for publication for the entire set. Although finding appropriate reviewers is generally not easy, for an open-call special issue it is particularly difficult, because the subject matter is generally focused on a fairly narrow topic involving a subset of our reviewers and many of those same reviewers may have a potential conflict of interest because they have papers under consideration. Furthermore, since the goal is to have all the papers that meet the quality criteria published together, delays in the review process are particularly problematic because they could hold up the whole issue. We owe a special debt to Catherine, Nicole, and Jim for seeing this effort through with the additional concurrent burden of *HSR*'s changing editors and managing editors and converting to an electronic review process. Authors need to understand that their manuscript will not be included in the special issue if they cannot make the deadline for resubmittal.

The special section on “Chronic Illness and Managed Care” had a somewhat different provenance, growing out of a set of related research projects funded by the Agency for Healthcare Research and Quality (AHRQ) and other sponsors. The investigators all knew each other and about their related projects. Because I was involved in helping AHRQ coordinate activities among the projects, I could be fairly certain that no more than one or two papers would arise from each project. Given the somewhat different time paths for the availability of the main findings from the various projects, we decided to focus on a collection of methodological pieces that would be useful for the field and we found a willing sponsor in AHRQ, which supported a meeting based on the papers with the goal of publishing them as a special collection in *HSR*. Catherine McLaughlin also offered to serve as the guest editor on this special section and Ann Flood served as coeditor for each manuscript as well as overseeing the collection. Because I was involved with the projects and would be helping to write the cross-cutting paper, I was kept totally “outside the loop” of the decision-making process. (Similarly, whenever there is a potential apparent conflict of interest for either coeditor or any SAE, we routinely remove that person from the decision making for a manuscript.)

In all three types of special issue/special section projects, each manuscript is required to meet the same quality criteria as regular submittals, but because they undergo a separate guest review process for inclusion in the special set, it is difficult to compare their importance to regular manuscripts,

which are often assumed by some promotions committees and colleagues to have been more rigorously peer reviewed. We in fact would argue that the peer review process is identical at the external review stage and that the review of the special issue proposal itself and the guest editor's review of "fit" give the collection an enhanced value because they draw authors together in time and location to address an important and timely topic. The collection allows readers to compare and contrast approaches in a convenient way. The juxtaposition of several papers, we hope, will lead people to think more, or more creatively, about a topic than if the same papers were published separately in several different issues.

This discussion also points out that the burdens of an open-call special issue/section are substantially greater than those arising from papers derived from a conference or large project. In the first category, we typically have no sense about how many papers will be submitted, or by whom. In the latter two categories, the numbers and authors are roughly known in advance, allowing a more orderly approach to getting reviewers. Learning from this experience, we intend to ask for letters of intent from authors considering submitting papers in response to an open call. This will allow us to offer some advice as to whether or not the topic seems to be in the ballpark for the special issue or section, and to begin to line up potential reviewers.

In that vein, we are pleased to note there is an open call for manuscripts for a special issue on "International and Global Health," with C. Ross Anthony and Nicole Lurie as guest editors. This announcement appears in full elsewhere in this issue and on our website.

Harold S. Luft, Ph.D, Co-Editor-in-chief

#### REFERENCES

Luft, H. S., and A. B. Flood. 2003. "From Manuscript Submission to Accepted Article: The Process at *HSR*." Editorial column. *Health Services Research* 38 (4):