

## ■ INSTRUCTIONS FOR AUTHORS ■

### MISSION

The *American Journal of Managed Care* (AJMC) is an independent, peer-reviewed forum for the dissemination of research relating to clinical, economic, and policy aspects of financing and delivering healthcare. The *Journal's* mission is to publish original research relevant to clinical decision makers and policy makers as they work to promote the efficient delivery of high-quality care.

### READERSHIP

The *Journal* circulates to approximately 47,000 individuals with important decision-making responsibilities affecting the access and utilization of healthcare resources. Our audience includes medical directors, pharmacy and therapeutics committee members, pharmacy directors, physicians, corporate benefits managers, and other healthcare professionals across these 6 market segments: (1) HMO/PPO/IHOs; (2) hospitals; (3) long-term care; (4) PBMs; (5) VA/government; and (6) employers.

### SUBMISSION OF MANUSCRIPTS

Requirements for all submissions generally conform to the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals."<sup>1</sup> Our review process is blinded, so all identifying information (ie, author names, affiliations, etc) must be removed from the text and cover letter before submission. We strongly encourage online submissions through our Web-based manuscript submission and peer-review system. Log on to <http://mc.manuscriptcentral.com/ajmc> to access the *Journal's* Web-based system, and follow the step-by-step instructions to submit your manuscript online.

Manuscripts submitted for publication in AJMC must not have been published previously (either in whole or in part) nor currently be submitted elsewhere in either identical or similar form. Material posted on the Internet or disseminated in any other electronic form constitutes prior publication and may not be considered. Previous publication of a small fraction of the content of a manuscript does not necessarily preclude its being published in AJMC, but the editors need information about previous publication when deciding how to use space in the *Journal* efficiently. These restrictions on prior publication, however, do not apply to abstracts or poster presentations published in connection with scientific meetings or to working papers that have been posted on the Web to facilitate peer feedback.

Authors must indicate in the cover letter whether any portion of the manuscript has been previously published and are required to submit copies of related publications (either published, in preparation, or submitted), as well as any manuscripts cited as "in press" to the editors for review. Duplicate, redundant, and/or fragmented publications are not permitted. Refer to Chapter 5 of the *American Medical Association (AMA) Manual of Style* for further information on duplicate publication.<sup>2</sup> Authors should also include a statement in the body of the paper that indicates whether the study was approved by an institutional review board. For all papers (when appropriate), a statement confirming that

the informed consent of study subjects was obtained should be included in the manuscript.

### ARTICLES OF INTEREST

The editors are pleased to consider manuscripts on a wide range of topics related to the *Journal's* mission. Authors should write for a sophisticated general audience and recognize that, in addition to evaluating scientific merit, another important part of the evaluation process will be to assess the overall relevance of the work to the *Journal's* audience. The following considerations are important in preparing manuscripts: (1) remember that most AJMC readers are not researchers; (2) undertake a presubmission "peer-review" process by soliciting critical comments from colleagues and modifying the manuscript accordingly; (3) involve an experienced consultant with formal statistical training in any study that contains quantitative data and statistical inference; and (4) become fully informed about AJMC's manuscript requirements. We encourage authors to send an abstract or outline of an article to [info@ajmc.com](mailto:info@ajmc.com) when they are uncertain of its appropriateness for AJMC.

Submissions generally fall into one of the following categories: (1) original research; (2) review articles; (3) commentaries; (4) trends from the field; (5) editorials; or (6) letters to the editor. While most of AJMC content is unsolicited, the editors do solicit commentaries, editorials, and special series. **Original research** articles should employ a clear research question and an appropriate research design to report the clinical or economic outcomes of a specific intervention or regulation. Due to space limitations in the printed journal, we must enforce strict limits on the overall length of articles. Original research articles should be <3000 words (excluding abstract, references, tables, etc) and contain no more than 5 graphic elements. Supplemental data (extra tables, figures, or appendices) will be made available on the *Journal's* Web site at the time of publication. Authors should indicate what material is intended as Web-only content and include the appropriate reference or callout in the text to these Web-exclusive elements. **Review articles** should present a thorough synthesis of the literature and offer new insights and/or recommendations on how to improve the standard of care. The same length restrictions for original research articles apply to review articles. **Commentaries** are brief (≤1500 words) opinion pieces—usually solicited from recognized thought leaders—that discuss pertinent and sometimes controversial issues in healthcare. Articles reporting **trends from the field** should provide descriptive data or case analysis of current trends in the healthcare system. These reports should be ≤2000 words and contain no more than 2 graphic elements. Both commentaries and trends submissions will be evaluated largely based on their relevance to our readership. **Editorials** (≤1000 words) are solicited to accompany key articles and either extend or offer opposing perspectives on a specific subject. The editors will consider letters that comment on articles published in the *Journal* within the past 6 months. **Letters** are published as space allows and should be ≤500 words, contain no more than 1 table or figure, and cite no more than 6 references.

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### CONTENT CATEGORIES

The editorial staff classifies original research articles into 4 categories: Clinical, Managerial, Policy, and Methods. The **Clinical** category includes manuscripts that examine the health and/or economic impact of specific medical interventions. The merit of clinical manuscripts is judged on the significance of the clinical question, the strength of the study design, and the potential impact of the results on clinicians' practice or health plan policies. The editors are not of the opinion that the only acceptable study design for clinical articles is a randomized trial. We encourage the submission of studies that use other established methodologies, such as observational studies, decision analysis, and meta-analysis. We strongly recommend that papers submitted to this category compare the effect of an intervention to available alternatives.

Manuscripts in the **Managerial** category address the clinical or economic impact associated with interventions implemented by clinicians or health plans to alter the care delivery process. These include a wide range of studies such as those examining the influence of changes in benefit design, referral rules, formulary requirements, reimbursement policy, and disease management programs on the quality and cost of care. Studies may report empirical results or provide conceptual analyses of issues relevant to managerial interventions or health plan design. As with the clinical manuscripts, our evaluation will focus on the importance of the issue and credibility of the findings, which depend on the quality of the research design and analysis.

**Policy** articles address the influence of the regulatory environment on the quality, delivery, and financing of healthcare. These include articles about regulation of pharmaceutical advertising, US Food and Drug Administration behavior, or regulation of insurance markets. Articles might also provide analysis of topics relevant to policy makers, such as the impact of managed care penetration on clinical or economic outcomes at the market level.

The **Methods** category includes papers that introduce innovative methodological approaches or describe advances to existing health services research techniques. We expect submissions in this area to report on topics such as quality-of-life assessment, risk adjustment methods, or approaches to measure health plan quality. Advances in quantifying resource utilization, such as accounting for lost worker productivity, would also be welcome. Since we are not inclined to publish highly technical articles, papers in this category must be written in a straightforward style that would be viewed as relevant by our readers.

### AUTHORSHIP

Only persons who have made a direct contribution to the content of a paper should be listed as authors. The number of authors listed with the manuscript should not exceed 10; more than 10 requires written justification and approval from the Co-Editors-in-Chief. However, **group authorship** may be used where specified authors (not more than 10) assume responsibility for the entire group (eg, Paula T. Einhorn, Barry R. Davis, Barry M.

Massie for the ALLHAT Collaborative Research Group). In this case, only the specified authors must meet the criteria for authorship outlined below, and all members of the group may be listed in a footnote, but are not acknowledged as authors.

AJMC uses the criteria provided by the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals"<sup>1</sup> to determine authorship. Each author should have participated sufficiently in the work to take public responsibility for the content. Authorship credit should be based only on substantial contributions to (a) conception and design, or analysis and interpretation of data; and to (b) drafting the article or revising it critically for important intellectual content; and on (c) final approval of the version to be published. Conditions (a), (b), and (c) must all be met.<sup>1</sup> All authors are required to read and sign the *Journal's* Authorship Form affirming that they have met the criteria for authorship and have agreed to transfer copyright to *The American Journal of Managed Care / Managed Care & Healthcare Communications, LLC*. Individuals who have contributed to a paper but who do not meet the criteria for authorship should be acknowledged.

### NATIONAL INSTITUTES OF HEALTH-FUNDED RESEARCH

The Editors of *The American Journal of Managed Care* encourage authors to adhere to the NIH Public Access Policy. Authors of NIH-funded studies should submit a version of their "accepted manuscript" to PubMedCentral (PMC). An "accepted manuscript" refers to the pre-publication version of the paper (ie, not yet edited or laid out) for which AJMC has issued a notice of final acceptance.

The "accepted version" submitted to PMC should prominently display the following disclaimer immediately following the title:

*"This is the pre-publication version of a manuscript that has been accepted for publication in The American Journal of Managed Care (AJMC). This version does not include post-acceptance editing and formatting. The editors and publisher of AJMC are not responsible for the content or presentation of the prepublication version of the manuscript or any version that a third party derives from it. Readers who wish to access the definitive published version of this manuscript and any ancillary material related to it (eg, correspondence, corrections, editorials, etc) should go to [www.ajmc.com](http://www.ajmc.com) or to the print issue in which the article appears. Those who cite this manuscript should cite the published version, as it is the official version of record."*

Authors are responsible for informing PMC that it should not make the accepted manuscript publicly available in the PMC repository until 6 months after the date of publication in *The American Journal of Managed Care*. Authors should not submit copies of the final published version (e.g., PDF or html versions copied from [www.ajmc.com](http://www.ajmc.com)) to PMC. This action would violate the *Journal's* copyright agreement.

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### AUTHOR DISCLOSURE

It is our policy to have all authors disclose relationships with any commercial interest that may present a conflict of interest if: (a) the relationship is financial and occurred within the past 12 months; and (b) the author discusses products or services of that commercial interest. Relevant financial relationships are those relationships in which the author (and/or the author's spouse or partner) benefits in any dollar amount by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (eg, stocks, stock options, or other ownership interests, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles, such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and/or other activities for which remuneration is received or expected. In addition, authors are required to report all financial and material support for their research, which includes (but is not limited to) grant support and funding sources and any provision of equipment or supplies. To this end, all authors must read and sign the *Journal's* Author Disclosure Form.

The name of the organization funding or initiating a research project should be made explicit on the title page (eg, "This study was funded by the XYZ Corporation."). Relevant financial relationships (whether direct to the authors or through a third party) for research and/or writing, including funding, grants, honoraria, etc, must also be named on the title page. If the funding organization had any role in the collection of data, its analysis and interpretation, and/or in the right to approve or disapprove publication of the finished manuscript, this must be noted in the cover letter and described in the Methods section of the text. The editorial staff may inquire further about financial disclosure after the manuscript is submitted. If the manuscript is accepted for publication, disclosure statements will be printed as part of the published paper.

### COVER LETTER

A blinded (ie, names and affiliations of authors removed) cover letter must accompany each submission and include any background information about the submission (ie, how it contributes to the existing literature, whether any portion has been previously presented or published, etc) that would aid in the editors' initial evaluation. Include a statement that the manuscript has been read and approved by all authors.

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Data and/or figures reproduced from another published source must be properly cited and acknowledged. Authors are required to obtain written permission from the appropriate author and/or copyright holder to reproduce previously published or copyrighted material. Authors must also obtain permission from at least 1 author when citing unpublished data, "in-press" articles, and/or personal communications. Copies of permission statements should be uploaded with manuscript submissions.

### MANUSCRIPT SPECIFICATIONS

Manuscript components (cover letter, text, tables, figures, related papers, etc) must be blinded and uploaded through our Web-based tracking system. Log on to <http://mc.manuscriptcentral.com/ajmc> to register and begin the online submission process. All manuscripts should include the following components:

**Titles.** Titles should be concise (fewer than 10 words) and stimulate reader interest. Provide a brief running title in addition to the main article title. To facilitate our blinded review process, **each manuscript must include two separate title pages.** The *blinded title page* should exclude all identifying author information (ie, names, institutional affiliations, etc), but still retain other components, such as the precis, take-away points, funding source, etc. The *unblinded title page* should include the following information:

- the complete manuscript title and subtitle, if any
- the full names of each author, followed by their highest academic degree
- the name, address, telephone, fax, and e-mail information of the corresponding author
- the institutional affiliations for each author at the time the work was completed
- a precis to appear in the table of contents (ie, a concise (<25 words) summary of the article)
- Take-away Points (ie, a summary statement that demonstrates the real-world impact of your work to managed care decision makers)
- indication of the source of funding (including grant numbers, grant agencies, corporations, or sponsors)
- the number of pages, references, figures, and tables
- a word count (excluding references, tables, and figures)

**Abstract.** An abstract is required for all manuscript submissions. The abstract should not exceed 250 words and should consist of 5 paragraphs entitled: Objective, Study Design, Methods, Results, and Conclusions. The abstract should briefly describe the purpose of the study or investigation; how the data were obtained and how the study was conducted; the analytical methods; the salient results; and the principal conclusion. Authors must also select 3 to 5 key words that best describe or classify the article.

**Text.** All text should be double-spaced, including the acknowledgments, references, tables, and legends. Cite references, tables, and figures in sequential order in the body of the paper. Measurements of length, height, weight, and volume should be reported in metric units. Temperatures should be given in degrees Celsius. Blood pressures should be listed in millimeters of mercury. Except for units of measure, abbreviations are discouraged. Any abbreviation or acronym must be spelled out in full when it first appears in the text, followed by its abbreviation in parentheses. State the generic name (not the trade name) for all pharmaceutical products.

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**Take-Away Points.** Include a summary statement that demonstrates the real-world impact of your work to the managed care decision makers in our audience. Your “take-away points” (no more than 100 words) should briefly state (in a summary sentence followed by a few concise bulleted points) how your research adds to the existing literature and how it can advance/inform clinical and policy decisions regarding health-care reform.

**Acknowledgments.** Include a list of acknowledgments, if appropriate. Refer to the “Authorship” section for an explanation of what constitutes authorship and for guidance in distinguishing contributions that warrant an acknowledgment. The corresponding author must affirm that he/she has received permission to list the individuals in the acknowledgment section (see bottom of Authorship Form).

**References.** Begin the reference section on a new page and double-space both within and between reference citations. Number references sequentially in the order cited in the text—do not alphabetize. Provide the names of all authors when there are 6 or fewer; if there are more than 6 authors, list only the first 3 authors followed by “et al.” All references must be verified by the authors and should conform to the *AMA Manual of Style*.<sup>2</sup> References cited only in table or figure legends should be numbered in accordance with the sequence established by the first mention of the particular table or figure in the text.

References to papers accepted but not yet published should be designated as “in press” and included in the reference section. Information from manuscripts submitted but not accepted should be cited in the text as “unpublished observations” with written permission from the source. (Include copies of any “in press” and “submitted” manuscripts [ie, papers under consideration at other journals] for the editors’ evaluation as part of your submission.) Avoid citing “personal communication” unless it provides essential information not available from a public source, in which case the name of the person, his or her degree, and the date of communication should be cited in parentheses in the text. Authors should obtain written permission and confirmation of accuracy from the source of a personal communication (see “Permissions” section). Note the format and punctuation in the following sample references:

1. Garber A, Goldman DP, Jena AB. The promise of health care cost containment. *Health Aff*. 2007;26(6):1545-1547.

2. Wynia MK, Schwab AP. The value equation: the decision-making process should be sensitive to value. In: *Ensuring Fairness in Health Care Coverage: An Employer’s Guide to Making Good Decisions on Tough Issues*. New York, NY: AMACOM; 2007:131-149.

3. The Commonwealth Fund Commission on a High Performance Health System. Why not the best? Results from a national scorecard on U.S. health system performance. September 2006. [http://www.cmwf.org/publications/publications\\_show.htm?doc\\_id=401577](http://www.cmwf.org/publications/publications_show.htm?doc_id=401577). Accessed November 13, 2006.

**Graphic Elements.** Judicious use of graphic elements is strongly encouraged, as space in the *Journal* is limited. The *Journal* will

print only essential tables and figures—no more than 5 graphic elements. All supplemental data (eg, appendices and lengthy tables) will be posted on the *Journal’s* Web site at the time of publication. Authors should indicate what material is intended for Web-exclusive content and include the appropriate reference or callout in the text to these Web-exclusive elements.

**Tables.** Place each table on a new page. Number tables sequentially in the order they are cited in the text. Include a title for each table. Special characters, abbreviations, and symbols must be explained in a footnote to the table.

**Figures.** Figures are generally redrawn by our production team. Avoid the use of shading in bar graphs or pie charts—use color or crosshatch patterns instead. Number all figures in the order they are mentioned in the text. Any previously published figures must be accompanied by written permission from the publisher and/or copyright holder (see “Permissions” section).

**Legends.** Legends should be double-spaced and include the figure number and a brief description of the illustration. Identify all abbreviations used in the figure at the end of each legend.

### PREVIOUS REVIEWS AND AUTHOR REPLIES

If a version of the manuscript has been previously submitted for publication to this or any other journal, authors are asked to include copies of the peer-reviewers’ comments, together with a letter detailing how the authors have addressed these comments.

### MANUSCRIPT PROCESSING/PEER REVIEW

#### ACKNOWLEDGMENT OF RECEIPT

We acknowledge receipt of all manuscripts via e-mail and assign each a unique, confidential manuscript number. The Editorial Office will not release any information about the status of a manuscript to anyone who does not provide the manuscript number.

#### INTERNAL REVIEW BY EDITORS

Each manuscript is assigned to one of the Co-Editors-in-Chief for an internal evaluation to determine its appropriateness. Manuscripts that do not meet the *Journal’s* criteria for overall appropriateness, relevance, originality, and scientific merit will be returned promptly (usually within 2 weeks) so that authors may pursue alternate avenues for publication.

#### PEER REVIEW

Although reviewer selection is ultimately the decision of the editors, authors may provide the names and e-mail information of preferred and nonpreferred peer reviewers. Manuscripts deemed appropriate for the *Journal* will be sent to external peer reviewers. Typically, a manuscript will be sent to a minimum of 2 reviewers

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who will be asked to provide feedback on the scientific merit of the paper. Generally, we will also send the manuscript for a “relevance review.” The relevance reviewer will be an individual practicing in the healthcare industry who may not have a research background. This person will *not* be asked to comment on the scientific merit of the study, but instead directed to specifically address the relevance of the research question and findings. Editorial decisions are based on the comments of both the scientific and relevance reviewers.

The Editorial Office contacts reviewers in advance and asks them to complete their evaluation of a manuscript within 2 weeks. Reviewers are asked to treat manuscripts as confidential communications and not to share their content with anyone (except colleagues whom they ask to assist in reviewing) or to use the content for their own purposes. We do not send a manuscript to a reviewer who is affiliated with the same institution as any of the authors and ask reviewers to declare any potential conflicts of interest, such as personal ties to an organization with a vested interest in the topic of the manuscript. We grade the quality and promptness of reviews to help us identify high-quality reviewers.

### CRITERIA FOR EDITORIAL DECISIONS

We judge manuscripts on the interest and importance of the topic, the intellectual and scientific strength, the clarity of the presentation, and relevance to *AJMC* readers. We also consider the strength of the paper compared with other papers under review and the number of accepted and previously published papers in the paper’s category. Authors of original research and review articles should take pains to describe exactly how their findings add to the existing literature.

### EXPEDITED REVIEW

We will consider manuscripts for expedited review and early publication if they are of very high quality, if they have findings that are likely to affect practice immediately, and if rapid publication would minimize adverse patient care consequences. If authors think that their manuscript warrants expedited review, they should contact the Editorial Office to discuss whether the manuscript meets these criteria. It should be noted, however, that the editors anticipate fewer than 5 manuscripts per year will meet these criteria.

### ACCEPTANCE OR REJECTION

The Editorial Office is committed to providing prompt processing times and to communicating timely decisions to authors. While the Editorial Office makes every effort to notify authors and keep them informed of any delays, most authors can expect a first decision on their manuscript in approximately 2 months. At any time in the process, authors can log on to our Web-based tracking system (<http://mc.manuscriptcentral.com/ajmc>) to check the status of their manuscript submission. However, we

### SUBMISSION CHECKLIST

Before submitting your manuscript, please review the following items to make sure your submission is accurate and complete.

- Include the complete mailing address, telephone, fax, and e-mail information of the corresponding author
- Provide the names, degree(s), affiliations, and e-mail address for each coauthor
- Clearly indicate source(s) of funding in the cover letter and on the title pages
- Prepare a 2- to 3-sentence summary (no more than 25 words) of the article for use in the table of contents
- Provide “take-away points” that summarize the real-world implications of your research to managed care decision makers (no more than 100 words)
- Include a structured abstract ( $\leq 250$  words)
- Select 3 to 5 key words
- Obtain permission to reproduce material from other sources
- Include an appropriate and timely list of references, cited in numerical order as they appear in the text
- Submit copies of “in press” and related publications
- Enclose a completed Authorship Form signed by each author
- Enclose a completed Author Disclosure Form signed by each author
- Upload **blinded** manuscript files using our Web-based tracking program (accessible at <http://mc.manuscriptcentral.com/ajmc>)

communicate editorial decisions on acceptance or rejection only to the corresponding author. Almost all papers that we accept require some editorial or statistical revision before publication.

The *Journal* can publish only a fraction of the papers it receives each year (approximately 30%). Manuscripts accepted for publication usually appear in print within 3 to 4 months from the date of acceptance.

### ON ACCEPTANCE

Page proofs are e-mailed to the corresponding author (PDFs) before publication. Authors can expect to receive proofs approximately 3 to 4 weeks before the scheduled issue date. All

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proofs must be returned to the Editorial Office within 48 hours. Any advance media coverage must be coordinated through the AJMC Editorial Office. The editorial staff routinely sends advance copies of the *Journal* to members of the news media. Reporters may not publish stories based on this information until 5:00 PM US Eastern time on the 7th of the month of publication. Providing copies of manuscripts or giving detailed information to media, manufacturers, or government agencies about the scientific information described in a submission that has been accepted but not yet published violates our publication policy and may preclude its eventual publication in AJMC.

### CITED REFERENCES

1. **International Committee of Medical Journal Editors.** Uniform requirements for manuscripts submitted to biomedical journals: writing and editing for biomedical publication. [Updated October 2007]. <http://www.icmje.org/icmje.pdf>. Accessed March 6, 2008.

2. **Iverson C, ed.** Ethical and legal considerations. In: *American Medical Association Manual of Style*. 10th ed. New York, NY: Oxford University Press;2007:125-300.

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