

# Be Part of the (Larger) Conversation

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Providing free and open access to its high-quality peer-reviewed articles has always been important to *Federal Practitioner*, but finding them hasn't always been easy for our readers and researchers. That has now changed. The full text of all *Federal Practitioner* peer-reviewed articles, editorials, and columns published after December 2014 are now available through the National Library of Medicine (NLM) PubMed Central (PMC) index (<https://www.ncbi.nlm.nih.gov/pmc/>).

To be sure, *Federal Practitioner* has always made it easy for print and digital subscribers to find our articles. Print journal subscriptions have been—and will remain—free to the 35,000 subscribers. Furthermore, anyone can access articles online (<http://mdedge.com/fedprac>), in the *Federal Practitioner* app, or in our digital edition (<http://www.fedprac-digital.com/>).

However, until now access beyond our base of loyal readers has been limited. Inclusion in PMC provides a much broader audience for *Federal Practitioner* authors, because PMC is an integral part of the NLM MEDLINE/PubMed database of 28 million biomedical citations and abstracts from more than 5,000 journals. All PMC articles appear in PubMed searches. On a typical day, about 2.5 million users in the US access PubMed to perform about 3 million searches and access 9 million page views.<sup>1</sup>

Inclusion also means that *Federal Practitioner* has passed a rigorous scientific and technical review of its content. Being included in PMC is a recognition of the quality of scholarship the journal publishes and a pledge of our continuing commitment to the highest quality of clinical education and research. Young investigators, clinician-educators, midcareer professionals, and others seeking to launch or enhance an academic career may want to consider or reconsider *Federal Practitioner* as the destination for manuscript submission.

One of the goals of this journal has been to provide a forum for federal health care providers (HCPs) to discuss and share with other federal colleagues. Federal HCPs from the Mili-

tary Health System (MHS), Veterans Health Administration (VHA), and Indian Health Service (IHS) have addressed questions in *Federal Practitioner* that might not be explored elsewhere. Yet something important was missing from those conversations—engagement with the larger public health community. PubMed and PMC enable an ongoing conversation among health care researchers and providers. These are the places where researchers go to understand and respond to the questions that shape their research and clinical care. Now, *Federal Practitioner* authors can contribute more fully in ongoing debates.

As large integrated health care systems, the VHA, MHS, and IHS confront and address key public health care policy issues. Whether it's the responsible and safe prescribing of opioids, the resource allocation decisions regarding the treatment of hepatitis C, or addressing suicide risk, the experience of federal HCPs must be a part of the public health debate. Moreover, many *Federal Practitioner* articles focus not just on preliminary research, but on the practical aspects of implementing patient-centered care. All US HCPs may benefit from hearing about federal providers challenges and success in providing patient-centered care.

Making available the complete text of all the articles furthers the *Federal Practitioner* mission: to educate federal HCPs and provide a forum for sharing health-care related studies, best practices, guidelines, program profiles, and case studies. We are excited to provide even more benefits for publication in *Federal Practitioner*. This journal welcomes submissions from new authors, well-traveled scholars, and everyone in between. Come on, join the conversation.

## Disclaimer

The opinions expressed herein are those of the authors and do not necessarily reflect those of the US Government, or any of its agencies.

## Reference

1. Fiorini N, Lipman DJ, Lu Z. Towards PubMed 2.0. *eLife*. 2017;6:e28801.

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