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EDITORIALS

JHM 2.0: The *Journal of Hospital Medicine* at Its First Transition

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Ten years ago, leaders in Hospital Medicine saw the need for a peer-reviewed Hospital Medicine journal, a key step in the growth of the field. However, there was no small amount of uncertainty as to whether there was room for another medical publication, or whether Hospital Medicine was ready for its own journal.

It's clear now that we should not have been worried. Our specialty has grown in size and influence, and the *Journal of Hospital Medicine*'s growth has progressed along a similar track, linked to the success of the many leaders in our field, including the founders of the Society of Hospital Medicine: John Nelson, MD, MHM, Win Whitcomb, MD, MHM, and Bob Wachter, MD, MHM. Support from them in selecting the Founding Editor, Mark V. Williams, ensured his success in assembling an outstanding editorial team, developing *JHM*'s editorial process, and setting this journal as the best—and not just the only—journal for hospitalists to publish their work. *JHM* serves as both a beacon and a mirror for the field of Hospital Medicine, and I am honored for the opportunity to lead this dynamic journal. I also owe special thanks to the Society of Hospital Medicine and the outstanding team at Wiley-Blackwell, who have made my transition to this role a smooth one.

After the transition, *JHM* will continue to be a mirror for Hospital Medicine in that it will reflect the scholarship and innovation of hospitalists' scholarly work in research, quality improvement, education, and clinical excellence. From a practical standpoint, this means *JHM* will continue to do what it has done so successfully to date: provide fair, insightful, and rapid evaluation and publication of articles that are scientifically rigorous and have an impact on hospitalists and their patients. Being an effective mirror also means the journal will need to be in tune with technological advances in publication and learning. Few of us read paper journals any longer, and the move from print to digital and mobile media provides an important opportunity for this journal. Expanding the means by which we disseminate *JHM*'s findings, highlight evidence, and promote knowledge that impacts our field is a clear direction for the journal.

At the transition from *JHM* 1.0 to *JHM* 2.0, the journal is positioned to be a beacon for the field by publishing papers that address new and rapidly evolving issues that will affect hospitalists and their patients. *JHM* and my editorial team eagerly seek submission of manuscripts on these issues delineated below.

Even if health care reform legislation evolves or changes after the 2012 elections, the need to improve health care value across multiple phases of care is unlikely to disappear. The "medical home" and accountable care organizations will prompt hospitalists to work with outpatient partners to achieve improvements; focus on readmissions and high-utilization patients may catalyze integration even without larger changes. This evolution plays to hospitalists' traditional strengths as innovators and leaders of health system innovations while erasing the boundaries between inpatient and outpatient phases of care. How the field adapts to—or even better, anticipates—changes in care delivery is a momentous opportunity.

Hospitalists will continue to be leaders in quality and safety improvement, but the need to develop innovations that are effective, scalable, and widely adoptable is growing even more acute. Stated alternately, we need to develop innovations quickly and rigorously, so that neither time nor resources are wasted. Fortunately, there is likely to be financial support for projects that link improvement and evaluation from the Center for Medicare and Medicaid Innovations (CMMI). It is a fair bet that a large number of the CMMI's target issues will be ones that hospitalists also find important, and which are ripe for inquiry.

Shifting from quality to outcomes will prompt a revisiting of how we measure our success as hospitalists. Achieving success in process benchmarks will no longer be sufficient, as our practices will increasingly be measured by our patients' experience, functional status, quality of life, and clinical events (of which measures of safety are a part)–both within the walls of the hospital and afterward—rather than solely

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relying on whether patients appropriately received a drug or procedure during their stay. The need to improve outcomes will immediately bump up against the disappointingly small proportion of measures or evidence that apply to the typical Hospital Medicine patient. Developing these new measures, and the evidence for how to improve them, will be a key challenge for the field of Hospital Medicine. Outcome development and comparisons are a clear focus of the Patient-Centered Outcomes Research Institute. Again, studies documenting such research will find a welcome home at *JHM*.

The role of information technology in how hospitalists provide care to patients, decide on best practices, communicate with physicians and patients, and manage their practices is becoming central. A huge, nationwide natural experiment is underway as health systems work to meet meaningful use criteria, and oftentimes hospitalists are central to these efforts. Disseminating best practices, implementing innovative systems, and creating workflows that meet the needs of hospitalists' patients is a key short-term need, and one our field is uniquely positioned to address.

Finally, the practice of Hospital Medicine continues to evolve. In teaching centers, hospitalists are leading educators of medical students and residents; developing training models that reflect newer thinking about how to teach a 21st-century physician is a key need for the field. The importance of adaptations to work-hour reductions for residents cannot be overstated, but attention must be paid to how hospitalists' work hours impact patient care as well. Comanagement systems—whether for medical subspecialties (ie, cancer or heart failure) or surgical specialties—have yet to fulfill their promise, yet demand for comanagement grows. How might comanagement systems be adapted and targeted so that they become more effective?

Not being a futurist or even slightly omniscient, I am sure this list is neither exhaustive nor final. In my 15 or so years in Hospital Medicine, I know firsthand that the field is vigorous, innovative, and full of surprises. Fortunately, *JHM* is attuned to changes happening now as well as issues on the horizon, and will always strive to be an even better messenger for Hospital Medicine as a professional and academic specialty.[1] In that way, *JHM* 2.0 will be the same as *JHM* 1.0. I'm excited to shepherd *JHM's* ongoing growth and look forward to my years at the helm.

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Reference

1. Williams MV. Editor transition—getting up off the couch and walking out the door. *J Hosp Med*. 2011;6:485–486.