

EDITORIAL

Science and Scholarship: Ten Volumes of the *Journal Hospital Medicine*

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In 2015, the *Journal of Hospital Medicine* will be publishing its 10th volume, marking an important milestone for hospital medicine. The journal has survived an early period where the need for and viability of an academic hospital medicine journal was not at all clear. More to the point, the *Journal of Hospital Medicine* has prospered and grown.

The journal continues to evolve as hospital medicine grows and changes. When the *Journal of Hospital Medicine* began, there was no particular focus on readmissions, β -blockers were important to reduce perioperative risk, and tight glucose control was thought to be a critical goal for hospitalized patients. Evidence for hospitalists' effectiveness was also changing; initial evidence supporting uniform improvements in length of stay and possible improvement in outcomes were soon tempered by larger-scale studies.

Clearly, things have changed in medicine writ large, and hospital medicine has changed and caused things to be changed as well. We now exist in a world of value-based purchasing, accountable care, long-overdue focus on patient-centered care (and research), and all in a healthcare setting that is increasingly electronic in nature. Although healthcare delivery has changed, hospital medicine has retained critical core values, including our specialty's focus on interdisciplinary care, quality improvement, and safety.

The *Journal of Hospital Medicine* has been active in reflecting the field of hospital medicine since the journal began. Due in no small part to the vision of the field's leaders and the exertion and vision of the *Journal of Hospital Medicine's* founding editor, Mark Williams, the journal is a vigorous and important contributor to academic internal medicine. It has gone from 6 issues per year to 12 issues, has rapidly expanded the number of downloads and citations, and its impact in the field of medicine continues to grow.

When reflecting on the words most often used in the *Journal of Hospital Medicine's* article titles (Figure 1) over the last 9 volumes, we were not surprised to see

that the words *hospital* and *hospitalists* figured prominently. However, we were more pleased to see that the words *patient* and *care* were a large part of the universe of the *Journal of Hospital Medicine's* article titles.

The *Journal of Hospital Medicine's* articles are also being read and cited more and more often. The top 10 most downloaded articles are ones that represent a wide range of topics of clinical and operational importance to the field (Table 1), and the 10 most cited articles (Table 2) represent how the scholarship being produced by the field of hospital medicine is being used to advance other scientific and policy initiatives. Only 1 article¹ was listed in both places, demonstrating the difference between what the *Journal of Hospital Medicine* publishes as a way to help hospitalists provide better care on a day-to-day basis and what the journal publishes to advance the field.

Our 10th volume will continue the work of promoting scholarship and inquiry in hospital medicine by retaining a clear focus on the science that represents the best of an intellectual agenda² for our field. To achieve this important goal, the *Journal of Hospital Medicine* and the field will need to develop durable evidence for not only how hospitalists deliver care, but also evidence for how care can be improved by providing better treatments. Stated differently, hospitalists and the *Journal of Hospital Medicine* will need to be focused not only on improving the healthcare system, but also on evaluating new technologies, drugs, and devices that can be used in a value-focused health system.

In 2015, the *Journal of Hospital Medicine* will also be launching a new series focusing on improving healthcare value. Titled Choosing Wisely®: Next Steps in Improving Healthcare Value, this series of invited reviews will cover important topics needed to frame approaches to reducing healthcare costs while improving care quality and safety. This American Board of Internal Medicine-sponsored series will be accompanied by a parallel series titled Things We Do for No Reason. Things We Do will provide a series of case studies of tests, medications, or procedures hospitalists encounter every day. We hope these topics, along with the Society of Hospital Medicine's Choosing Wisely® focus areas, will continue to outline useful opportunities to improve healthcare value at the bedside or at least frame what we expect will be a lively debate.

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