Call for papers: Special issue of the Journal of General Internal Medicine

The Science of Electronic Health Record Transitions

Submission Deadline: November 1, 2022

This special issue of the Journal of General Internal Medicine (JGIM; 5-year impact factor: 6.985), sponsored by the VA Health Services Research & Development (HSR&D) service and the Coordinating Hub to Promote Research Optimizing Veteran-centric EHR Research (PROVEN), aims to advance the science of electronic health record (EHR) system transitions. In the next decade, many health care organizations, including the VA, will transition their EHR. The special issue will be of interest to clinicians, health services researchers, clinical informaticists, implementation scientists, social scientists, information technology professionals, institutional leaders, policymakers, and patients in both VA and non-VA settings.

Transitions are expensive, require extensive planning, and potentially impact every aspect of healthcare delivery. For instance, VA has developed a 10-year plan for nationwide Cerner Millennium implementation that will cost at least $16 billion and affect virtually every facet of the VA enterprise, including clinical care, education, research, quality, safety, and the Veteran customer experience. Knowledge created by this supplement will have broad implications for EHR transitions in many settings.

We encourage submissions focused on the following topics.

- Implementation and dissemination research needs
- Implementation outcomes
- Data quality, architecture, interoperability, and migration
- Organizational change management
- Human factors engineering
- Human-computer interaction
- EHR-related training
- Patient safety
- Clinician perceptions, behaviors, and adoption
- Facility requirements analysis and readiness assessment
- Technical requirements and impacts
- Organizational behavior and project management related to EHR implementations

Manuscripts based on full transitions to a new EHR or a major component of an EHR (e.g., patient portal, back-end database) will be prioritized. Manuscripts that focus on limited implementations of components, such as single clinical decision support tools and dashboards and single-site pre-/post-satisfaction surveys, are outside of the scope of this supplement.

Submissions from VA and non-VA settings are welcome. Submissions may come from any practice setting or specialty and are not limited to primary care or general internal medicine. Manuscripts should have implications for future EHR transitions but do not need to address VA specifically. We are interested in a full spectrum of research methods and methodologies, including analyses of secondary data, qualitative and mixed-methods research, interventional studies, implementation research, user interface/user experience (UI/UX), and program evaluations. Papers that reflect interdisciplinary perspectives or draw upon innovative methodological approaches are encouraged.

The supplement will consider the following types of articles.

1. Original research (quantitative and qualitative)
2. Research and reporting methods
3. Concise research reports
4. Reviews (systematic and narrative)
Authors who are unsure of whether a manuscript fits the scope of this journal supplement are encouraged to contact the Guest Co-Editors-in-Chief at provenhub@va.gov with a brief summary (250-300 words) of the proposed paper and any specific questions. Confirmation that a manuscript is within scope does not imply any guarantee or preference related to acceptance.

Submissions should follow the JGIM instructions for authors: Journal of General Internal Medicine | Home (springer.com). All submissions will undergo anonymous peer review in accordance with JGIM standards.

Please submit your manuscripts by November 1, 2022 through Editorial Manager®. Publication of the print version is expected in fall 2023. Early online versions of accepted manuscripts will be available on the JGIM website.

Guest Co-Editors-in-Chief: Michael Weiner, MD, MPH, Seppo Rinne, MD, PhD, & Elizabeth Yano, PhD, MSPH