



Call for Papers

AEM Journal Supplement

Topic: Strategies to Improve Emergency Care in VA

The Department of Veterans Affairs (VA), Health Services Research and Development (HSR&D) Service is supporting a Special Supplement to Academic Emergency Medicine (AEM) on the topic of Veteran emergency care research. The Supplement will include findings from a State of the Art (SOTA) Conference reporting consensus on existing evidence, priorities for research, and clinical practice and policies. We are also seeking submissions related to the SOTA topics on managing mental health care, emergency care for older Veterans, and emergency care for Veterans in non-VA settings that includes the cross-cutting themes of care coordination and quality of emergency care.

Audience. This call is open to participants of [SAVE: State of the Art Conference XVI on VA Emergency Care](#) and to the wider community conducting research that addresses emergency care for mental health, geriatrics, and non-VA care for Veteran patients.

Brief Description of Topic. Effective management of mental health emergencies, care of older Veterans, and for those Veterans who present to non-VA emergency care settings given that:

- VA Emergency Medicine is experiencing a system-wide transformation with 5.5 million ED visits in VA and non-VA settings between FY2019-2020 with an average admission rate of 20%
- The number of non-VA ED visits grew from 654,000 to 730,000 between FY2019 and FY2020 despite declining VA ED visits
- More than 420,000 VA ED visits were for Veterans over the age of 65
- Mental health is the 6th most common reason for VA ED visits with more than 140,000 in FY2020 and the most common reason Veterans experience inter-facility transfer
- More than \$5 Billion was spent on non-VA emergency care in FY2021

VA, which operates the largest integrated healthcare system in the United States, is uniquely suited to develop strategies that facilitate effective emergency care for mental health emergencies, older Veterans, and for those who present to non-VA settings.

Prioritization. The goals of this Supplement are to:

(1) present findings, recommendations, and a research agenda from SAVE: State of the Art Conference XVI on VA Emergency Care, (2) identify strategies to improve emergency care for Veterans, (3) present empirical research on mental health, geriatric emergency medicine, and for emergencies cared for in non-VA settings with cross-cutting themes of quality of care and care coordination. Manuscripts of relevance to the VA (including clinical domains outside of the SOTA conference focus areas) will be prioritized over submissions that focus on issues of lesser relevance to VA Emergency Medicine (e.g., pediatrics).

There is a particular interest in a diversity of methods including: original investigations, systematic reviews, qualitative methods, quality improvement and implementation, large scale cohorts, interventions and trials, simulations, and economic and policy studies. High quality papers from a single site are welcome. Special consideration will be given to papers comparing VA with other integrated health systems.

VA Guest Editors

Christopher Carpenter, MD, MSc; Dawn Bravata, MD; and Michael Ward, MD, PhD.



Abstract Submission

Abstract. A structured abstract (up to 500 words with optional visual abstract) following instructions on the electronic form must be submitted by April 30, 2022. (See the URL for the submission form below). Blinded abstracts will be reviewed by Guest Editors and HSR&D leadership, and acceptance notices will be sent to authors by **May 31, 2022**.

Full Manuscripts. Authors of selected abstracts will be asked to submit a full manuscript along with recommended reviewers by **August 31, 2022**. All manuscripts will undergo specialized peer review for this issue, overseen by the three expert decision editors named above, and decisions are expected in the Fall of 2022 and the issue is likely to publish in early 2023. A maximum of 15 papers will be included in the supplement.

Key Dates

March 1, 2022: Abstract submission process is open

April 30, 2022: Abstracts due

May 31, 2022: Notification of invitation for full length manuscripts

August 31, 2022: Final manuscripts due

Types of Manuscript Submissions to Be Considered

Original Research. No longer than 5,000 words describing original research including secondary data analyses, with frugal use of tables and figures (not to exceed a total of 6) and a structured abstract of no more than 500 words. Visual abstracts are optional but encouraged.

Systematic Reviews. No longer than 5,000 words, with a structured abstract of up to 500 words. These should be systematic reviews or meta-analyses of important topics related to VA emergency care. Systematic reviews are expected to adhere to the PRISMA guidelines.

Brief Report. No longer than 1,500 words. Brief Reports provide original data, with one or two novel findings of interest to the VA emergency care community. Brief Reports have a title page and abstract (up to 300 words) and are limited to one table or one figure but not both, less than 1,500 words, and fewer than 11 references.

Perspectives. No longer than 1,500 words. Perspectives provide the authors' views and ideas on issues related to VA emergency care or present considerations that have not been well-addressed in the current literature.

Online Submission Form

For ease of use, an [online submission form](#) is available on the [HSR&D website](#).