



JAMDA

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Editorial

JAMDA's New Editors-in-Chief's Continued Visions for the Journal of Post-Acute and Long-Term Care Medicine



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For the past 5 years, Drs Zimmerman and Sloane have served in the combined role of Editors-in Chief of the journal and have done an amazing job through the challenging years we all experienced related to COVID-19. Impressively, the journal impact factor has increased up to 7.802, and the journal ranks eighth out of 54 journals with a focus in Geriatrics and Gerontology. We are both humbled and thrilled to assume the role of coeditors and hope to continue the exemplary leadership and work done by our colleagues.

As a reminder, the journal currently has the option to submit papers in the following 6 categories: original studies, review articles, special articles, controversies in care, pragmatic innovations, and letters. Descriptions of each of these papers are provided briefly in [Table 1](#) but please refer to the guide for authors for more complete guidelines (<https://www.elsevier.com/journals/journal-of-the-american-medical-directors-association/1525-8610/guide-for-authors>). At this point in time, we are not altering those options. In the coming year, however, we will transition from a focus on COVID-19 and add a special focus in each issue on Assisted Living for which Dr Sheryl Zimmerman will serve as the senior associate editor. In addition we hope to expand the evidence in areas of post-acute and long-term care (PALTC) that includes a better understanding of the use of technology such as telemedicine, wearable devices for monitoring (eg, for blood pressure or blood sugar) and/or use of technology to optimize safety (eg, fall prevention in the home; simulated driving safety), use of the internet to help with social isolation; robotics to facilitate recovery and help with direct care activities or companionship (eg, pet robots), therapeutic robots that simulate pet therapy, and use of artificial intelligence and machine learning to incorporate data from wearable devices or electronic health records to make and/or deploy evidence-based health care recommendations. Further, we hope to impact the care of older adults worldwide in the PALTC arena and learn from other countries about innovative approaches to care or policy initiatives that improved access to care and outcomes of care. Lastly, we will encourage the submission of dissemination and implementation research and quality improvement projects that test the use of effective interventions and ways to engage communities in use of these approaches. For example, we hope to see more research

implementing the many clinical practice guidelines developed by our membership.

We anticipate that research will continue in the area of Alzheimer's disease and other dementias given current support for this type of research at the National Institutes of Health. We will welcome research particularly that addresses how to manage clinical challenges concerning ethical issues, behavioral symptoms associated with dementia, deprescribing medications particularly in the later stages of dementia, and ways to provide person-centered care for these individuals when they are no longer able to express their preferences.

We also hope to see some dissemination and implementation research studies in the area of deprescribing. This would include the impact of deprescribing from multiple perspectives. For example, we will look for studies on the impact of deprescribing across a variety of disease states (eg, end-stage Parkinson's disease or Alzheimer's disease; end-stage heart failure) as well as impact on the cost of care, with an interest being on both positive and negative outcomes.

Increasingly in the PALTC arena, we are providing care to residents who are in these settings following acute or elective surgical procedures or for those being treated for cancer who may also need rehabilitation. More than half of all people who have cancer are aged ≥ 65 years,¹ and it is anticipated that this number will increase. Treatments for cancer have evolved, and there are limited data on the impact of treatment for older adults or how we in PALTC can help these individuals achieve the best outcomes related to treatment or when to terminate treatment. Likewise, surgical procedures have evolved and approaches changed over the years. It is now, for example, routine for elective joint replacements to be done as outpatient surgery.² Manuscripts testing these new approaches and interventions and the impact on those who are then transferred or living in the PALTC environment will be welcomed and encouraged. In addition to welcoming articles from expertise in other clinical areas of medicine, we also encourage the submission of papers focused on rehabilitation in PALTC and the use of and value of long-term rehabilitation, and innovative approaches for doing rehabilitation for those who are living with dementia.

Geriatrics by definition is interdisciplinary, and we are required in the PALTC environment to practice within an interdisciplinary team. The cost, value, and impact of this teamwork have not been well tested. Likewise, innovative approaches for how the team can work best together to achieve the patient's goals of care have not been well described. Optimizing the work of the team is particularly important

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Table 1
Types of Paper Accepted in the Journal

Type of Paper	Description
Original Studies	Intervention or descriptive research along with quality improvement studies are all considered accepted. These can be: (1) Full-length articles: up to 3000 words, 5 tables or figures, and 50 references; or (2) Brief reports: up to 2000 words, 3 tables or figures combined and 30 references.
Review Articles	Review articles include systematic reviews, meta-analyses, or scoping or narrative reviews. The topics should be relevant clinical issues, staffing issues, policy initiatives, or other topics relevant to the PALTC environment.
Special Articles	Special articles do not involve original research but instead provide novel interpretation or synthesis of information in an area of general interest to readers of the journal. Examples of special articles include consensus statements, clinical tools, practice guidelines, and discussion of new policies or regulations. Papers can be up to 3000 words, 3 tables or figures, and 50 references.
Controversies in Care	Controversies in Care articles address a problem or practice in the PALTC environment in which there is currently differing opinions given lack of clear evidence. Current examples of opportunities in this category could be around the National Academy of Sciences Engineering and Medicine report about the Future of Long Term Care and the established goals. These papers can be up to 3000 words, 5 tables or figures, and 50 references.
Pragmatic Innovations	Pragmatic Innovations articles provide reports about new, real-world, practical products or approaches to care that are intended to improve outcomes or processes in the PALTC environment. Rigorous pilot studies with evidence of feasibility and treatment fidelity will be considered.
Letters	Letters should focus on addressing a recent <i>JAMDA</i> manuscript; an area of clinical, research, or policy concerns relevant for the PALTC environment; or original research with limited or preliminary data. Letters are limited to 750 words, and a table or figure and up to 10 references.

given the well-known shortage of long term care staff. We will welcome manuscripts that address shortages and innovative ways for how to help improve retention of a skilled and highly competent workforce in these setting.

We also look forward to studies examining transitions of care, especially hospital to nursing home, which continues to pose serious challenges. Transitions from home to the emergency department also offer a number of opportunities for more effective screening and treatment of geriatric syndromes. Given that reimbursement often drives how we ultimately deliver care, we welcome a focus on health economics and specifically on the growing impact of value-based care on the PALTC continuum. The interface of policy and practice, as noted earlier, remains critically important. This is especially true as we try to more fully understand the impact of various nursing home reforms since OBRA-87 and in light of recommendations from the recent National Academy of Science, Engineering, and Medicine report on nursing home quality.³

Impact of *JAMDA*

Although the impact factor of *JAMDA* has risen under the leadership of Drs Zimmerman and Sloane, we hope to continue their desire to have our impact translate into use of the findings provided in the journal into real-world settings and policy initiatives. We will continue the dissemination of the research published in *JAMDA* through multiple avenues for our membership and beyond. This will include the popular podcasts *JAMDA on the Go* hosted by Karl Steinberg, MD, CMD. During these podcasts, we hope to bring in the original authors to discuss their work and the impact it has on the PALTC environment clinically and how it can drive research or policy initiatives. We will also continue to highlight particularly relevant manuscripts in *Caring for the Ages* and disseminate information about these papers and access to the papers via social media and press releases.

From Snail Mail to Email!

One exciting transition for the journal in 2023 is the transition from print version that comes to you in your snail mail to online publishing, which will come to you via your email. Access will be easy via the AMDA the Society for Post-Acute and Long Term Care Medicine webpage by clicking on resources and selecting publications and then picking *JAMDA*. Look for us as well on social media.

Your Role in Our Transition

The journal is only as good as the submissions we get, and we depend on you to help with that process and to see *JAMDA* as an avenue for dissemination of your research findings. We may reach out to you to review a paper and encourage all of you to sign up as reviewers and share your areas of expertise. After a paper has been accepted and goes online, we may ask you to help with dissemination via social media. Lastly feel free to reach out to us with your ideas, requests, needs, and your thoughts about the priorities of care we should be focusing on. We look forward to serving you and the organization in this role and to ongoing success of the journal.

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