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Elevating the Evidence: Complex Care Research in the Journal Hospital Pediatrics

In this Complex Care Journal Club podcast episode, Dr. Tamara Simon and Dr. Patrick Brady discuss the role of the journal Hospital Pediatrics in disseminating emerging evidence in complex care. They describe the evolution of complex care research throughout the journal's history, alignment with the journal's mission, and opportunities for clinicians to contribute to the literature in partnership with families.

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Kristina Malik 00:04

Hello and welcome to the Complex Care Journal Club Podcast. My name is Kristie Malik, and I am a pediatrician at Children's Hospital Colorado, and your host for this episode. In this podcast series, we seek to discuss emerging evidence in the care of children with medical complexity and implications for practice. I'm delighted to have Dr. Brady from the University of Cincinnati, College of Medicine and Cincinnati Children's Hospital Medical Center, and Dr. Simon from Keck School of Medicine at the University of Southern California and Children's Hospital Los Angeles. They are here as editor and associate editor, respectively, of Hospital Pediatrics. We have invited them to talk about the impact of their call for complex care publications back in 2019 and the subsequent special edition published in August 2020 focusing on complex care. Thank you so much for being here.

Tamara Simon 00:52

Thank you so much for having us. It's a real privilege.

Patrick Brady 00:55

Yeah, our pleasure. Thank you. Dr. Malik.

Kristina Malik 00:57

To start, I'd love for you to share a bit about how the special edition of Hospital Pediatrics focusing on complex care came about.

Tamara Simon 01:05

I feel like it's kind of a full circle moment to be honest with you, Kristie. I have a distinct recollection of a particularly spirited and motivated young person in our field approaching me at one of our national meetings. And really sort of making a point of asking what it might take to start a complex care journal. So I see that you're chuckling, because, of course, that was you, Dr. Malik and, and I feel like I might have been walking into a Hospital Pediatrics ed [editorial] board meeting, and I remember you weren't alone, Rishi Agrawal was part of this conversation and I sort of looked at you both and thought, 'we're really trying to make something happen in the world of hospital medicine, and, oh my gosh, we've got to do something to meet the need, because there's a lot of momentum here. And it was on the heels of our editor at the time, Shawn Ralston, saying something's the effect of 'it would be really nice to put together a sort of a special article. So I, at least to my recollection, I went straight from conversation with you all into an ed board meeting, and said, 'I really think that we've got a niche here in hospital medicine around complex care'. Obviously, complex care goes beyond the walls of hospitals, and, very importantly, the care of children with medical complexity is, of course, across the spectrum and out into from the hospital all the way out to our communities and homes, but boy, in the world of Hospital Medicine, of inpatient care, because I've spent my entire research career around improving the evidence base and inpatient care that we provide to these children, seems like an obvious no brainer for me. I'm going to give you a lot of credit for the instigating that particular special issue, and then a lot of credit to the other members of the Hospital Pediatrics ed board, it was a well-received idea. It wasn't until I prepared to this session that I realized that, again, in my memory, this happened in May of 2019, but it seemed like we were putting out the call by September. And in preparation for this issue, I had an opportunity to read through the intro that I wrote, and I got a little bit emotional reading this morning, because I sort of thought like, this is a really such a challenging time in the world and in our field, and the complex care community really came together. Came up with amazing submissions. The reviewers stepped up. I hadn't realized until I looked through those notes that it was over 70 people, the community stepped

forward and sort of responded to that call in force. And wow, what a privilege for me to get to sort of use your motivation and inspiration to sort of promote this within the field. Full circle moment. Thank you.

Kristina Malik 03:50

I didn't realize I had such a big part in this. I do remember talking to you. At the time in the field there was a lot of momentum behind the need to have more of a space. So I appreciate Hospital Peds for offering that. One thing that you mentioned in early conversations was there's a lot of factors that allowed for that, including how the journal was at that time too. I don't know if you want to talk a little bit about that?

Tamara Simon 04:18

Part of what I shared with you in some of our earlier conversations is that I think, as a journal, I think that we were in a position to take a little bit more risk, or we had, maybe in some ways, less established turf to protect, and more of a chance to look for opportunity and jump on that opportunity. So the thing that I think came out in our earlier discussions, is that Hospital Pediatrics has been looking to establish an impact factor. This is one metric by which a journal establishes oneself, I think, at least to date, and this may change, but I feel like we have been looking for a way to establish ourselves in the field and sort of be a journal to which people look for content and look for guidance. And here again, there's it's just a beautiful thing when you can identify alignment of one constituent's goals with another constituent's goals. And this is where I've continued to feel that aligning with complex care might allow us to sort of expand our journal potentially to new audiences, but also sort of really help us establish the track record that is required for an impact factor.

Kristina Malik 05:42

What have you seen in complex care publications since that special edition, both at Hospital Pediatrics and the literature as a whole?

Patrick Brady 05:51

One real privilege it is to lead a journal with awesome folks like Dr. Simon and Ralston and team is to realize that we really do have a voice in helping establish what's important for the field, and what a crazy privilege that is. So we've only done a small number of special issues period. Complex Care is one, and I think in a lot of ways, the one I think of as the most momentous. We also did one around hospital care and the mental health crisis last year, and have done what I'll refer to as pragmatic special issues, which are ones that we usually haven't announced, but it so happens that we have five or six papers around neonatal abstinence syndrome, or five or six papers around the pediatric hospital medicine workforce, and we say, well, that there's enough here that if we can bring together some commentaries and amplify this through the American Academy of Pediatrics channels, we think we're going to better accomplish our mission, which is more people seeing our science and reflecting on it, in their clinical practice, their research, their quality improvement activities. It is a substantial act to put together a special issue. I think Tamara knows that better than probably anyone else on our executive board, because of the tremendous interest in the complex care issue, but it really is running two journals at once, because you don't get to hit the pause button and say, 'Oh no, that's a great croup study that that's about healthy kids. We're not going to consider that for a month, because we're doing the complex care issue now'. So it needs to be something really important for our field, and this absolutely was. As someone that knew Dr. Simon's work and name before I knew her as a wonderful person and colleague, it's been so cool to watch the role hospitalists have played in really defining this field. And thinking through, how does one figure out what complexity is? And how does one start thinking about the levels of complexity, from going to those studies to more and more studies that are focused on complex care? I imagine you guys have talked about it on the podcast before, but this idea that we're going to build a pneumonia guideline, and we're just going to say this is about healthy kids, and if you're a child with chronic disease like you know, good luck. You know, someone should do some studies on that. Just us saying 'no, such a giant portion of the kids we care for have chronic disease, if not complex chronic disease'. So we really need to figure out the evidence base for those kids and families that's been so important. The other thing I'll mention a little bit. Like you all at the podcast, we believe at the journal that care is better when we involve

patients and families in figuring out what are the right research questions to ask, what are the right quality improvement aims to pursue, what are the right ways to measure success? And as an individual hospitalist, I'm certainly interested in, in what families think about how to best care for bronchiolitis or croup or pneumonia, but but almost always, it's a family dealing with their kid's hospital-level sick for the first time. So the amount of bi-directional learning is a lot more modest versus so many of these families that are navigating complex chronic disease have spent more time in our children's hospitals right than probably a lot of our physicians that have been there a decade or two. So we adapted a section from Pediatrics when I took over as editor in chief four years ago, around family voices, and I think I've published three or four pieces in that section, but really see it as a core part of our mission to elevate the voice of families and kids in the hospital. There was a lot of great qualitative work in the issue that Dr. Simon led, and that continues to be a really important part of what we publish. To me that, the special issue was amazing and was a labor of love, but most importantly, it was us, kind of planting our flag and saying this is a core group of kids and families for us, and something we really want to see future work on. And happily, we've been fortunate to publish darned near every month, something related to complex care.

Tamara Simon 10:41

Which is really great, because that's sort of what we set out as a goal. Pat clearly has vision and compassion and interest in this population. So he had this lovely suggestion that we, within our own systems, sort of track the complex care articles, just which is nice for internal accountability. We had said that we wanted to publish a couple of articles every issue. I don't know that we hit two, but I'm very proud that we have been able to hit one. And we've been tracking them since 2021 so and since that time, since about a year after we published the special issue, the numbers that Will Larkin pulled for us is that we've had 53 papers accepted. A substantial number have been rejected and or withdrawn, but we have a 74.6% acceptance rate. So we and I think possibly more importantly, as we look at sort of the articles that have been published over time, for me, what I'm struck by is sort of the consistency that we really have been able to deliver on a regular basis an average of, sort of one article per month, at least. And it's a variety of folks who are submitting the articles. It's really, really cool to see the last names and realize that our first authors really represent this burgeoning cadre of researchers who are going to continue to advance the field. There's a huge variety of topics that sort of span from your sort of more traditional health services research all the way down, and really lovely qualitative studies, lots of original articles, a few commentaries, a few solicited articles, a few brief reports. So a really nice mixture, and again, really, really consistent. Not only was the field able to step forward and put forth a tremendous number of submissions, I love getting credit for the special article, but the truth is that it wouldn't have been possible without so many people in the field stepping forward and submitting. Probably far more importantly for the field, the consistency since that date per our tracking is something I'm very, very proud of.

Patrick Brady 12:47

You know, the three in four papers accepted is considerably higher than our average numbers right now, and both Tamara and I have been at the journal for over a decade, and I imagine there's always this kind of formality that the outside world sees of journals and we're these people in in tweed jackets, always happily rejecting people, right? But, but the early days and years were very much, you know, 'oh my gosh! We need to get enough original science to be able to put together something that can fit in an issue'. And the journal started quarterly, and relatively quickly, went to bi-monthly and then monthly, and now we're able to publish consistently 20 to 25 papers a month. But in doing that, there's always the double-sided angst of, are we continuing to elevate the standards of the field, and are we going to have enough in the next issue. So we are in a journal, I suppose in our adolescence. I guess we're 14 years old now, finding ourselves at volumes of submissions where we need to say no more than we need to say yes. And that's both something that I can be proud of, because it means that the field is producing more and more high quality work that does the research or does the quality improvement or does the medical education, and is successful enough they can also take it to publication, but it does mean saying no more often. So as we think through what's the work that's really important? And we as editors want to invest more time in it, and we want to go back to our reviewers, who are so amazing and do so much volunteer work for us, but occasionally, we're going back to them, not just once, but two or three times, that's the work we really

value. Complex care is, is absolutely squarely one of those groups for us. I'll briefly mention work done in community hospitals with less resources is another one. Work related to health equity, disparities and inclusion will always be core work for us as well. And of course, we see a lot of work at the intersection of those spaces, right? So it's about, how can we think about kids with medical complexity getting the very best care? How can we look at disparate outcomes within these populations? But wanted to kind of briefly unpack some of those numbers in terms of what we publish and what it says about our priorities.

Kristina Malik 15:33

From our perspective, we did some analysis of our first two years of podcasts. So 24 podcasts, three of them were from you all, and so that was the second highest journal. I mean, that's also a testament to publishing practice-changing work. So yeah, we appreciate that too.

Patrick Brady 15:51

It is funny the first question we ask when we get a new paper is, is this pursuing the journal's mission? And it is funny that a handful of times a year, we get some lovely work that entirely takes place in the ambulatory environments. And we need to almost always be like, oh gosh, this is great, but our core audience is hospital medicine docs and emergency medicine docs and other docs, but we've almost always, even with work in the ambulatory environment that's complex care related to work with authors to say, because these kids are in the hospital so often, how might we think about outcomes a little bit different? Because as hospitalists, we're obviously partners with all the community pediatricians in our surrounding areas. But the reality is, if I don't talk super often to the pediatrician of a kid that's generally healthy, and here a day and a half with a pneumonia that's probably more or less okay, but if we're not leveraging the expertise and learnings of our ambulatory complex care partners, you know, oh boy, are we going to repeat mistakes and slow things down and such. So because of how integrated the partnerships are, that's another reason I think we're able to say yes more often to work in this important field.

Tamara Simon 17:22

And that is why Pat is the editor. I just framed it as we're suckers for complex care, you and I both, we go back and forth and say, can I make a case for this? We should try to make a case for this.

Patrick Brady 17:33

Well, that's true as well. It is honestly true that it's more often novel, right? Because, you know, I don't know Kristie and team, if you've reflected much on history of field and kind of when the field started and when research in the field started, but it doesn't feel like it's even two decades old, right? So if you're doing something in complex care research, that the chances that someone hasn't done it before are simply a lot higher, and then that's an important thing for us to think about as a journal.

Kristina Malik 18:08

So when you receive submissions on complex care, what are you looking for that makes it more likely to be a publication in your journal?

Patrick Brady 18:18

Yeah. So process wise, I think this is more or less similar to most journals out there, but I will look at papers after a managing editor has checked them in, and the first decision we decide is, do we want to send this out for peer review, or not? So a not fun part of my job is I do end up doing administrative or rapid reject decision a couple times a week, because this isn't going to be for us, and when it's not going to be for us, we want to get this back to the authors so they can figure out the next journal as quickly as they can. So I think with complex care work, I did share our bias to thinking this work is important, and we're going to usually say yes. I think some of the things that can be distinguishing, groups that are doing prospective work, things that are about testing interventions or designing interventions, are something that we're seeing a lot more over the past five or 10 years, right? Some of

the descriptive big studies of 22 years ago was foundationally important work. But that told us that hospitals need to figure out how to do better for these kids and families. It didn't really tell us how we might do better. So work that's done to make care better, to test interventions, but work that's done with families of kids with complex chronic disease, so that we're asking the right questions. And I think we've published a decent number of studies where families are co-investigators and co-authors. We're also excited to publish work, as Dr. Simon mentioned a little bit earlier, that's qualitative work, so the families are research participants, but they're adding their expertise in that venue.

Tamara Simon 20:18

I'm not exclusively the editor for complex care, but I ended up catching a lot of the stuff that makes it through Pat's initial processing. I mean, I guess I'll say if part of this is, is letting the complex care community know what we're interested in, I think you already said it, but it was worth bearing. If we do have a back and forth, it might be about whether it is framed in a manner that makes it important enough to inpatient providers or clinicians. So there is a little bit of a conversation that Pat and I might have about using our reviewer base. So Pat has already alluded to this and I feel like I want to make sure that we really continue to acknowledge the contributions of our amazing reviewer pool. All of these papers that come out would not be feasible without a really dedicated set of people. And I can lean on the same people over and over again. And so a little bit of the calculus that comes in is around whether we want to sort of extend again, sort of use that, those the contributions of this reviewer pool. I think that if folks are looking and curious as to how to publish in Hospital Pediatrics, I think a blanket suggestion might be, if you're looking for a home for a paper, and you're sort of passing it along to Hospital Pediatrics, and you haven't been thinking specifically about targeting it for inpatient providers, that's a good question to ask yourself. And revisit the introduction, maybe discussion sections, so that we can make a compelling case to our viewers that it matters. So again, I don't think we relish the opportunity to reject papers, but if we are rejecting them in this space, it's probably because that case just isn't clear enough. And then again, just continue to thank people and ask them for their service. We need our reviewer pools to give us thoughtful feedback on these papers, so I really thank everybody in the complex care community for the work to date and anticipated future work to sort of continue this wave of research.

Patrick Brady 22:19

We are both deeply appreciative of all folks do, and able to give some CME [continuing medical education] and MOC [maintenance of certification] now. So that is a relatively small carrot we have for foundationally important work, for making the science better.

Kristina Malik 22:33

So what is your vision for the future? What is the ideal dissemination for emerging evidence in pediatrics, specifically in complex care?

Patrick Brady 22:41

I think it's in partnership with a lot of people you know. Obviously being on this podcast with with you, I'm reflecting through that. But there are a relatively small number of people that are providing care, that are going to see any journal article that comes into our journal. We have lots of reasons and page view data and such that we can track to show that our arrow is pointing up, but we need to make sure that we're getting research out in other ways. So am deeply appreciative for folks that are using other media, like podcasting to get the message shared. We also do a lot of thinking and strategy with American Academy of Pediatrics journals team on how we can share findings on social media. I will say, it's been a complicated couple years for how one does that, but we are mindful that we want to get our most impactful results to clinicians across a variety of media and the number of people that are going to read an article and then cite it in their own research, which is all impact factors tells you, is going to be a tiny fraction of the number of people that read the article, and for almost every journal out there, that probably is going to be a pretty small fraction of the number of people that might have read that article and

done something different in their clinical practice. So I'm really appreciative of folks that are thinking through ways to get the message out through different channels.

Tamara Simon 24:24

And I think I'll take a slightly different tack to that question, because I've had a little bit of chance to reflect about Pat's point. I think that when I think to the data that we have generated and the articles that have sort of generated interest, I'm thinking right now to sort of a care guideline article that came out in the last year. So I think that we were doing really important foundational work to sort of establish this as an important group to research. And I think that there's clearly sort of a thirst for information about how to deal with the nuances that are of care that are specific to children with medical complexity. there continues to be a thirst in our field for real evidence on how to care for these children. Some of the articles that sort of spring to my mind are sort of approaches to addressing pain when you have non-verbal patients. Or thinking through how to optimize systems for providing care guidelines for these kids and whatnot. If I think of this as an opportunity to throw out a challenge to the field, I guess I'd say, let's keep pushing for patient-facing, obviously, in partnership with their caregivers, but patient facing optimization of care. Clinicians writ large, or hospital-based clinicians, are looking for help on how to care for these children.

Patrick Brady 25:41

And kind of, as we alluded to, hopefully hospital care is a relatively small part of the lives of kids and families with complex chronic disease. So it makes a lot of sense that a lot of the priorities are around how do we do our best in in schools and communities and such, but I do, reflecting on Tamara's points in terms of what are the list of things as hospital-based doctors, where we're walking across the trapeze a little bit without a net. Or whatever the right metaphor is there. I love the shout out to that work on what we would call autonomic storming here in Cincinnati. I think there was a different title that the Vanderbilt team gave it, as well as that idea of pain or agitation of uncertain etiology. It'd be lovely to think through how might the journal help the field, and what those priorities are so we can assure that we're helping fellows, junior faculty, everyone else, target what's most important to kids and families.

Kristina Malik 25:54

Is there anything else you would like to tell researchers or clinicians?

Tamara Simon 27:00

My message is simple, sort of a huge round of thanks for the work that has been historically and continues to be submitted to Hospital Pediatrics. It's a huge privilege to get to sit at this intersection, and please keep the work coming, and please keep reviewing for us. And let's keep this ball rolling. And if you have suggestions for how to redirect the ball, I'm all ears.

Patrick Brady 27:25

I totally love that. And I get to have this feeling in different ways, in different venues, but the feeling of abundance and just how much smarts and will and drive and creativity there is in the world is so terrific, perhaps more these last couple of months than some other stretches. But doing something I do a few times a day, which is pull up the new papers queue that come into the journals, and then seeing a title that sounds super cool, and then clicking on that title and realizing that this group of authors has seen a question we don't know the answer to, or a problem that shouldn't exist, and they've answered the question, or they've solved the problem, is just so amazing. So I think, as a complex care researcher and as a member of this larger community, just I'd encourage people to think through what doesn't work well, what we should know the answer to but we don't, and to do the work to figure out the answers, and then to write up learnings and share them with the journals. And that can, of course, ideally happen when you've answered the question absolutely perfectly through your randomized control trial,

Tamara Simon 28:49

Always happens.

Patrick Brady 28:50

Always happens, yes, but we also recognize being a relatively new journal at the table that we are interested in formative studies where you didn't get everything quite perfect, but you learn some really important things, And in learning those, you're going to help the next author team on the other side of the country do their work better to ultimately help more kids and families.

Kristina Malik 29:19

Thank you so much for your time. Dr Brady and Dr Simon and thank you to you and your team for advancing the field of complex care.

Patrick Brady 29:25

Yeah, thanks for having us. This has been a lot of fun.

Tamara Simon 29:29

Yeah, this is a lot of fun, and it's a lovely opportunity to reflect as well as look to the future.

Kristina Malik 29:34

Thanks for listening to the Complex Care Journal Club podcast. We aim to highlight research that has the potential to be practice changing, that values patient and family engagement, is relevant across disciplines and diagnoses, and uses high quality or novel research methods. We invite you to join the conversation by suggesting an article that you would like to see be discussed in this podcast using the form provided on the OPENPediatrics YouTube channel. Thank you for joining us.

Other References

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