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Introducing the inaugural issue of *Health Affairs Scholar*: *Emerging and Global Health Policy* (*HAS*)

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Abstract

We are delighted to introduce readers to the inaugural issue of *Health Affairs Scholar: Emerging and Global Health Policy* (*HAS*). *HAS* is the new fully open access companion journal to *Health Affairs*. Building on *Health Affairs*' reputation as the leading journal of health policy thought and research, *HAS* serves as an additional forum for high-quality, peer-reviewed work from researchers worldwide. The journal fills a gap by focusing on both health policy and emerging issues that are historically less often addressed in "legacy" health policy journals. *HAS* will elevate emerging new research and policy analysis on healthcare technology, business models, and innovation; population health; global health policy; and important intersecting topics with health, such as the impact of climate change. The journal will also cover core health policy topics of healthcare costs, access to care, quality, and equity.

Key words: health policy.

Why launch a new health policy open access journal?

The launch of *Health Affairs Scholar: Emerging and Global Health Policy* (*HAS*) reflects the increasing demand for open science, including the rapid growth of open access (OA) journals. OA is a publishing model for scholarly communication that makes research information available to readers at no cost. Funders are increasingly requiring that articles emerging from their funding are published as OA articles—for example, European countries often require OA publication through the Plan S initiative launched in 2018, funders such as the Gates Foundation and the Wellcome Trust require OA publication, and the White House Office of Science and Technology Policy announced in 2022 that all US federally funded research papers must be freely available to the public immediately upon publication by 2025.

By combining a focus on health policy—as exemplified by its parent journal *Health Affairs*—with an OA model and an editorial team composed of leading scholars across a broad range of disciplines and institutions, *HAS* offers several potential benefits to authors and readers, as explained in the following sections.

Improving equity in access to research publications and findings

HAS will provide greater access to research as articles are immediately available globally without restrictions or charges, rather than being published behind a subscriber-based paywall or requiring expensive per-article fees. Currently, many community organizations, nonprofit institutions, and community-based clinicians with limited financial resources do not have access to academic libraries or peer-reviewed journal subscriptions. OA can thus help directly address systemic and structural issues that lead to existing uneven access to high-quality evidence across a diverse set of people, organizations, and communities globally. To mitigate the potential for inequities due to the need for authors to pay article-processing charges, *HAS* offers waivers to authors who cannot pay and those in underresourced settings and organizations.

HAS will be a global leader by ensuring that publications are accessible to a worldwide audience. The journal will contribute to the dissemination of high-quality science across the globe and the respectful engagement and amplification of international expertise and local voices. It will also provide a model for sustainable and equitable publishing models in the future, given that OA is increasingly necessary for effective dissemination.

Ability to rapidly disseminate research that addresses timely policy issues and meets the immediate needs of decision-makers

HAS can disseminate research more quickly because it is published online only and thus publishes articles as they are accepted. In addition, *HAS* provides expedited consideration through article transfers from *Health Affairs*, given that the parent journal cannot publish many high-quality articles due to a lack of space. *HAS* applies the same peer-review requirements as subscription-based journals to ensure high research quality (in contrast to sites where authors simply post their

preprint articles or journals that use minimal peer review) and uses a well-established publishing company (Oxford University Press) to manage the publication process efficiently and professionally.

Inclusion of diverse voices and perspectives in health research, including those of individuals and groups that are typically less well represented

HAS emphasizes the inclusion of diverse voices and perspectives by encouraging authors who may not typically publish in academic journals, such as consumers and government officials, to submit papers. Studies have found that articles published in OA journals, such as *HAS*, receive greater visibility (eg, as measured by Altmetric scores[1]) and can be disseminated quickly via social media and other media outlets.

Openness to new approaches and methods to creatively address policy issues

Lastly, *HAS* is open to publishing research that uses new approaches and methods, which could facilitate the ability to address intransigent policy issues. We will consider publishing clusters of themed articles and nonstandard article types such as interviews. We can be flexible in paper formats rather than having strict requirements (such as word length), given that we are online only. The editors encourage pre-submission inquiries on specific papers as well as authors' ideas for theme issues or other innovative papers and formats.

Our launch articles

Our launch publication includes six articles that reflect the range of topics and formats to be covered in *HAS*, described below. These initial articles will be followed by several articles that continue addressing key, timely policy issues. These include a study documenting the critical role that community pharmacies play in equitable access (Inma et al.), an empirical article on support for minimizing administrative burdens for Medicaid recipients (Simon et al.), and the use of a novel dataset to document trends in consolidation and the growing role of private equity and publicly traded companies in anesthesia and emergency medicine physician groups (Loren et al.).

Our first paper, a collaborative effort by the *HAS* core editorial team, looks to the future by describing "10 health policy challenges for the next 10 years." We include steps that can be taken to address the challenges and thus demonstrate how an OA policy journal such as *HAS* can move the research agenda forward. The next steps noted include the following:

- timely research to inform policy decision-making on the social safety net, the role of private equity, the emergence of new genomic and artificial intelligence technologies, and the increase in over-the-counter healthcare products;
- expanding the vision of global policy research to be truly global and inclusive;
- consideration of factors that influence health and equity including systemic barriers to care and social determinants;
- importance of incorporating the voices of consumers and patients in meaningful new ways to lead us to innovative solutions in healthcare;

- need for new reimbursement models that ensure financial sustainability of community-based care.

"Perspectives of Private Payers on Multicancer Early Detection Tests: Informing Research, Implementation, and Policy" by Julia Trosman et al. reports results from the first systematic assessment on the perspectives and evidence needs of US private payers on insurance coverage and future clinical adoption of multicancer early detection (MCED) tests. MCED tests have been named a top technology trend, and MCED tests are already on the market. However, they present significant challenges to health policy and other stakeholders who must make difficult decisions about whether and how to provide access and coverage to these new tests.

"The Better Care Plan" (Steve Shortell et al.) is written by an esteemed group of healthcare leaders, policymakers, and academic researchers who developed an overarching blueprint to improve our nation's healthcare system. This group offers insights and perspectives to address the challenges facing stakeholders in implementing the Better Care Plan nationwide.

"A Race to Net Zero—Early Lessons from Healthcare's Decarbonization Marathon" illustrates the focus of *HAS* on topics that are critical to health but are often understudied—the intersection of climate and health. Written by a group of authors led by Kyle Lakatos, the article synthesizes efforts to address climate change's impacts on healthcare.

Two leaders in the field—Bob Kocher, a prominent venture capitalist who has also had many roles in academia, government, and thinktanks, and Bob Wachter, who is one of the most influential physicians in the United States—tackle the question of "why is it so hard for academic medical centers to succeed in value-based care," with some surprising and provocative answers.

We continue our focus on timely policy issues in "A Wholistic View of Innovation Incentives and Pharmaceutical Policy Reform," which is a collaborative effort by one of the United States' leading voices on pharmaceutical innovations and reforms viewed through a legal lens (Rachel Sachs) and thought leaders at the USC and the Brookings Schaeffer Initiative for Health Policy Brookings Institution (Loren Adler and Richard Frank). They tackle the controversial topic of the impact of new policies on innovation—and argue that any negative impacts can be mitigated.

We welcome you to *HAS* and we look forward to your thoughts and submissions. We encourage authors to reach out to us with inquiries and ideas via our website.

Supplementary material

Supplementary material is available at *Health Affairs Scholar* online.

Conflicts of interest

Please see ICMJE form(s) for author conflicts of interest. These have been provided as supplementary materials.

Note

1. Dehdarirad T, Didegah F. To what extent does the open access status of articles predict their social media visibility? A case study of life sciences and biomedicine. *J Altmetrics*. 2020;3(1):5. https://doi.org/10.29024/joa.29