



# Expanding the *Mayo Clinic Proceedings* Mission: Introducing *Mayo Clinic Proceedings: Innovations, Quality & Outcomes (MCP:IQ&O)*

*Building upon innovations in research, advancing the quality of medical and surgical care, and promoting optimal patient outcomes.*

—MCP:IQ&O Mission Statement,  
January 2017

After years of study and planning, *Mayo Clinic Proceedings* (MCP; aka the *Proceedings*) will in 2017 introduce a new medical journal to expand on the existing *Proceedings* mission. The new journal will be entitled *Mayo Clinic Proceedings: Innovations, Quality & Outcomes*, abbreviated MCP:IQ&O. In everyday parlance, we envision that it may be referred to as *Proceedings: IQO*. The new entity will (1) function as a multispecialty journal, (2) publish online only, (3) employ an author-pay business model, and (4) operate under the mission statement provided above.

The philosophy behind MCP:IQ&O is to allow authors to publish, under the *Mayo Clinic Proceedings* brand, original reports, reviews, speculative synthesis, and perspectives that represent areas of growth and development in diverse regions of contemporary medicine—covering a wider spectrum of topics than currently covered by the general/internal medicine-themed *Proceedings*. MCP:IQ&O readers will be rewarded with the same high standards of reporting and communication they have come to expect from the *Proceedings* but additionally with more diverse topics and unrestricted open-access online-only dissemination.

## Rationale for Beginning a New *Proceedings* Journal

The formulation of a new *Proceedings*-branded journal is entirely the result of the success and increasing exclusivity of MCP. As recently reviewed,<sup>1</sup> MCP (in its various iterations) began publication as a multispecialty journal that was focused almost exclusively on content

authored by Mayo Clinic's faculty and physicians-in-training. By the mid 1990s, MCP was nominally redirected to become a general/internal medicine journal<sup>1</sup> by mutual agreement of the editorial board and publisher. However, as reviewed by Lanier,<sup>1-3</sup> the functional shift toward true general/internal medicine content, as well as more diverse authorship—not just by Mayo Clinic authors, but eventually involving physicians and scientists from more than 60 nations—did not achieve momentum until the launch of the “Evolution of *Mayo Clinic Proceedings*” mission, announced in January 2000.<sup>2</sup>

From its origins, MCP's actions and journal content were designed to reflect the values that have for many years been graphically represented in the Mayo Clinic triple-shield logo (Figure): integrated progress in clinical care, medical education, and biomedical research. Historically, MCP articles were authored by physicians and scientists representing all career stages; however, by 1999, authorship had migrated (according to one sage on the Mayo Clinic faculty; personal communication with W.L.L.) toward physician authors in the extremes of their careers: ie, the very young and the very old. In addition, a large fraction of journal submissions had migrated toward case reports (often voluminously expanded with associated reviews of the literature) and hypothesis-independent “convenience” case series, instead of cutting-edge, hypothesis-driven content. Changes to remediate these shortcomings<sup>1,4</sup> paved the way for subsequent dramatic changes in authorship, journal content, and Impact Factor, all focused on MCP's new mission statement: “To promote the best interests of patients by advancing the knowledge and professionalism of the physician community.”

Specifically, under the “Evolution of *Mayo Clinic Proceedings*” initiative,<sup>2</sup> original research reports became the backbone of journal content, more than 80% of submitted manuscripts



**FIGURE.** The Mayo Clinic triple-shield logo. The 3 shields represent patient care (center), research, and education.

originated from authors not affiliated with Mayo Clinic, and Impact Factor increased from a baseline of approximately 2 to a peak of 6.262.<sup>1</sup> During this interval, the number of submitted manuscripts increased by 4- to 5-fold, the acceptance rate for all submissions declined from approximately 60% in 1998 to less than 20% today, and the acceptance rate for case reports declined from approximately 40% to less than 5% (W.L.L., unpublished data). Not surprisingly, the general/internal medicine focus and increased competition for publishing manuscripts in *MCP* left behind many young and developing authors as well as those wishing to write on specialty-focused topics in surgery, pediatrics, obstetrics and women's health, emergency medicine, physical medicine and rehabilitation, pain medicine, and other important topics (ie, areas once covered by *MCP* in an earlier era in which it functioned as a multispecialty journal).

After careful study, the leadership of *MCP* and its publisher (with oversight from the journal's sponsor, Mayo Clinic) determined that in order to accommodate more diverse journal content, the publishing operations should (1) expand in a manner that would augment (not restrain) the success-generating changes within *Mayo Clinic Proceedings* and (2) acknowledge progress in medical areas not currently addressed by the *Proceedings*. However, to direct the content of the new journal in an aspirational and inspirational direction,

the aforementioned study determined that the new journal should focus not just on *any* articles related to the expanded number of topics but should concentrate instead on articles that describe clinical *innovations*, improvements in the *quality* of health care delivery, and efforts made to improve and better quantify patient *outcomes*. Reflecting these goals, the new journal would be named *Mayo Clinic Proceedings: Innovations, Quality & Outcomes*.

#### **An Invitation to Submit Manuscripts to *MCP:IQ&O* and an Explanation of Logistics**

With this editorial, the leaders of *MCP* and *MCP:IQ&O* hereby encourage authors to submit their manuscripts for possible publication in the new journal. To provide background information and guide submissions to the new journal, *MCP:IQ&O* is developing its own website and manuscript processing/management portal.

In addition to such direct submissions, authors may be invited to submit their manuscripts to *MCP:IQ&O* as a result of initial editorial board oversight at *MCP*. Unfortunately, *MCP* is limited in how much it is able to publish annually. Because of the growing number of submissions to *MCP* and the ever-increasing quality of those submissions, there are now many manuscripts that we are unable to accept for publication in *MCP* but that deserve publication in a good journal. Going forward, the editors of the *Proceedings* may redirect *some* manuscripts to *MCP:IQ&O* *before* full-spectrum peer review (a process known as editorial board triage) on the basis of editorial fit. Additionally, other manuscripts may be recommended to *MCP:IQ&O* *after* peer review at the *Proceedings*, if and when those manuscripts are determined to be better suited to publication in the new journal.

Authors who grant their approval will have their manuscripts evaluated by the *MCP:IQ&O* editorial board, with the goal of determining if the manuscript (1) addresses the goals of the *MCP:IQ&O* mission statement and (2) after comparison with other manuscripts on hand, has sufficiently high priority for publication in *MCP:IQ&O*. If a manuscript has already undergone definitive peer review at *MCP*, the comments of the reviewers and editorial board

will be transferred automatically to the *MCP:IQ&O* ScholarOne Manuscripts location without need for further action by authors other than to give their permission. This process is intended to help save authors time and effort that would be required for securing the attention of editors—not to mention an entirely new peer review process—at another journal unaffiliated with *MCP* or *MCP:IQ&O*.

Whether submitted directly to *MCP:IQ&O* or transferred from the editorial processes at *MCP*, all articles will undergo comparable peer review, focusing on the same 3 priorities<sup>1</sup>:

1. Appropriateness: Is the information relevant to the Journal's target audience?
2. Novelty: Is the information credible, important, and novel?
3. Generation of interest (considered only after the first 2 criteria are fulfilled): Does the published material warrant attention through citations in other publications, media reports, and other methods?

The main differences between the peer review processes at *MCP* and *MCP:IQ&O* will be that:

1. *MCP:IQ&O* will reference its peer review to its mission statement and the acceptance standards of the specialties and subspecialties that publish in the Journal (and form the core of the Journal's readership).
2. Novelty will be determined on the basis of the values and practices of the *MCP:IQ&O* target audience that is broader than that for *MCP*. This guideline will also apply to expectations for the "generation of interest" criterion.
3. Based on the first 2 guidelines, it should be apparent that the peer review priority scores required for publication in *MCP:IQ&O* will be independent of those for *MCP*.
4. *MCP:IQ&O* will accommodate more preliminary original research studies, brief reports, case reports, and reviews of new or evolving (but less developed) areas of medical research or practice.
5. Although *MCP:IQ&O* encourages reports of innovations in quality improvement, original quality-improvement research reports<sup>5</sup> must reflect reproducible methodologies, proper controls, proper data reporting and

analysis, and conclusions that flow from the data (as is true for all other original reports) if they are to gain priority for publication.

It is the intent of *MCP* and *MCP:IQ&O* to activate the submission and review processes immediately (ie, January 2017), with anticipated publication of the first accepted articles in the second trimester of 2017. Journal leadership will seek indexing of all articles through the National Library of Medicine/PubMed at the earliest possible date.

### **Leadership, Financial Model, and Indexing**

The new *MCP:IQ&O* will have its own editor-in-chief (EIC) who will work alongside the *MCP* EIC. Dr Thomas C. Gerber, Professor of Internal Medicine and Radiology, Mayo Clinic College of Medicine, who has long served as an associate editor of *MCP*, will serve as the new EIC of *MCP:IQ&O*. Over the next 1 to 2 years, *MCP:IQ&O* will develop its own editorial board, but for now, the entire registry of *MCP* editorial board members has agreed to serve in a dual capacity in which they simultaneously serve both *MCP* and *MCP:IQ&O*.

In closing, beginning immediately, the EIC and editorial board of *MCP:IQ&O* will begin considering submissions for publication in the new Journal. Decisions to publish a manuscript will be based on a peer review process modeled after that of *MCP* but which differs from *MCP* in that it will serve more diverse authors and publish on more diverse topics emanating from diverse specialties and subspecialties. The leadership of both *MCP* and *MCP:IQ&O* look forward to working with you as we begin the successful launch of the new Journal aimed at "building upon innovations in research, advancing the quality of medical and surgical care, and promoting optimal patient outcomes."

**William L. Lanier, MD**  
Editor-in-Chief

*Mayo Clinic Proceedings*

**Thomas C. Gerber, MD, PhD**  
Editor-in-Chief

*Mayo Clinic Proceedings: Innovations, Quality & Outcomes*

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