Back on Track

Sabine Koch¹; Olaf Gefeller²; Indra N. Sarkar³; Reinhold Haux⁴

¹Health Informatics Centre, Department of Learning, Informatics, Management and Ethics, Karolinska Institutet, Stockholm, Sweden;
²Institute for Medical Informatics, Biometry and Epidemiology, University of Erlangen-Nürnberg, Erlangen, Germany;
³Center for Biomedical Informatics, Brown University, Providence, Rhode Island, USA;
⁴Peter L. Reichertz Institute for Medical Informatics, University of Braunschweig – Institute of Technology and Hannover Medical School, Braunschweig, Germany

Background

About 10 years ago the International Medical Informatics Association (IMIA) recognized the need for an applied informatics journal for the health sciences. In response to this need, the journal Applied Clinical Informatics (ACI) was launched in 2009 as a companion journal to Methods of Information in Medicine (MIM), both published by Schattauer (since January 1, 2017 part of Thieme), with the intention to build bridges from theory to practice and vice versa.

Both journals are official journals of IMIA but with different, albeit congruent, missions. The scope of MIM includes methodology and scientific fundamentals, and is focused on theory whereas ACI focuses on informatics applied to biomedicine and health care. To study whether theory has an impact on the quality and efficiency of health care, and so on practice, congruencies and interdependencies in publications of ACI and MIM had been explored by previous and current editors in 2014 and 2015 and published in these journals respectively [1–4].

On June 7, 2016, Thomson Reuters informed Schattauer that the 2015 Impact Factors of MIM and ACI would be suppressed for one year due to ‘Citation Stacking’, the practice of cross-referencing between two journals of the same publisher. We immediately looked into this matter and identified this as an unintentional consequence of the above discussed efforts to analyze the effects of bridging between theory and practice where one of two papers from 2015 was suspected to create citation stacking.

Neither MIM nor ACI were accused of creating self-citations and the editors received supporting letters by leading informatics associations like IMIA, EFMI, and GMDS. Also editorials were published by the editors [5] and by EFMI [6] explaining and analyzing the situation in more detail.

As a consequence both journals remained absent from the Journal Citation Report (JCR) 2015 data. Coverage of the published articles in Web of Science Core Collection (WoS CC) indexes, however, remained unchanged. As both journals continued to be indexed in WoS CC, the citations of all 2015 articles were however counted to calculate each author’s h-index. The articles including their citations also continued to be available in other databases such as Scopus.

Actions by Publisher and Editor

To compensate readers and authors for this unfortunate situation, Schattauer made all articles published in both journals in the year 2015 openly available. This measure was intended to increase the likelihood of these articles to be cited and thereby raise author h-indices. In addition, corresponding authors of publications in the year 2015 in MIM or ACI were eligible for one free Open Access option in either MIM or ACI for a peer-reviewed accepted paper until December 31, 2016.

As editors we aimed to process manuscripts quickly, to keep the inflow of manuscripts and the high quality of the published articles with the ultimate goal to regain the Impact Factor as quickly as possible.

One Year Follow Up

This year MIM regained its Impact Factor and is indexed in the Journal Citation Report (JCR) for 2016. With 1.772 the Impact Factor of MIM is lower than what it was in 2014 (2.448), but higher than in any previous year. Looking at Thomson Reuters Incites” JCR and analyzing the submission statistics for our journal we made the following observations:

1. The citation patterns between MIM and ACI do not differ in any way from those between MIM and other biomedical informatics journals;
2. We have observed a decrease in the number of submissions of 18% on average since July 2016 supposedly as a consequence of the Impact Factor suppression;
3. The journal dropped in ranking from rank 6 out of 24 medical informatics journals in 2014 to rank 14 out of 23 medical informatics journals in 2016;
4. We reduced the average time from submission to first decision from 48 to 42 days and from submission to final decision from 62 to 54 days;
5. We maintained our selectivity in the choice of articles to be accepted with an average acceptance rate of 25% for original articles and 33% for focus theme articles (where some of the manuscripts...
go through a pre-review process before being submitted to the journal);
6. We remain challenged in improving the time to assign reviewers or improving reviewer turnaround times, but it is our intention to develop strategies for improving these aspects of the peer-review process whilst maintaining quality. As an attempt to further speed up decision times, we have recently reduced the time period reviewers are given to perform their review from three to two weeks.

We greatly appreciate the good communication with Schattauer (and now Thieme) and the support we received by EFMI, GMDS, and IMIA as well as many colleagues in the field in this matter. We also thank you, our dedicated readers, authors, and reviewers, for staying with us through this process.

After this turbulent year we feel the journal is “back on track” and we look forward to a bright future for the journal and not least its Methods Open track [7] providing our authors with increased visibility.

References