SCOPE

*Medical Care*, the official publication of the Medical Care Section of the American Public Health Association, serves as an international medium for publication of worthy articles in the broad field of medical care and thereby encourages progress in the research, planning, organization, financing, provision, and evaluation of health services.

Selection of manuscripts for publication is based on their timeliness, originality, and potential impact to address health disparities through health information technology. Novelty of methods, significance of findings, soundness of conclusions, and quality of presentation will also be considered. Manuscripts are subject to editorial modification and revisions necessary to bring them into conformity with *Medical Care* style.

The editorial office will acknowledge receipt of each manuscript and will give the corresponding author a manuscript number for reference. Address all inquiries regarding manuscripts not yet accepted or published to the Journal's editorial office via e-mail to: karen.doyle@wolterskluwer.com.

**Patient anonymity and informed consent:** It is the author's responsibility to ensure that a patient's anonymity is carefully protected and to verify that any experimental investigation with human subjects reported in the manuscript was performed with informed consent (where required) and followed all the guidelines for experimental investigation with human subjects required by the institution(s) with which all the authors are affiliated. Please document whether the study was approved by an Institutional Review Board. Authors should mask patients' eyes and remove patients' names from figures unless they obtain written consent from the patients and submit written consent with the manuscript.

**Conflict of interest:** As described by the International Committee of Medical Journal Editors (ICMJE) in their declaration of uniform manuscript requirements (Section II.D), *Medical Care* recognizes that important conflict of interest may arise from multiple sources, including personal and financial circumstances. According to the ICMJE, "Conflict of interest exists when an author (or the author's institution), reviewer, or editor has financial or personal relationships that inappropriately influence (bias) his or her actions (such relationships are also known as dual commitments, competing interests, or competing loyalties). "These relationships vary from those with negligible potential to those with great potential to influence judgment, and not all relationships represent true conflict of interest. The potential for conflict of interest can exist whether or not an individual believes that the relationship affects his or her scientific judgment. Financial relationships (such as employment, consultancies, stock ownership, honoraria, paid expert testimony) are the most easily identifiable conflicts of interest and the most likely to undermine the credibility of the journal, the authors, and of science itself. However, conflicts can occur for other reasons, such as personal relationships, academic competition, and intellectual passion."

*Medical Care* requires explicit declaration of any potential conflicts of interest that may exist or have existed for any author for the past three years dating from the month of submission, in accordance with the Center for Science in the Public Interest's "A Common Standard for Conflict of Interest Disclosure," available online at [http://cspinet.org/new/pdf/20080711_a_common_standard_forConflict_of_interest_disclosure_final_for_conference.pdf](http://cspinet.org/new/pdf/20080711_a_common_standard_forConflict_of_interest_disclosure_final_for_conference.pdf).

As described below, this declaration must be made in the cover letter and will be published as a
footnote on the first page of the manuscript. If no conflict of interest is present, the authors must explicitly state so. Each published manuscript will contain a conflict of interest statement as a footnote on the first page. Although each manuscript will contain an explicit statement addressing conflict of interest, the Editors will exercise appropriate judgment about what constitutes a reportable conflict.

Copyright: Copyright transfer forms are completed and collected electronically. The Additional Information submission step will lead the corresponding author through the process. In addition, the electronic copyright transfer form will be e-mailed to all entered co-authors automatically. More information appears in the submission system. Revised papers submitted without all the electronic copyright transfer forms completed will be returned for completion.

Compliance with NIH and Other Research Funding Agency Accessibility Requirements: A number of research funding agencies now require or request authors to submit the post-print (the article after peer review and acceptance but not the final published article) to a repository that is accessible online by all without charge. As a service to our authors, Lippincott Williams & Wilkins will identify to the National Library of Medicine (NLM) articles that require deposit and will transmit the post-print of an article based on research funded in whole or in part by the National Institutes of Health, Wellcome Trust, Howard Hughes Medical Institute, or other funding agencies to PubMed Central. The Copyright Transfer Agreement provides the mechanism.

Permissions: Authors must submit written permission from the copyright owner (usually the publisher) to use direct quotations, tables, or illustrations that have appeared in copyrighted form elsewhere, along with complete details about the source. Any permission fees that might be required by the copyright owner are the responsibility of the authors requesting use of the borrowed material, not the responsibility of Lippincott Williams & Wilkins.

AUTHORSHIP REQUIREMENTS
Each person listed as an author is expected to fulfill the criteria for authorship established by the International Committee of Medical Journal Editors in their 2007 statement on Uniform Requirements for Manuscripts Submitted to Biomedical Journals (www.icmje.org).

More specifically, according to the ICMJE, authorship credit should be based on three requirements:

1. Substantial contribution to conception and design, or acquisition of data, or analysis and interpretation of data;
2. Drafting the article or revising it critically for important intellectual content;
3. Final approval of the version to be published.

Authorship qualification requires that each of the above three criteria be satisfied. As described below, the cover letter must provide assurance that each author fulfills each of these requirements.

PREPARATION OF MANUSCRIPT
Manuscripts that do not adhere to the following instructions will be returned to the corresponding author for technical revision before undergoing peer review.

A submitted manuscript must be an original contribution not previously published (except as an abstract or preliminary report) and must not be under consideration for publication elsewhere. Authors are expected to disclose to the editors all published work in which the data have been cited, and to provide the full manuscripts if requested by the editors. If there is any question, authors should send one copy of any related manuscript. If a manuscript has been prepared for presentation at a meeting, this information should be noted in the acknowledgments. If the article is accepted, it must not be published elsewhere in similar form, in any language, without
the consent of Lippincott Williams & Wilkins. Each person listed as an author is expected to have participated in the study to a significant extent. Although the editors and referees make every effort to ensure the validity of published manuscripts, the final responsibility rests with the authors, not with the Journal, its editors, or the publisher.

**MANUSCRIPT SUBMISSION**

All manuscripts must be submitted online through the Journal's electronic submission system via the website at [http://www.editorialmanager.com/mdc/](http://www.editorialmanager.com/mdc/). Choose the article type “Health IT to Address Disparities” from the drop-down menu.

**First-time users:** Please click the Register button from the main menu and enter the requested information. Upon successful registration, you will be sent an e-mail indicating your user name and password. Print a copy of this information for future reference. Note: If you have received an e-mail from us with an assigned user ID and password, or if you are a repeat user, do not register again, just log in. Once you have an assigned ID and password, you do not have to re-register, even if your status changes (that is, author, reviewer, or editor).

**Authors:** Please click the log-in button from the menu at the top of the page and log in to the system as an Author. Submit your manuscript according to the author instructions. You will be able to track the progress of your manuscript through the system. If you experience any problems, please contact karen.doyle@wolterskluwer.com. Requests for help and other questions will be addressed in the order received.

**General format:** Submit electronically via the website at [http://www.editorialmanager.com/mdc/](http://www.editorialmanager.com/mdc/). Choose the article type “Health IT to Address Disparities” from the drop-down menu. Please use a 12-point font, and double space all text, references, and figure legends. Tables may be single spaced. Headers, footers, and footnotes are not to be used except in tables, where footnotes may be used if needed.

**Original Articles** have a maximum of 3,500 words, exclusive of abstract, acknowledgments, figures, tables, and references. Manuscripts are permitted to have a total of 5 figures and/or tables and no more than 50 references. In addition, a single brief appendix (no more than 1 printed page) may appear in the printed paper. (Supplemental online-only content is available as an alternative to a printed appendix. See the section on Supplemental Digital Content below for details.) Any submissions that exceed these limits will be returned to the authors without peer review. Under very exceptional circumstances, authors may seek permission from the editors to extend the maximum word count to 4,000. When such a request is granted, it should be noted in the cover letter to the editor accompanying the manuscript at time of submission.

**Brief Reports** are manuscripts that can provide their results clearly in a shorter format; They have a maximum of 2,000 words, again exclusive of abstract, acknowledgments, figures, tables, and references. Other than length, there are no differences in instructions, prestige, or editorial processing between regular length articles and Brief Reports.

The manuscript must be arranged in the following order: title page, complete author information page, blinded title page, abstract, introduction, methods, results, conclusions, references, appendix, figure legends, and tables. Pages should be numbered consecutively, beginning with the title page.

**Cover letter:** Please include a cover letter containing the name and address of the corresponding author. In addition, we encourage the authors to suggest names and contact information of experts who may serve as potential peer reviewers for their manuscript.

The cover letter must contain explicit assurance that each of the listed authors meets each of the three authorship requirements as stated in the Uniform Requirements for Manuscripts Submitted to Biomedical Journals ([www.icmje.org](http://www.icmje.org)).
Unblinded Title page: Include on the unblinded title page: (a) complete manuscript title; (b) authors' full names, highest academic degrees, affiliations, and addresses; (c) name and address for correspondence, including fax number, telephone number, and e-mail address; (d) address for reprints if different from that of corresponding author; (e) disclosure of funding received for this work from any of the following organizations: National Institutes of Health (NIH); Wellcome Trust; Howard Hughes Medical Institute (HHMI); and other(s); and (f) word count (exclusive of abstract, acknowledgments, figures, tables, and references), number of text pages, number of references, and number of figures/tables. Please include a brief title (maximum of 40 characters including spaces) to be used as a running head. Acknowledgments should be included in the unblinded title page and include technical support and the name, date, and location of meetings where the data were presented (if applicable).

Complete author information: For each author, please list his or her name and degrees, correspondence address, telephone and fax number, and e-mail address.

Structured abstract and key words: The double-spaced abstract should be structured and limited to 250 words. Do not cite references in the abstract. Limit the use of abbreviations and acronyms. Use subheads such as Background, Objectives, Research Design, Subjects, Measures, Results, and Conclusions. Select 3 to 5 key words that depict the topic of the manuscript for inclusion at the end of the abstract. Suggested key words are also on the Journal’s website under author and reviewer information. You will find a list of key words after you have logged into the system, click Submit a Manuscript at the top of the page, enter article title, article type and then click on Document Classification and no more than 10 Classifications.

Text: Organize the manuscript into 4 main headings: Introduction, Methods, Results, and Discussion. Define abbreviations at first mention in text and in each table and figure. If a brand name is cited, supply the manufacturer’s name and address (city and state/country). Acknowledgment of all forms of support and all potential conflicts of interest for all authors should be placed in an acknowledgment paragraph within the cover letter. When the authors have no conflict of interest to disclose, the cover letter should contain an explicit declaration to this effect. The final paragraph of the discussion section is usually a general conclusion for the entire article.

Abbreviations: For a list of standard abbreviations, consult the Council of Biology Editors Style Guide (available from the Council of Science Editors, 9650 Rockville Pike, Bethesda, MD 20814) or other standard sources. Write out the full term for each abbreviation at its first use unless it is a standard unit of measure. Refrain from using nonstandard abbreviations or acronyms. Do not include lists or glossaries of abbreviations in the manuscript.

Measurement instruments: For articles describing development, validation, or testing of new measurement instruments (for example, health related quality of life, patient satisfaction, case mix adjustment), the instruments, including items and scoring instructions, must be available for research purposes to investigators requesting them.

References: The authors are responsible for the accuracy of the references. Key the references (double spaced) at the end of the manuscript. At least 6 references and no more than 50 are required or the article will not be accepted for review. Do not use endnotes or footnotes for references. Cite the references in text in the order of appearance. If there are more than 3 authors, name only the first 3 authors and then use et al. Refer to the List of Journals Indexed in Index Medicus for abbreviations of journal names, or access the list at http://www.nlm.nih.gov/tsd/serials/tji.html. Sample references are given below:

Journal article

Book chapter
2. Todd VR. Visual information analysis: frame of reference for visual perception. In: Kramer P,


8. (J. M. Kramer, K. Kramer [jmkramer@umich.edu], e mail, March 6, 1996).

Tables: No more than a total of 5 tables and/or figures will be accepted. Cite tables consecutively in the text, and number them in that order. Upload each table as a separate Word file (not as a PDF or graphics file). Include the table title, appropriate column heads, and explanatory legends (including definitions of any abbreviations used). Do not embed tables within the body of the manuscript. Tables should be self-explanatory and should supplement, rather than duplicate, the material in the text. Name tables in the format: table 1.doc, etc.

Figures: No more than a total of 5 figures and/or tables will be accepted.

A) Creating Digital Artwork

1. Learn about the publication requirements for Digital Artwork: http://links.lww.com/ES/A42
2. Create, Scan and Save your artwork and compare your final figure to the Digital Artwork Guideline Checklist (below).
3. Upload each figure to Editorial Manager in conjunction with your manuscript text and tables.

B) Digital Artwork Guideline Checklist

Here are the basics to have in place before submitting your digital artwork:

- Artwork should be saved as TIFF, EPS, or MS Office (DOC, PPT, XLS) files. High-resolution PDF files are also acceptable.
- Crop out any white or black space surrounding the image.
- Diagrams, drawings, graphs, and other line art must be vector or saved at a resolution of at least 1200 dpi. If created in an MS Office program, send the native (DOC, PPT, XLS) file.
- Photographs, radiographs and other halftone images must be saved at a resolution of at least 300 dpi.
- Photographs and radiographs with text must be saved as postscript or at a resolution of at least 600 dpi.
- Each figure must be saved and submitted as a separate file. Figures should not be embedded in the manuscript text file.

Remember:

- Cite figures consecutively in your manuscript.
- Number figures in the figure legend in the order in which they are discussed.
- Upload figures consecutively to the Editorial Manager web site and enter figure numbers
Figure legends: Legends must be submitted for all figures. They should be brief and specific, and they should appear on a separate manuscript page after the references. The file name should not use personal names. For example: figure 1.tif

Supplemental Digital Content

Supplemental digital content (SDC) is content that appears online only. Authors may submit SDC that enhances their article's text to be considered for online posting. SDC must be submitted with the manuscript through the online submission system. SDC may include standard media such as text documents, graphs, audio, video, etc. On the Attach Files page of the submission process, please select Supplemental Audio, Video, or Data for your uploaded file as the Submission Item. If an article with SDC is accepted, our production staff will create a URL with the SDC file. The URL will be placed in the call-out within the article. SDC files are not copyedited by Lippincott Williams & Wilkins staff; they will be presented digitally as submitted. For a list of all available file types and detailed instructions on creating, naming, listing, citing, and uploading SDC, please visit http://links.lww.com/A142.

SDC Call-outs: SDC must be cited consecutively in the text of the submitted manuscript. Citations should include the type of material submitted (Audio, Figure, Table, etc.), be clearly labeled as "Supplemental Digital Content," include the sequential list number, and provide a description of the supplemental content. All descriptive text should be included in the call-out as it will not appear elsewhere in the article.

Example:
We performed many tests on the degrees of flexibility in the elbow (see Video, Supplemental Digital Content 1, which demonstrates elbow flexibility) and found our results inconclusive.

List of SDC: A listing of SDC must be submitted at the end of the manuscript file. Include the SDC number and file type of the SDC. This text will be removed by our production staff and not be published.

Example:
Supplemental Digital Content 1.wmv

SDC File Requirements: All acceptable file types are permissible up to 10 MBs. For audio or video files greater than 10 MBs, authors should first query the journal office for approval. For a list of all available file types and detailed instructions, please visit http://links.lww.com/A142.

Style: Pattern manuscript style after the American Medical Association Manual of Style (9th edition). Stedman's Medical Dictionary (27th edition) and Merriam Webster's Collegiate Dictionary (10th edition) should be used as standard references. Refer to drugs and therapeutic agents by their accepted generic or chemical names, and do not abbreviate them. Use code numbers only when a generic name is not yet available. In that case, supply the chemical name and a figure giving the chemical structure of the drug. Capitalize the trade names of drugs and place them in parentheses after the generic names. To comply with trademark law, include the name and location (city and state in USA; city and country outside USA) of the manufacturer of any drug, supply, computer program, or equipment mentioned in the manuscript. Use the metric system to express units of measure and degrees Celsius to express temperatures, and use SI units rather than conventional units. Use numerals; numbers should not be spelled out (not even 1 through 9) except at the beginning of a sentence or where sense requires it. Refrain from using nonstandard acronyms or abbreviations.

Page proofs and corrections: Corresponding authors will receive page proofs electronically to check the copyedited and typeset article before publication. It is the author's responsibility to ensure that there are no errors in the proofs. Changes that have been made to make the article conform to Journal style should be allowed to stand if they do not alter the authors' meaning. Authors may be charged for alterations to the proofs beyond those required to correct errors or to answer queries. Proofs must be checked carefully and returned electronically within 24 to 48 hours of receipt, as requested in the cover letter sent by e-mail accompanying the page proofs.

Reprints: Authors will receive a reprint order form with their page proofs that includes reprint
costs. Reprint requests should be returned with the corrected proofs, if possible. Reprints are normally shipped 6 to 8 weeks after publication of the issue in which the item appears. Contact the Reprint Department, Lippincott Williams & Wilkins, 351 West Camden Street, Baltimore, MD 21201-2436, with any questions.

**CHECKLIST FOR CONTRIBUTORS**

Please be sure the following provisions are met when you submit your manuscript:

1. Manuscript is typewritten (12-point font) double-spaced, including references and figure legends (tables may be single spaced) without headers, footers, endnotes, or footnotes. There is no identifying information about the author(s) except on the unblinded title page. A structured abstract (maximum of 250 words) is included and lists its word count at the top of the abstract page.
2. A cover letter is included and contains all the elements as listed above.
3. An unblinded title page is included and contains all the elements as listed above.
4. Manuscript must be submitted electronically. The first file should be the cover letter. The second file should be the unblinded title page. The third file should be the blinded manuscript. This is followed by any table and/or figure and/or SDC file(s).
5. Permission is included to reproduce copyrighted materials or signed patient consent forms.
6. References are in the format listed above.
7. Tables and figures are uploaded as individual files as described above.
8. SDC files are named correctly, called-out in the manuscript, listed at the end of the manuscript, and uploaded as individual files.
9. When a paper is selected for revision and possible publication, the Authorship Responsibility, Financial Disclosure, and Copyright Transfer must be completed by each author electronically. Revised papers submitted without all the forms having been completed will be returned for completion.
10. Authors are expected to disclose to the editors all published work in which the data have been cited, and to provide the full manuscripts if requested by the editors.
11. When making inquiries about your manuscript, please be prepared to supply the manuscript number and the corresponding author's name.
12. If you do not receive an acknowledgment of receipt of your manuscript within 7 days from the Medical Care Editorial Office, please contact us at karen.doyle@wolterskluwer.com.