

EDITOR'S PAGE



Being a Great Reviewer

Remembering the “Why”



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Many academic medical centers have increasingly emphasized clinical productivity, often in the form of relative value unit (RVU) targets, especially in recent years as the practice of medicine has shifted to become the business of medicine. Like it or not, insurance companies and government funders of health care coverage are increasingly pressing for more value—better outcomes at a lower financial cost. Think of how many new acronyms you have learned recently that describe health care delivery or reimbursement versus how many you have learned describing medicine. The shifting game plan has translated into departments, medical centers, and practice plans limiting the clinician’s time for nonsponsored activities. The era of having much protected time for teaching, research, and medical society service without an independent and durable funding source is a fading memory. Yet, the pursuits of higher quality

and lower cost totally makes sense for the automobile industry as well as it does for health care, and our patients truly deserve the best care possible. Clearly, the establishment of best practices and reducing unnecessary variability can lead to better outcomes and cost savings. But the reality is that the pursuit of profits (or in nonprofit centers, the drive for positive net margins to support institutional reinvestment) has seriously pushed some nonclinical activities further into practitioners’ “free time”; so much so, that it is now better termed “pajama time.” Even though we can and should favorably affect care-delivery costs, this is coming at a separate price to each of us.

Given the slow but steady encroachment into your free time, I am even more deeply appreciative of the numerous individuals who keep the academic mission alive and protect medical science. I am talking about the many of you who serve as peer

TABLE 2018 JACC: Cardiovascular Interventions Top Reviewers

Ahmed Abdel-Latif, MD, PhD	Ole De Backer, MD	Luis Guzman, MD	Michael Ragosta III, MD
Robert Applegate, MD	José De la Torre Hernández, MD	Kentaro Hayashida, MD, PhD	Sunil Rao, MD
Usman Baber, MD	Paolo Denti, MD	Wissam Jaber, MD	Michael Reardon, MD
Marco Barbanti, MD	Carlo Di Mario, MD, PhD	Morton Kern, MD	Manel Sabaté, MD
John Bittl, MD	Danny Dvir, MD	Neal Kleiman, MD	Mehdi Shishehbor, DO, PhD
Carlo Briguori, MD, PhD	David Faxon, MD	Andrew Klein, MD	Dirk Sibbing, MD
Emmanouil Brilakis, MD, PhD	William Fearon, MD	Ran Kornowski, MD	Lars Søndergaard, MD
Brigitta Brott, MD	Dmitriy Feldman, MD	Michael Kutcher, MD	Christian Spaulding, MD
Salvatore Brugaletta, MD	Francesco Franchi, MD	Massoud Leesar, MD	Giulio Stefanini, MD
Robert Byrne, MD	Hector Garcia-Garcia, MD	Michael McDaniel, MD	Stefan Stortecy, MD
John Carroll, MD	Jay Giri, MD	Julinda Mehilli, MD	Marco Valgimigli, MD, PhD
Bimmer Claessen, MD	Mario Goessl, MD	Michele Pighi, MD	Eric Van Belle, MD
Harold Dauerman, MD	Hitinder Gurm, MD	Fabien Praz, MD	Steven Yakubov, MD

reviewers for manuscripts submitted to *JACC: Cardiovascular Interventions*. In a prior Editor's Page, recapping some of the first-year numbers for my editorship, I mentioned the journal receives roughly 10 new papers each weekday. Some are directly handled by the editors (e.g., submissions to Images in Interventions and Editorial Comments), and others are not chosen for external review. For those Original Research papers sent for external evaluation, we try to obtain 2 expert peer reviews for the majority. That translates into needing literally hundreds of reviewers who are committed to doing at least several reviews for the journal each year. During the first 9 months of 2018, for example, 634 individuals from around the globe have served as a reviewer for *JACC: Cardiovascular Interventions*!

I and the other editors feel very strongly about making published papers the best they can be. A lynchpin to this goal's ongoing success is accurate, thorough, and helpful reviews. In fact, when I presented my thoughts and proposals to the ACC Publications Committee for the Editor-in-Chief position, this concept was central in my theme. The best papers need the best authors with the best science. But how can we as an interventional cardiology society fairly and accurately assess manuscripts and help make them the best possible? How can we recruit, train, and

retain the best reviewers? For sure, being a great reviewer takes a mixture of experience, commitment, passion, and time. So, with this Editor's Page I would like to send huge heartfelt thanks to all our reviewers! I so appreciate you as do the many authors and readers who have benefited from your evaluations and suggestions! I am hopeful that readers of this issue of the journal will pause for a moment, thinking not only of the hard work the authors put into their study and its presentation, but also the reviewers who spent time making the paper yet better. Let us for just this moment think of the RVU not as the relative value unit, but as the reviewer value unit. We must never forget the "why" great reviewers are needed and important, and so let me give a shout out to some of the top reviewers ([Table](#)) for the journal so far this year. These individuals (roughly the top 10%) not only did a high number of reviews for the journal (7.6 on average), but also were graded among the top reviewers regarding quality and timeliness of their reviews. Bravo!

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