Unfortunately, this issue of affordability and budget impact may have direct implications for the incorporation of SGLT2 inhibitors into routine clinical practice and the related viability of a 4-pillar strategy as a new standard of care. Approximately 67% of the estimated 3.1 million patients with heart failure and reduced ejection fraction in the US are expected to be candidates for SGLT2 inhibitors. At the current Medicare Part D drug pricing (approximately $16 per pill), full deployment of dapagliflozin in eligible candidates would increase the annual societal cost of heart failure management by $12 billion. Sacubitril-valsartan, which has had an unexpectedly slow incorporation into US clinical practice since receiving US Food and Drug Administration approval in 2015, is similarly priced, has comparable clinical effectiveness, and is cost-effective. The reasons for its anemic uptake are incompletely defined, but even with full inclusion on formularies and elimination of preapproval requirements, use remains very low, and patient-borne out-of-pocket costs may be a key factor. Analyses of claims data suggest that rates of abandonment of new prescriptions at retail pharmacies are less than 5% when there are no out-of-pocket costs but increase to approximately 45% when out-of-pocket costs are $125 and 60% when out-of-pocket costs exceed $500.

Will the 4-pillar standard of care represent passage into a new era of heart failure treatment, or will the economics of the 4 pillars signal nothing further beyond current practice? With more emerging heart failure therapies on the horizon (eg, vericiguat, omecamtiv mecarbil), clinicians and patients are faced with the possibility of even more (expensive) pillars to come. Hercules, for all his strength of purpose, did not have to contend with the cost consequences of what he did. Modern medicine does.

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Equity and the JAMA Network
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The key objective of JAMA is “To promote the science and art of medicine and the betterment of the public health”; similar objectives and mission statements are supported by all 12 JAMA Network Journals. Together this family of journals is committed to publishing the best research, reviews, and opinion articles to advance medical science, promote public health, and improve patient care. The ultimate goal is to promulgate truth in science and medicine. On February 23, 2021, a podcast titled “Structural Racism for Doctors—What Is It?” was posted by the JAMA Network and...
Box. Ongoing and New Editorial Priorities and Key Approaches of JAMA and the JAMA Network Journals to Strive for and Promote Diversity, Equity, and Inclusion (DEI)


Appoint an Editorial Director of Equity: Conduct a national search to identify and recruit a full-time, senior-level editor to serve as director of equity at JAMA and the JAMA Network, reporting to the JAMA editor in chief. This editor will lead efforts to promote equity at JAMA and help guide efforts of other editors for equity at each of the JAMA Network Journals.

Convene DEI Summit: Convene a multidisciplinary summit including leaders with expertise in DEI from medicine and other disciplines; JAMA and JAMA Network editors and editorial boards; researchers; authors and peer reviewers; practicing physicians, residents, other early-career physicians, and medical students; and other groups to provide input and suggestions for editorial and journal policies, procedures, and programs concerning these issues.

Improve Editorial Diversity: Continue to increase the diversity of editors, editorial boards, advisory committees, and editorial staff of JAMA and the JAMA Network Journals in terms of self-identified gender, race, ethnicity, and intersectionality, and recruit qualified physicians and researchers with specific expertise in topics related to DEI in biomedical research, clinical investigation, and health policy. Publish statistics on the diversity of the editors and editorial boards on each journal website.

Promote Awareness of and Responsibility for DEI: Promote and support education, awareness, and conversations about issues and concerns related to DEI and subconscious or implicit bias among editors, editorial board members, and editorial staff. Encourage all to commit to increasing understanding, listening, acceptance, self-reflection, and change. Ensure that all policies and procedures contribute to an inclusive and antiracist environment and culture.

Formalize Process for Assessment and Reporting: Establish an assessment and reporting committee consisting of JAMA and JAMA Network Journal editors and editorial board members and those with expertise in DEI to develop metrics for measuring success; monitor ongoing initiatives and progress; report at least biannually to the editor in chief, editorial director of equity, and journal oversight committee; and recommend approaches for public reporting.

Expand Editorial Fellowship Program: Develop fellowship programs in medical editing for physicians underrepresented in medicine to acquire education and training in medical journalism and scientific editing at JAMA and the JAMA Network Journals.

Hold Seminars on Excellence in Scientific Writing: Provide writing and publishing seminars specifically for fellows of populations underrepresented in medicine and early-career faculty to help increase success in accepted publications in JAMA Network Journals and other medical journals.

Continue to Publish Articles on DEI: Continue to publish important research, review, and opinion articles on DEI while continuously updating the Health Disparities Topic Collection, which includes numerous articles on a wide range of topics related to DEI, including the compendium of research, review, and opinion articles on race, racism, and racial and ethnic disparities and inequities that have been published in JAMA and the JAMA Network journals during the last 5 years.1

Identify and Invite Peer Reviewers and Authors of Opinion Articles With DEI Expertise: Enhance and increase inclusion of peer reviewers with expertise in DEI across the JAMA Network Journal databases. This includes nearly 40 subject areas in the databases under the primary category of “diversity, equity, and inclusion.” From this expanded network, identify authoritative authors on these topics when inviting editors and commentators.

Encourage Authors to Address Systemic and Structural Problems to Advance DEI: For research manuscripts directly related to specific issues involving social determinants of health and DEI, encourage authors to provide a balanced discussion of the implications of the findings for addressing institutional racism and structural racism, including in the health care system. For relevant articles, solicit authoritative editors or invited commentators to discuss the implications of the reports for advancing DEI in research, health care, and society.

Review and Update Inclusive Language Guidance for Authors and Editors: Regularly review and update guidance for authors and editors on the use of inclusive language in medical and science journals, including reporting policies and preferred usage of terms related to race and ethnicity, sex and gender, sexual orientation, age, socioeconomic status, and persons with diseases, disorders, or disabilities (as provided in the AMA Manual of Style) and in each journal’s Instructions for Authors.

Update Statistical Analysis Guidance: Convene a meeting of the statistical editors for JAMA and the JAMA Network to discuss and make recommendations on how variables related to race and ethnicity and social determinants of health are used in statistical analyses and reported in research articles.

Participate in International Collaboration on Standards and Policies: Participate in the Royal Society of Chemistry’s Joint Commitment for Action on Inclusion and Diversity in Publishing.10 The JAMA Network has joined this international collaboration with many other prominent journal publishers that are working to ensure a more inclusive and diverse culture within scholarly publishing, such as by determining methods for collection of data from authors and reviewers regarding gender, race, ethnicity, and other factors; establishing procedures for ethically appropriate collation, use, and monitoring of those data; and sharing policies and standards on inclusion and diversity in publishing.

on the following day, a tweet was posted to promote the podcast. Assertions in both that disavowed the presence of structural racism in medicine and among physicians were wrong, misguided, and uninformed. An extensive evidence base strongly supports the presence of structural racism in medicine and its adverse influence on health.1 The process for reviewing and publishing the podcast and tweet was also flawed. On March 4, 2021, Howard Bauchner, MD, editor in chief of JAMA and the 12 JAMA Network Journals, took responsibility and issued an apology for the podcast and tweet. This editorial team also expresses a profound apology for the misinformation in the podcast and tweet and recognizes the hurt, anger, and outrage that resulted.

These events and developments make it clear that JAMA and the JAMA Network Journals can and must do better and advance toward inclusion and antiracism in all journal-
related activities. Even though these journals have made progress, additional commitment and work are needed to build on and intensify these efforts to achieve meaningful, sustainable change. For instance, previous efforts include the more than 650 research, review, and opinion articles on race, racism, and racial and ethnic disparities and inequities that have been published in JAMA and the JAMA Network Journals since 2015, including editorials in JAMA on topics such as race and medical research, race and poverty and medicine, enhancing diversity in medical schools, and equity related to COVID-19 vaccines.

In addition, within the past year, JAMA Network Open and JAMA Health Forum issued calls for manuscripts on prevention and effects of systemic racism in health; JAMA Psychiatry initiated an editorial fellowship prioritized to early-career academic psychiatrists from underrepresented backgrounds; and JAMA Surgery issued a “Call to Action” to all surgery journal editors for diversity in the editorial and peer review process. The JAMA editors and editorial staff also began a thorough revision of guidance for authors and editors on reporting race and ethnicity in medical journals and earlier this year issued a wide call for feedback. The journals had been charged to continue to diversify their editors and editorial board members; as of May 15, 2021, among the 346 editors and editorial board members across JAMA and the JAMA Network Journals, 71% are White, 19% are Asian, 6% are Black, and 4% are Hispanic. Within this group, 38% are women, including 4 editors in chief of 4 JAMA Network Journals.

The editors of JAMA and the JAMA Network Journals remain steadfastly committed to improving diversity, equity, and inclusion. As an important next step, the editors herein have developed a range of editorial priorities and approaches to strive for and promote diversity, equity, and inclusion (Box).

These currently stated editorial priorities serve as a revised foundation to support a comprehensive, meaningful, and sustainable strategy that addresses diversity, equity, and inclusion across JAMA and the JAMA Network journals. The strategy also involves the need to further reflect on other aspects of individual and structural bias within the network where additional areas of improvement can be identified and addressed.

The guiding principles of implementation involve inclusion, from a broad-based conceptual perspective regarding inclusivity, not simply based on representation; welcomes science that reflects the intersectionality of inclusion, equity, and health; and includes diverse individuals and perspectives among the editorial leadership, the editors and editorial staff, and editorial boards of the JAMA Network Journals;

accountability, as reflected in accepting responsibility to promote diversity in all aspects of the scientific publication process;

transparency, accomplished with public reporting of progress and next steps; and

opportunity, by leveraging the influence of the JAMA Network as a leading voice on equity and providing education for the next generation of authors, peer reviewers, and editors.

Achieving equity will involve more than multistep processes and articulated mission statements; culture change is necessary. At this point in the arc of medicine and scientific publication, it is crucial for all journals to fulfill renewed editorial and journal missions that include a heightened and appropriate emphasis on equity and publication of information that addresses structural racism with the goal of overcoming its effects in medicine and health care. The JAMA Network Journals and other leading medical journals must take clear steps to do better, with more awareness, more transparency, more accountability, and more diversity. This is all for the good. The intersection between society, health, and equity is clear and addressing structural racism, including in medical journalism, is essential to improving health.

Change is a dynamic process and input is a key driver of change. Feedback from the readers of JAMA and the JAMA Network Journals is welcome, including comments, criticisms, and suggestions.

To best serve physicians, other health care professionals, patients, and the public, it is appropriate for all journals to prioritize commitments to equity, assess editorial culture, and execute needed changes. There is no greater calling for JAMA and the JAMA Network Journals, and for all medical publications, than advancing the science and art of medicine and the betterment of public health. Today, and for the future, these goals will be accomplished by championing diversity, equity, and inclusion in all aspects of clinical care, biomedical research, health policy, and society.
REFERENCES


