

Howard Bauchner, MD, Receives BU's Highest Alumni Award

Howard Bauchner, MD (MED'79), is editor-in-chief of the *Journal of the American Medical Association (JAMA)*, the most widely circulated and one of the most prestigious medical journals in the world. Boston University recognized Bauchner's outstanding contributions to the medical profession by presenting him with a Distinguished Alumni Award, BU's highest alumni recognition, during the University's Alumni Weekend on September 20.



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BAUCHNER OVERSEES the publication of 48 JAMA print issues per year with a circulation of more than 325,000, and several weekly online releases accessed more than 14 million times annually. Until he assumed his role at JAMA in July of 2011, he spent more than 35 years of his academic and professional life at BU as

a medical student, resident in pediatrics, teacher, researcher, and clinician. He completed his undergraduate training at the University of California, Berkeley, and pediatric residencies at Boston City Hospital and Yale-New Haven Hospital and served as a Robert Wood Johnson Foundation Fellow in General Pediatrics at Yale from

1984 to 1986. He rose to the rank of professor of Pediatrics and Public Health at BUSM and served as director of the Division of General Pediatrics and vice-chair of Academic Affairs at BUSM and Boston Medical Center. While a member of the BUSM faculty, he was selected to be a scholar-in-residence at the Center for the Future of Children at the David and Lucile Packard Foundation and associate visiting professor of pediatrics at Stanford University. He also served as a child and adolescent health scholar-in-residence for the Agency for Health Care Research and Quality in Washington, DC.

He conducted clinical and health services research for more than two decades, publishing more than 125 papers in peer-reviewed journals. His research has received support from the National Institutes of Health, foundations, and industry.

You became editor-in-chief of JAMA three years ago. What made you want to be part of publishing a medical journal?

I have always been a journal junkie. I always was reading the medical literature, keeping up with it and using it for teaching and making clinical decisions. Then journals went electronic and that radically transformed the world of medical journalism. About 10 years ago, I was lucky that my old mentor, the late Joel Alpert (former professor and chair of pediatrics at BUSM), recommended me to the journal *Archives of Disease in Childhood*, the official publication of the Royal College of Paediatrics and Child Health in the United Kingdom. They were looking for an editor-in-chief and took me

as their first American editor; I ultimately became editor-in-chief. They gave me many opportunities for experimentation. I have worked to understand how print and digital journals should be used to move scientific information from investigators into the broader medical community.

Why is JAMA important?

Journals are the conduit by which the scientific community communicates with the larger medical community and with the public; they move scientific information around the world. Few journals do that as effectively as JAMA. JAMA is a legacy journal in the sense that it originated in print along with the three other weekly journals—*NEJM*, *Lancet*, and the *BMJ*—that are the most prestigious medical journals in the world. Though we are a weekly, with the onset of digital media we publish almost daily online, so just five minutes ago we published online, ahead of print, a viewpoint on Ebola and the crisis in Africa. There are many media outlets that are doing an excellent job covering the Ebola crisis, but that coverage has not focused on important ethical and public health issues, which are the focus of the viewpoint. As a respected voice in medicine around the world, JAMA can influence clinical care and policy debates.

What is your philosophy of communicating scientific/medical research?

First, what we publish must be valid. Second, it is very important that authors not overstate the value of their research. Very few studies change practice overnight; most often they add to a complicated

story about a particular issue. At JAMA, we make sure that the authors interpret results appropriately and we use our editorial pages to place articles in the broader context of health, health care, and the health care system.

As a communications network, it is very important that content is communicated in different formats. In some regards we need to be an agnostic communicator of information. Our readers should have access to print or electronic versions of our content, on mobile devices or computers. We need to have audio and video. The way the world of communication has changed in the past 10 years necessitates changes in the way journals must communicate their content.

What are some of the recent changes at JAMA?

JAMA has been a magical name for decades so I thought the use of the name as a brand was very important. The notion of creating a network of journals all branded JAMA was a priority, hence JAMA and The JAMA Network. What used to be nine archives of journals now have the JAMA name and the name change—and the new and unified website—have raised their visibility.

Although I think this was difficult for many people, the print redesign of JAMA was symbolic in signaling updates to our content. The redesign allowed us to create domains for our readers whether they access our content in print or electronically, and helped to reinforce the major domains. For example, in a discussion with a senior member of American medicine, he mentioned that he really loves JAMA's viewpoints

and was pleased we added them to the journal. Actually, JAMA has had opinion pieces for many years, but they were in the back of the journal and hard to discover. Even though we had great content it was hard to find, so the redesign has enhanced the visibility of our content.

We have moved aggressively into social media. When I came to JAMA we had about 20,000 followers on Twitter and Facebook, and our online version went to 50,000 people. Now, we have 225,000 Twitter and Facebook followers, and we send out our weekly ETOC (electronic table of contents) alert to close to 400,000 physicians. The way we connect with the world has fundamentally changed over the past three years. We touch between 750,000 and 1,000,000 readers with our content each week.

We know ultimately we have to engage with our readers more effectively; we are not quite there yet. I think Twitter and Facebook may serve a different purpose than the normal website or print. Social media connects us with the world in a way print and web content don't. There is a multiplier effect. In some regards you do it because it is the modern way to touch the medical community but also it is a way to drive people to our website. Yet, the conversation remains unidirectional. Our goal is to develop effective bidirectional communication with the scientific and clinical communities.

We have created a new app called the JAMA Network Reader that allows our content to be disseminated free around the world. We have created many new article types called "shorts." These are two-page synopses of the literature,

including meta-analyses, guidelines, and statistical methods, that are useful and easy to read for the busy clinician. It has been a busy three years.

Will social media help you to better connect with medical students?

We know medical students value JAMA, but they may want to engage with us in a different way. I think it is how an individual wants to engage with our content that is important. For example, some folks may not like the content in shorter versions, but some certainly will. Reading habits have changed and will continue to evolve. We want to give people options with respect to our content. Although we have accomplished a great deal—and I do mean we—there are many people in editorial and publishing working long hours to modernize JAMA. We have much, much more to accomplish.

Do you see yourself as an advocate?

I want to ensure that the pages of JAMA can critically add to the discussion about complex clinical, policy, and ethical issues that affect patients around the world. It is my preference to ensure that JAMA is a platform for experts to communicate their thoughts and ideas about important topics. For example, nine months ago we commissioned a viewpoint on uterine morcellation by two leading scholars. Subsequently, we published a research letter that details some of the associated risks of cancer in women who undergo uterine morcellation. Along with other publications and professionals, a critically important discussion about this procedure has ensued as well as

a review of how it is used. This is an important example of how JAMA can contribute to discussion and debate about complex medical issues.

How did your years at BU prepare you for your career?

It has been the richness of the Boston University community for 30-plus years that has allowed me to thrive. Whatever I have accomplished in my life is due to my mentors and the environment that I was allowed to succeed in. Howard Koh, the former US Assistant Secretary for Health, was my resident as a medical student. During residency, Joel Alpert, then professor and chair of pediatrics, and faculty members Ben Siegel, Steve Pelton, and Barry Zuckerman were such wise and caring physicians who taught me about the importance of clinical care and listening to patients. Jerry Klein, a gentleman and scholar, has provided lifelong wisdom. I was allowed to complete sabbaticals under Alpert and his successor, Zuckerman, allowing me time to think without the pressure of writing grants or seeing patients. And of course my many, many colleagues over the years—Bob Vinci, Bobbi Philipps, Bill Adams, Megan Sandel, Jason Wang, and Michael Silverstein—have provided continued stimulation and inspiration.

What is in the future?

JAMA will continue to be one of the most influential journals in the world, but it must continue to evolve and adapt to changes in publishing. We must reach out to our authors and readers to seek their advice as to what we can do better, and how we can improve. ■