

GUIDE FOR AUTHORS

As the official journal of the International Society for Pharmacoeconomics and Outcomes Research (ISPOR), *Value in Health* provides a forum for researchers, health care decision makers, and policy makers to translate pharmacoeconomics and outcomes research into health care decisions. The goal of *Value in Health* is to advance scholarly and public dialogue about the assessment of *value in health* and health care.

Increasingly, health care decision makers and policy makers are seeking outcomes research information (comparative treatment effectiveness, economic costs and benefits, and patient-reported outcomes) that can guide them in health care resource allocation, and in evaluating alternative treatments and health services interventions. *Value in Health* contains original research articles in the areas of economic evaluation (including drugs and other medical technologies), outcomes research ("real world" treatment effectiveness, and patient-reported outcomes research), and conceptual, methodological, and health policy articles. All published articles must be conducted in a rigorous manner and must reflect valid and reliable theory and methods. Empirical analyses and conceptual models must reflect ethical research practices and provide valuable information for health care decision makers and the research community as a whole.

Value in Health welcomes papers that make substantial contributions to the existing literature by providing new evidence or ideas that extend the current knowledge base. As such, manuscripts should describe the unique contribution of the article and place the current paper in context with prior publications. *Value in Health* does not consider papers reporting data series or data sets that do not include appropriate statistical analyses. The journal uses the peer review process to assure rigorous and transparent use of statistical methods. *Value in Health* also requires that papers reporting modeling results include sensitivity analysis of key and influential model parameters.

MISSION STATEMENT

The mission of *Value in Health* is to set a high scientific standard using editorial review and peer review, not just to screen articles, but also to foster communication within the research community—facilitating knowledge-sharing between the outcomes research community and health care decision makers. As such, the editors of *Value in Health* aim to enhance the validity, reliability, and transparency of pharmacoeconomics and outcomes research and its real-world applicability.

EDITORIAL SCOPE

The journal provides a forum for the advancement and dissemination of knowledge and research in pharmacoeconomics and the health-related outcomes of interventions used to treat disease. To that end, the journal encourages original contributions in applied and theoretical pharmacoeconomics, and in the theory, measurement, analysis, and translation of health-related outcomes research. In keeping with its broad mission, *Value in Health* also will accept methodology papers and systematic reviews of empirical and theoretical literature in pharmacoeconomics and outcomes research.

Authors are invited to submit research articles that are based on coherent models, empirical studies, and theoretical work having pragmatic or policy-relevant implications. Appropriate valuation of health care interventions requires multidisciplinary perspectives and assessment of economic and outcomes data. Therefore, the journal welcomes theoretical and empirical articles about health effects and health costs that strive to improve the quality and reliability of outcome evaluations of health care interventions—contributed not only by economists, but also by behavioral psychologists, sociologists, clinicians, ethicists, and others. *Value in Health* is particularly interested in receiving articles in the following areas:

Economic Evaluations

Economic evaluations that assess the costs and consequences of alternative health care interventions are of interest, including those involving drugs, devices, procedures, and systems of organization of health care. However, studies that only consider costs, or the economic burden of disease, are less likely to be accepted unless they address important methodological or policy issues.

Patient Reported Outcomes

There remain many challenging empirical and theoretical problems in the concept and measurement of patient-reported outcomes (PRO) including health-related quality of life (QoL). Articles presenting research

on the development of measures for PRO/QoL instruments, especially innovative ways of assessing content or construct validity are invited. (See also 'Country Adaptations' below.)

Preference-Based Assessments

Research on the development and use of various types of instruments to express the value of health care, including health 'utility' assessments, discrete choice experiments/conjoint analyses, and assessments of individuals' willingness-to-pay is encouraged. (See also 'Country Adaptations' below.)

Comparative Effectiveness Research/Health Technology Assessment

Although it is difficult to be precise about the nature of the articles in this category (see Luce et al, *The Milbank Quarterly* 2010;88: 256-276 for one taxonomy), *Value in Health* welcomes articles presenting information that can assist those deciding on the efficient and equitable allocation of health care resources by examining the relative value of interventions. In some cases relative value may be addressed by considering only clinical outcomes, although normally it will involve considering patient-reported outcomes/quality-of-life measures, and impacts on resource utilization. Articles in this category can report the results of primary research, or present findings from metaanalyses or systematic reviews of the existing literature.

Health Policy Analyses

The journal invites articles that discuss various aspects of health policy, in particular those concerned with pricing and reimbursement issues, the adoption of new health technologies, or policies to encourage 'value-based' decision-making. However, the journal's scope does not include papers dealing with more general issues of health care financing, health insurance, and cost-containment measures.

COUNTRY ADAPTATIONS

Value in Health recognizes that it is sometimes instructive to publish the results of pharmacoeconomics and outcomes research studies relating to more than one country. In the case of economic evaluations, this might involve using a model that was previously developed for an evaluation of a given intervention in another country. In the case of outcomes research, this might involve the validation of a quality of life instrument in another language or different jurisdiction. The journal is willing to consider such papers for publication, but only if they make a *substantial independent contribution to the literature*. Those submitting country adaptations should indicate (in the paper and their covering letter) what they consider the substantial independent contribution to be. It will not be sufficient to state that 'results for intervention X have not previously been reported for country Y'.

For more information about 'Country Adaptations', [click here](#).

FOLLOWING GOOD PRACTICES FOR OUTCOMES RESEARCH

Value in Health publishes the reports on "Good Practices for Outcomes Research" developed by Task Forces appointed by the ISPOR Board of Directors. There are now more than 65 Task Force Reports, which can be accessed via the following link (http://www.ispor.org/workpaper/practices_index.asp). These Task Force reports provide guidance for best practices across a variety of research areas, including methods related to articles relevant to the scope of *Value in Health*. These include comparative effectiveness research, economic evaluation, observational studies, patient-reported outcomes, modelling, preference-based methods and the use of outcomes research in decision-making.

Although *Value in Health* does not prescribe any particular research methods, the Editors strongly encourage authors to review the ISPOR Good Practices for Outcomes Research reports relating to the methods or topics covered by their paper. The reports are written by thought leaders in the various fields of research and are extensively peer-reviewed by members of the Society.

Some of the Task Force reports address the reporting of research studies. Irrespective of the methods used in a particular study, *Value in Health* feels that adherence to accepted standards of reporting is important. Therefore, if your paper reports an economic evaluation, we recommend that you follow the [CHEERS guidelines](#). If your analysis is based on a model, we recommend that you follow the guidance in the

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ISPOR-SMDM Task Force [report on model transparency and validation](#). Other reporting standards of particular relevance of authors of papers in *Value in Health* are the PRISMA guidelines for the reporting of systematic reviews and the CONSORT guidelines for reporting the results of studies assessing health-related quality of life/patient-reported outcomes.

ARTICLE CATEGORIES

Value in Health considers articles in the following categories, which make up the sections of the journal. However, in an effort to standardize article categories across their platform of journals, Elsevier uses a different nomenclature for article types in their online submission system. Listed below are the article categories for *Value in Health*, followed in parenthesis by the equivalent name used in the online submission system. When submitting a manuscript through our online system, authors should indicate the appropriate category under which they wish their paper to be considered. All submissions will be considered for peer review prior to publication, with the exception of Editorials and Letters to the Editor, which will be reviewed internally by the Editors.

Original Research (research paper) These papers report the findings of original research and may contain the results of empirical analysis, instrument development, or policy analysis. Word count (excluding references) should not exceed 4000 words and contain no more than 6 graphic elements (ie, combined total of tables and figures).

Methodological Articles (methodological article) As the name implies, these papers deal with methodological issues in any of the topic areas within the scope of the journal. They can include data if these are required to illustrate the importance of particular methodological points. Methodological articles can be up to 3500 words, excluding references, and may have up to 6 figures or tables.

Policy Perspectives (opinion paper) These papers discuss important health policy topics within the scope of the journal. They may reflect conceptual pieces or reviews of the literature. Word count (excluding references) should not exceed 3000 words and contain no more than 4 graphic elements (ie, combined total of tables and figures).

Systematic Reviews (review article) These are papers containing reviews of empirical studies consistent with the methods of systematic review proposed by the Cochrane Collaboration. However, they need not be confined to reviews of randomized controlled trials and can include reviews of observational studies, economic evaluations, outcomes research studies, and preference-based assessments. Word count (excluding references) should not exceed 4000 words and contain no more than 6 graphic elements (ie, combined total of tables and figures).

Brief Reports (short communication) These are empirical analyses with a more narrow focus than original research articles and generally a single aim. Word count (excluding references) should not exceed 2500 words and contain no more than 2 graphic elements (ie, combined total of tables and figures).

Commentaries (commentary) These are brief (typically >2000 words with 1 table or figure) papers that present a particular perspective on a timely or controversial topic. They do not necessarily need to be based on original research or reviews of the literature and can be based on opinion, providing the points made are transparent and well-argued. While Commentaries are typically invited contributions, the Editors will consider unsolicited submissions.

Good Practices for Outcomes Research Task Force Reports (personal report) Critics point out that pharmacoeconomics and outcomes research lack consensus regarding methodological approaches, underlying theoretical paradigms and presentation of results. *Value in Health* serves as a forum for dissemination of the ISPOR Good Practices for Outcomes Research reports, as well as articles on the philosophical foundations of pharmacoeconomics and outcomes research. Task Force Reports are commissioned by the ISPOR Board of Directors and are developed by key thought leaders in their respective fields through a consensus development process. All Task Force reports are peer-reviewed by ISPOR members through the Society's website prior to submission to *Value in Health*. Task Force reports often contain substantial reviews of the literature and can be up to 5000 words long, or published in several parts.

Editorials (editorial) Editorials are commissioned by the editorial team and often accompany a paper published in the same issue of the journal. Word count should not 1000 words, but exceptions can be made with agreement from the editors.

Letters to the Editor (correspondence) Customarily, letters refer to content published in the journal within the past 6 months. Authors of the article to which the letter refers will be given the opportunity to reply, and

if a response is issued, both the letter and the reply will be published in the same issue of the journal.

I. MANUSCRIPT SUBMISSION AND SPECIFICATIONS

Value in Health uses a web-based submission system. To submit a manuscript, please create an account and log on here: <http://ees.elsevier.com/jval>. For assistance, authors may contact the *Value in Health* editorial office at: vheditor@ispor.org.

If submissions are larger than 500 KB, they should be compressed using PKZIP or WINZIP.

Each submission should contain separate documents as follows:

1. COVER LETTER The cover letter should include: 1) title of the manuscript; 2) name of the document file(s) containing the manuscript and the software (and version) used; 3) name and all contact information for the corresponding author and a statement as to whether the data, models, or methodology used in the research are proprietary; 4) names of all sponsors of the research and a statement of all direct or indirect financial relationships the authors have with the sponsors; and 5) if applicable, a statement that the publication of study results was not contingent on the sponsor's approval or censorship of the manuscript.

2. TITLE PAGE The title page should contain the following: 1) title; 2) full names (first and surname) of all authors including academic degrees and affiliation(s); 3) name, mailing and email addresses, telephone and fax numbers of corresponding author (with whom all correspondence will take place unless other arrangements are made); 4) all sources of financial or other support for the manuscript (if no funding was received, this should be noted on the title page); 5) at least four key words for indexing purposes; 6) a running title of not more than 45 characters including spaces; and 7) acknowledgements (if applicable).

3. MANUSCRIPTS Manuscripts must be written in English, typed in Microsoft Word (2003 or later; .doc or .docx file formats). Manuscripts should be in 8.5x11-inch page format, double-spaced with 1-inch margins on all sides and size 10 font (Arial or Times New Roman fonts are preferred). Minimal formatting should be used (ie, no justification, italics, bold, indenting, etc). There should be no hard returns at the end of lines. Double-spacing after each element is requested (eg, headings, titles, paragraphs, legends). Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations) should be consulted for specific style issues not addressed here.

a. HIGHLIGHTS *Value in Health* publishes papers that add to the literature in a substantive way to inform health care decision making. Therefore, during the submission process, authors are asked to identify several "Highlights" that illustrate the paper's contribution to the field. Highlights should not summarize the article, but rather should highlight the novel insights related to *value in health* care delivery that the paper provides.

- i. What is already known about the topic?
- ii. What does the paper add to existing knowledge?
- iii. What insights does the paper provide for informing health care-related decision making? (optional)

b. ABSTRACT An abstract of 250 words or less is required that summarizes the work reported in the manuscript. Original research manuscripts should use a structured format for the abstract (eg, Objectives, Methods, Results, and Conclusions).

c. TEXT The body of the manuscript should be divided into sections that facilitate reading and comprehension of the material. This should normally include sections with the major headings: Introduction, Methods, Results, Conclusions, and References. Acknowledgments (if applicable) should be included in the title page and not in the body of the manuscript. There should be no footnotes. Figures (inclusive of figure legends) and tables must be submitted as separate files, independent of the main manuscript file. Section headers (first, second, third, etc.) should also be included.

d. REFERENCES References should be listed in a separate section and numbered consecutively with Arabic numerals in the order in which they are cited in the text. Referencing software, superscripts, or any other electronic format should not be used when referencing, neither in the text nor the reference list. Citing unpublished or non-peer-reviewed work such as abstracts and presented papers is discouraged. Personal communications may be indicated in the text as long as written acknowledgment from the authors of the communications accompanies the manuscript. Reference style should follow the *AMA Manual of Style: A Guide for Authors and Editors* (10th ed). Boston: Oxford University Press, 2007. If there are six or more authors, use only the names of the first three, followed by et al. The four most common types of references are illustrated below for example.

Journal article: Surname and initials of author(s), title of article, name of journal, year, volume number, first and last page.

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