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## EDITORIAL

## Improving the Quality of Papers Published in Pharmacoeconomics and Outcomes Research

**Keywords:** health services research, reporting standards.

In this issue of *Value in Health*, we publish both the ISPOR Task Force Report [1] and the consensus statement (available only online at <http://dx.doi.org/10.1016/j.jval.2013.02.010>) [2] produced by the Consolidated Health Economic Evaluation Reporting Standards (CHEERS) group. The focus of these documents is on improving the quality of reporting of economic evaluations of health care interventions. Economic evaluations represent a significant proportion of the articles published in *Value in Health*, and by publishing these guidance documents, we are lending our support to the group's recommendations. The CHEERS group methodology is consistent with that used to produce similar consensus statements as part of the CONSORT initiative [3], which has considered many aspects of the reporting of the findings of clinical studies.

In addition to *Value in Health*, the statement is being simultaneously published by *BMC Medicine*, *BMJ*, *Clinical Therapeutics*, *Cost-effectiveness and Resource Allocation*, *The European Journal of Health Economics*, *International Journal of Technology Assessment in Health Care*, *Journal of Medical Economics*, and *Pharmacoeconomics*, other journals which frequently publish economic evaluations in our field. The intention is to stimulate potential authors of health economic evaluations to aspire to the recommendations outlined in both the statement and the supporting elaboration document.

The CHEERS group was an ISPOR Good Research Practices Task Force, established by the Board of Directors in 2009. *Value in Health* is committed to publishing all ISPOR Task Force reports, and the CHEERS elaboration document represents the 40th in the series. The ISPOR Good Practices for Outcomes Research series ([www.ispor.org](http://www.ispor.org)) has dealt with issues concerning the methodology of pharmacoeconomics and outcomes research studies in the areas of comparative effectiveness research, economic evaluation, modeling, observational studies/databases, medication adherence studies, patient-reported outcomes, preference-based assessments, and risk-benefit analysis. Although the impact of ISPOR Task Force reports has never been formally evaluated, they are among the most widely cited articles published in *Value in Health* and collectively generated 175,000 downloads from the ISPOR Web site in 2012 alone. Therefore, it is likely that task force recommendations have positively influenced the quality of pharmacoeconomics and outcomes research studies.

There are also other actions journals can take to improve the quality of published studies. First, they can be clearer on the standards to which they expect authors to aspire. In *Value in Health*, we recently revised our *Guide to Authors* (<http://www.ispor.org/publications/value/submit.asp>), with the aim of giving more

precise guidance on the kinds of articles the journal is interested in. We stressed our interest in publishing more methodological articles. Indeed, the first two winners of the *Value in Health* Article of the Year Award, established in 2009, were both methods articles. We also gave a clearer statement of the standards we expect to see in some of the empirical articles we publish. In particular, we expect articles reporting burden of illness studies either to demonstrate that they incorporate methodological advances or to address an important policy issue.

In addition, we expect “country adaptations,” namely, articles reporting results for a given country using methods similar to those previously used for other countries, such as an adaptation of an existing model or an existing quality-of-life instrument, to make a substantial original contribution to the literature and to offer insights that will be of use to other researchers wishing to adapt the analysis to other countries. In the case of economic modeling studies, a substantial independent contribution would involve going beyond merely substituting data on the key parameters for the second country. It would also include an analysis of the suitability of the model structure for use in the second country, a discussion of which model parameters differ greatly for the second country and whether the policy context was sufficiently different to require a different interpretation of the results (e.g., different cost-effectiveness threshold(s), different perspectives on costs, or different incentive structures for the adoption of the new intervention). In addition, it would be useful to discuss what, if anything, can be learned from the model adaptation that could inform its use in other jurisdictions.

In the case of validations of quality-of-life instruments in a different jurisdiction, a substantial contribution would involve going beyond merely translating and back-translating the instrument. It would also involve a discussion of cultural differences between the countries that could affect the use or interpretation of the instrument and whether judgments about the relative weights to be assigned to changes in different domains, or the assessment of a quantitatively important change, are likely to differ across settings. As in the case of the economic modeling studies, it would also be useful to discuss what—if anything—can be learned from the given country adaptation that could inform adaptations to other jurisdictions.

The second action that journals can take is to improve the efficiency of their own editorial processes to reduce the burden on authors and reviewers. In common with many journals in the health services research field, our online manuscript submission system is slightly more resource intensive for authors at the time of submission but assists in managing the editorial task by

enabling the editorial team to track the progress of articles through the various stages of review and to issue reminders to individuals where there are delays.

Delays in the editorial process are a major concern both to authors and to journal editors. The central problem is that peer review is essentially a voluntary activity that has to be accommodated alongside the formal job responsibilities of reviewers and coeditors. Although recognizing that one will never solve the problems of delays completely, in *Value in Health* we have taken several steps to bring about improvements. First, in collaboration with our coeditors we introduced new reviewing guidelines, with the aim of speeding up the review process at all stages. For example, the guidelines encourage coeditors to reject articles without review if they have reason to believe that the level of interest or methodological quality of an article is unlikely to meet the journal's standards. This avoids wasting reviewers' time, and thus they can concentrate on helping the journal improve the quality of the articles that it publishes. It also provides a faster response time to authors whose articles are the least likely to make it through to publication in *Value in Health*. Second, the guidelines encourage coeditors to make a decision at the earliest possible stage, rather than seeking additional reviews, or re-reviews, which are only likely to be confirmatory. Of course, despite these measures, some articles (perhaps one of yours!) are still in the review process longer than the journal would like, especially in cases where the reviewers are divided on whether or not the article should be published. Nevertheless, in the past 2 years, the measures we have taken have resulted in an increase in the proportion of articles rejected without review from 21.7% in 2010 to 35.6% in 2012. For those articles that are sent out to review, we are continuing our efforts to decrease the time to first decision, although this is proving more challenging because it requires the cooperation of reviewers as well as our own editorial team.

We would welcome other suggestions from the journal's readership and authors on other measures that should be taken to improve the quality of published articles in pharmacoeconomics

and outcomes research. We recognize that there is a need for continuous improvements in the quality and transparency of the peer-review process and are grateful for any help that is offered. Nevertheless, we remain optimistic about the progress of research in our field and look forward to publishing even more outstanding articles in the future.

Michael F. Drummond, PhD\*

Centre for Health Economics, University of York,  
Heslington, York, UK

C. Daniel Mullins, PhD\*

University of Maryland School of Pharmacy, Baltimore, MD, USA

1098-3015/\$36.00 – see front matter Copyright © 2013,  
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Research (ISPOR). Published by Elsevier Inc.  
<http://dx.doi.org/10.1016/j.jval.2013.02.001>

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\*Address correspondence to: Michael F. Drummond, Centre for Health Economics, University of York, Heslington, York, UK YO10 5DD and C. Daniel Mullins, University of Maryland School of Pharmacy, Pharmaceutical Health Services Research, 220 Arch Street, 12th Floor, Baltimore, MD 21201.  
E-mail: [mike.drummond@york.ac.uk](mailto:mike.drummond@york.ac.uk); [dmullins@rx.umaryland.edu](mailto:dmullins@rx.umaryland.edu)