

Value in Health Regional Issues

Guide for Authors

I. EDITORIAL SCOPE

About the Journal

Value in Health Regional Issues is a peer-reviewed, MEDLINE-indexed journal of the International Society for Pharmacoeconomics and Outcomes Research (ISPOR). The journal publishes articles that focus on health-related topics that impact the health policies and populations in the following regions: 1) **Asia**; 2) **Central & Eastern Europe, Western Asia, and Africa**; and 3) **Latin America**.

The journal has three editors-in-chief who manage submissions based on the respective region of origin of the manuscript. **Bong-Min Yang, PhD** (Seoul National University, Seoul, South Korea) handles submissions from the Asia-Pacific region, **Dan Greenberg, PhD** (Ben-Gurion University of the Negev, Beer-Sheva, Israel) handles submissions from the Central & Eastern Europe, Western Asia, and Africa region, and **Federico Augustovski, MD, MSC, PhD** (University of Buenos Aires, Buenos Aires, Argentina) handles submissions from the Latin America region.

The journal's mission is to provide a forum for the advancement and dissemination of knowledge and research in health economics and the health-related outcomes of disease and treatment processes.

Editorial Scope

The criteria for a manuscript to be considered for *Value in Health Regional Issues* are as follows:

- One of the authors must reside in the region to which a specific regional issue is dedicated
- The empirical study submitted must include subjects from population(s) in the region to which a specific regional issue is dedicated

The editors welcome original contributions in health care policy analysis, outcomes research (clinical, economic, and patient-reported), empirical studies, and methodological studies that examine the use and funding of health care resources in the region. Commentaries are also welcome and should include a discussion on how researchers can respond better to the needs of those making clinical, policy, and financial decisions for the health care of the populations in these regions. 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-in-chief.

Value in Health Regional Issues does not consider papers reporting data series or data sets that do not include appropriate statistical confidence intervals and/or other measures of statistical imprecision. *Value in Health Regional Issues* also does not consider papers reporting modeling results that do not include sensitivity analysis of key and influential model parameters.

The editors are particularly interested in articles on the following topic 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

Many challenging empirical and theoretical problems remain 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 Regional Issues* 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 meta analyses 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.

ARTICLE CATEGORIES IN VALUE IN HEALTH REGIONAL ISSUES

Value in Health Regional Issues considers articles in the following categories; these categories comprise the sections of the journal. When submitting a manuscript, authors should indicate the category under which they wish their paper to be considered.

<u>Article Type</u>	<u>Description</u>	<u>Word Limit*</u>	<u>Figures / Tables**</u>
Original Research	These papers report the findings of original research and may contain the results of empirical analysis, instrument development, or policy analysis.	4000	6
Methodological Articles	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.	3500	6
Policy Perspectives	These papers discuss important health policy topics within the scope of the journal. They may reflect conceptual pieces or reviews of the literature.	3000	4
Systematic Literature Reviews	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.	4000	6
Reviews	These are papers that provide a coherent view of the current state of research on a particular topic, which may include information about main researchers in the field, major discoveries, current debates, significant gaps in research, and trends in the field.	4000	6
Conceptual Papers	These papers are summaries of in-depth discussion on issues or topics that explore best practices or provide guidance for implementation.	4000	6
Brief Reports	These are empirical analyses with a more narrow focus than original research articles and generally a single aim.	2500	2
Commentaries	These are brief 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.	2000	1
Editorials	Editorials are commissioned by the editorial team and often accompany a paper published in the same issue of the journal.	1200	1
Letters to the Editor	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.	1500	1

* The manuscript word limit excludes the abstract, references, figure legends, tables and appendices/ supplemental materials.

** The maximum number of graphic elements reflects a combined total of figures and tables.

II. MANUSCRIPT SPECIFICATIONS AND SUBMISSION

Value in Health Regional Issues uses a web-based submission system. To submit a manuscript, please create an account and log on here: <https://mc.manuscriptcentral.com/vihregionalissues>. For assistance, authors may contact the journal's editorial office at vihrieditor@ispor.org.

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

Author Anonymity

It is the policy of *Value in Health Regional Issues* that peer review of submitted manuscripts is double blinded (ie, the reviewers do not know the names of the authors of manuscripts and the authors do not know the names of the reviewers). As such, the journal requires that all identifying information (author names, acknowledgements, etc) be removed from the manuscript file and strictly limited to the cover letter and unblinded title page (which are not accessible to peer reviewers).

Languages

Value in Health Regional Issues articles may be published in a language of the region other than English (ie, Spanish or Portuguese for Latin America issue). **All manuscripts accepted for publication in *Value in Health Regional Issues* must have an abstract and keywords in English as well as the language of the manuscript (if not English).** Languages for a specific issue are decided by the *Value in Health Regional Issues* Editorial Board.

Authors for whom English is a second language who would like to submit a manuscript in English may choose to have their manuscript professionally edited before submission. Authors wishing to employ a professional English-language editing service (English manuscript submissions only) should make contact and arrange payment with the editing service of their choice. For more details regarding the recommended services, see <http://webshop.elsevier.com/languageservices/>.

Manuscript Formatting

Manuscripts must be written in English, typed in 12-point Times New Roman font, double-spaced, using an 8½ x 11-inch page format with 1-inch margins on all sides. Minimal formatting should be used (ie, no justification, underlining, indenting, etc). There should be no hard returns at the end of lines. Authors should consult the *AMA Manual of Style: A Guide for Authors and Editors* (10th ed) or the *Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals* ([ICMJE Recommendations](#)) for specific style issues not addressed here.

Formatting	Description
Font	12-point, Times New Roman
Line spacing	Double-spaced throughout
Margins	One inch (2.5 cm) on all sides
Page size	Letter (8½ x 11 inches)
Page numbering	Bottom of page, centered (starting with abstract page)
Line numbering	Yes, starting with abstract page
Heading style	First level: bold; second level: bold italics

Each submission should contain separate documents as follows (elements are listed in the order they should appear in the manuscript):

1. Cover Letter

The cover letter should be addressed to the co-editors-in-chief and include a brief description of the article, indicating why the paper would be of particular interest to the readers of *Value in Health Regional Issues* and how it contributes to the existing literature. In addition, the cover letter should include the following specific components:

<u>Components</u>	<u>Description</u>
Title	The full title and subtitle of the article (no more than 25 words)
Description/ Interest to Readers	A brief description of the article, indicating why the paper would be of particular interest to the journal’s readership
Statement of Proprietary Data	Statement indicating whether the data, models, or methodology used in the research are proprietary
Funding /Support	All financial and material support for the research must be disclosed. Include the complete names of the funding organization(s) and grant numbers, where applicable (eg, “Funding for this study was provided by the National Institutes of Health grant 1ABC2DEF” or “This study was supported by XYZ, Inc”)
Role of Sponsor	Statement that the publication of study results was not contingent on the sponsor’s approval or censorship of the manuscript
Contact information for the corresponding author	Full name (first, middle, last) and degree; department; institution; mailing address; email; phone; and fax

2. Title Pages

Each manuscript must contain two separate title pages: One *unblinded title page* (containing author information, funding, and acknowledgements) and one *blinded title page* (containing no identifying information of the authors or author institutions). Generally, the title pages should contain the following elements:

<u>Component</u>	<u>Description</u>	<u>Example</u>
Manuscript title and subtitle, as appropriate	Concise title of the manuscript; no more than 25 words; in title case (not all caps).	Clinical Guidelines: A NICE Way to Introduce Cost-Effectiveness Considerations?
Running title	A shortened title (no more than 45 characters, including spaces) to be used as a running header in the journal	Clinical Guidelines and Cost-Effectiveness [see full title above]
Full names, degrees, and affiliation for each author (unblinded title page only)	List the first name, middle initial (if applicable), surname, highest academic degree(s) (excluding certifications and fellowship designations), affiliation (department and institution), and city/province, state, and country for each author	John D. Doe Jr, MD Department of Medicine University of York Helsington, York United Kingdom Susan T. Smith, MD, MPH Department of Health Policy University of Chicago Chicago, IL USA

Contact information for corresponding author (unblinded page only)	Provide the full name, mailing and email addresses, and telephone and fax numbers of the corresponding author (the person to whom all correspondence regarding the manuscript will be directed)	Thomas J. Wright III, PhD Department of Economics Princeton University Robertson Hall Princeton, NJ, 08544 USA tjwright@princeton.edu Phone: (609) 123-4567 Fax: (609) 987-6543
Financial disclosures/funding statements (unblinded page only)	Include a brief statement indicating all sources of financial or other support received for the manuscript. If no funding was received, this should be noted on the title page.	Funding/Support: This study was supported by XYZ, Inc. Financial Disclosure: None reported.
Precis	25-word summary of the article (avoid simply restating the title)	Precis: Current Medicaid policies that restrict hepatitis C treatment to patients with advanced disease are more costly and less effective than unrestricted, full-access strategies.
Acknowledgements (where applicable)	Include a statement to acknowledge the assistance of anyone who contributed to the paper (ie, editorial or writing assistance, statistical review, special research assistance, etc), but does not meet the criteria for authorship.	Acknowledgements: Jane Doe, PhD, provided statistical support and Thomas Smith contributed to the writing of this article.
Word count (see limits for particular article types on pages 3-4)	Total number of words (excluding abstract, references, figure legends, tables, appendices)	Word Count: 3,250
Number of pages	Total number of pages (including figures, tables, appendices, etc) of the article	Number of Pages: 25
Number of figures (see limits for particular article types on pages 3-4)	Total number of figures (including figure parts [ie, 1a, 1b, 1c = 3]) in the main article (figures in appendices should be counted separately)	Number of Figures: 4
Number of tables (see limits for particular article types on pages 3-4)	Total number of tables in the main article (tables in appendices should be counted separately)	Number of Tables: 2
Appendices/supplemental materials	Include inclusive number of pages, figures, tables for any supplemental materials	Appendix: Pages: 6 Figures: 2 Tables: 0

3. Manuscript Components

All manuscript submissions must contain the following components (see table below). Start each component on a new page.

<u>Component</u>	<u>Format/Word Limit</u>	<u>Description</u>
Abstract	<ul style="list-style-type: none"> Structured (objectives, methods, results, and conclusions) 250 words 	All submissions (except Letters to the Editor and Editorials) must include an abstract that summarizes the work reported in the manuscript.
Highlights	<ul style="list-style-type: none"> 2-3 brief summary statements 75-word limit for each highlight statement 	<p>Authors should identify 2-3 “Highlights” that illustrate the paper’s contribution to the field. These bulleted statements should address:</p> <ol style="list-style-type: none"> What is already known about the topic? What does the paper add to existing knowledge? What insights does the paper provide for informing health care-related decision making?
Body of article	<ul style="list-style-type: none"> Introduction Methods Results Conclusions Discussion 	The body of the manuscript should be divided into sections that facilitate reading and comprehension of the material, using section headers (first, second, third, etc) as appropriate. Avoid use of footnotes.
References	<ul style="list-style-type: none"> Cite in text using bracketed Arabic numerals [1-4, 22,28] No superscripts Reference list should be numbered consecutively in order cited in the text Use AMA style for reference format 	<p>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.</p> <p>If there are six or more authors, use only the names of the first three, followed by et al.</p> <p>The four most common types of references are illustrated below for example.</p>
	<u>Journal article</u>	Vassall A, Mangham-Jefferies L, Gomez GB, Pitt C, Foster N. Incorporating demand and supply constraints into economic evaluations in low-income and middle-income countries. <i>Health Econ</i> 2016;25(Suppl 1):95-115.
	<u>Journal article with six or more authors</u>	Thokala P, Devlin, N, Marsh K, et al. Multiple Criteria Decision Analysis for Health Care Decision Making—An Introduction: Report 1 of the ISPOR MCDA Emerging Good Practices Task Force. <i>Value Health</i> 2016;19(1):1-13.
	<u>Book</u>	Drummond MF, Sculpher MJ, Claxton K, Stoddart GL, Torrance GW. <i>Methods for the Economic Evaluation of Health Care Programmes</i> (4th ed). New York: Oxford University Press, 2015.
	<u>Book chapter</u>	Schulman KA, Glick HA, Polsky D. Pharmacoeconomics: Economic Evaluation of Pharmaceuticals. In: Strom BL, Kimmel SE eds, <i>Textbook of Pharmacoepidemiology</i> , West Sussex, England: John Wiley & Sons, Ltd, published online May 2013.

	<u>Website</u>	International Society for Pharmacoeconomics and Outcomes Research (ISPOR). ISPOR Good Practices for Outcomes Research Index. Available at: www.ispor.org/workpaper/practices_index.asp . [Accessed January 1, 2017].
Figures	<ul style="list-style-type: none"> • Numbered • Title and legends; each on separate page (not embedded in text) • 300 DPI; TIFF, JPG, EPS, and PDF file formats 	Cite figures consecutively as they appear in the text using Arabic numbers (eg, Figure 1, Figure 2, Figure 3A, etc). Refer to Figures section below for more information.
Tables	<ul style="list-style-type: none"> • Numbered • Title • Double-spaced; each on separate page (not embedded in text) 	Tables should be clearly labeled, neatly typed, and easy to understand without reference to the text. Refer to Tables section below for more information.

4. Figures

Figures should each be submitted as a separate image file, not embedded in the manuscript document or in a slide presentation. Cite figures consecutively as they appear in the text using Arabic numbers (eg, Figure 1, Figure 2, Figure 3A, etc). Each figure must be assigned a brief title (as few words as possible, and reserving abbreviations for the legend) as well as a legend. The corresponding legend should be typed double-spaced on a separate page. All symbols, arrows, and abbreviations must be explained in the legend.

If authors provide usable color figures with their accepted article, the journal will ensure (at no additional charge) that these figures will appear in color on the web (eg, ScienceDirect and other sites) regardless of whether or not these illustrations are reproduced in color in the printed version. However, there is a charge for color reproduction in the print version of the journal. Authors will receive information regarding the costs from Elsevier after receipt of your accepted article. Please indicate your preference for color in print or on the web only.

Please submit image files with a resolution of at least 300 DPI. Line artwork should contain a resolution of least 1000 DPI. Elsevier recommends submitting figures in the following formats: TIFF, JPG, EPS, and PDF.

Please be sure to delete any identifying patient information such as name, social security number, etc. Photographs in which a person's face is recognizable *must* be accompanied by a letter of release from that person explicitly granting permission for publication in the journal. For any previously published material, written permission for both print and electronic reprint rights must be obtained from the copyright holder. For further explanation and examples of artwork preparation, see Elsevier's Author Artwork Instructions at www.elsevier.com/artwork.

5. Tables

Tables should be clearly labeled, neatly typed, and easy to understand without reference to the text. Statistical estimates should indicate parameter estimates and, as appropriate, t ratios or standard error, statistical significance, sample size, and other relevant information.

All abbreviations must be explained in alphabetical order below each table (eg, DCE indicates discrete choice experiment; EMA, European Medicines Agency; MCDA, multiple criteria decision analysis).

6. Supplementary Material or Supplementary Data

Authors may submit appendices that describe either methods or results in more detail if these are needed for clarity of understanding by either peer reviewers or readers. If appropriate, materials suitable for web publication but not print publication (eg, audio or video files, see below) can also be submitted. If you do so, indicate the particular reasons for the appendix and whether you are submitting it for possible web publication or simply for peer review purposes.

Value in Health Regional Issues accepts audio and video files as ancillaries to the main article. Audio files should be in .mp3 format; the recommended upper limit for the size of a single file is 10 Mb. Video files should be submitted in .mpg or .mp4 format, the recommended upper limit for the size of a single file is 10Mb. Any alternative format supplied may be subject to conversion (if technically possible) prior to online publication.

7. Survey Instrument

For papers analyzing preferences, *Value in Health Regional Issues* requires the submission of a copy of the survey instrument (translated into English in case of different original language) used to generate the preference data. This is to help facilitate the review process, and the survey instrument need not appear in a final publication. If the authors wish the questionnaire to be published with the paper, it should be submitted through the journal's online submission system as part of the paper. If the questionnaire is not intended to be published with the paper, it should be uploaded as "Supporting Information" so that reviewers can view it as a supplemental appendix.

III. EDITORIAL PROCESS

Submission and Peer Review

Authors can submit to *Value in Health Regional Issues* at any point during the year. The journal uses a web-based manuscript submission system. To submit a manuscript for consideration, authors must create an account in the journal's online submission system at <https://mc.manuscriptcentral.com/vihregionalissues>. For assistance in navigating the online system, authors may contact the Editorial Office at vihrieditor@ispor.org.

Articles that meet the editorial requirements for style and scope will be subject to a formal peer review. The Editorial Office strives to complete the peer review process and render decisions within 8 to 10 weeks of submission.

Articles that do not fall within the journal's scope or do not meet the standards to merit an external peer review will be evaluated internally by the editors within 4 weeks.

Acceptance and Publication

Value in Health Regional Issues is an online publication. As a result, accepted articles are published online on the journal's website (www.ispor.org/publications/VIHRI/index.asp) and on the Elsevier site (<http://www.valuehealthregionalissues.com>) immediately after the article has undergone the production process (ie, copyediting, layout, author proofs, corrections, etc).

Although individual articles are published online on a rolling basis throughout the year, "collected articles" are published in one of three volumes according to the following schedule:

- A collection of articles for the **Asia** region is published in **May**
- A collection of articles for the **Central & Eastern Europe, Western Asia, and Africa** region is published in **October**
- A collection of articles for the **Latin America** region is published in **December**

IV. PUBLISHING PROCESS

Author Tracking Services

Authors may track accepted articles at <http://www.elsevier.com/trackarticle> and set up email alerts to inform them when an article's status has changed. Contact details for questions arising after acceptance of an article, especially those relating to proofs, will be provided by the publisher.

Proofs

Proofs will be sent electronically to the authors to be checked carefully for printer's errors. Substantive **changes or additions to the edited manuscript cannot be allowed at this stage**. Corrected proofs should be returned to the publisher within 48 hours.

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V. PUBLISHING POLICIES AND DISCLOSURES

Ethics in Publishing

For information on ethics in publishing and ethical guidelines for journal publications, see <http://www.elsevier.com/publishingethics> and <http://www.elsevier.com/ethicalguidelines>.

Submission Declaration

Submission of an article implies that the work described has not been published previously (except in the form of an abstract or as part of a published lecture or academic thesis), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not

be published elsewhere (either in whole or in part, in print or electronic form, in English or in any other language, etc) without the written consent of the copyright holder.

Data, Models, and Methodology

All authors must agree to make their data available at the editor's request for examination and re-analysis by referees or other persons designated by the editor. All models and methodologies must be presented in sufficient detail to be fully comprehensible to readers.

Conflict of Interest and Copyright Assignment Forms

All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. As part of the online submission process, all authors are required to complete and submit the [ICJME Form for Disclosure of Potential Conflicts of Interest](#). Examples of potential conflicts of interest include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. See also <http://www.elsevier.com/conflictsofinterest>.

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