



ISPOR Good Practices for Outcomes Research Task Forces develop expert, consensus guidance reports on good practice standards for conducting outcomes research (clinical, economic, and patient-reported outcomes) or for using outcomes research in health care decisions.

FORMAT

1. **TITLE OF TASK FORCE:** Example: Constrained Optimization Methods in Health Services Research – Emerging Good Practices
2. **BACKGROUND:** Provide foundational information on the proposed topic. Describe the issues concerning this good practice guidance recommendations report topic.
3. **OBJECTIVE:** Define the purpose / goal of the good practices task force
4. **RATIONALE:** The proposal must include a statement why this good practice guidance is *important in the scientific field*.
5. **PRIORITY:** The proposal must include a statement why this good practice guidance should be *a priority for ISPOR*.
6. **OUTLINE FOR THE REPORT**
7. **CONTENT:** Task force reports contain specific recommendations and recommendation support information.
 - Provide a detailed overview of the issues to address. (See sample task force proposals for level of detail.)
 - Please note that the length of the report should be 5,000 words prior to addressing comments received during the two rounds review. **Maximum report length is 6,000 words with up to 6 tables and figures.** *Please keep scope / word limit in mind.*
 - If proposal initiators propose more than one manuscript, it must be well-justified.
 - If, during the course of the task force's work, a compelling need emerges to increase the number of manuscripts, this change must be agreed to **a priori** by the TFRC based on a

written justification from the task force co-chairs.

8. TASK FORCE MEMBERSHIP: Typically, it consists of 8-10 leadership members including co-chairs.

- Members should be selected with expertise in the topic and represent the various stakeholders involved (academia, research organizations, government, regulatory agencies and commercial entities).
- Diversity in opinion / perspective is important for ISPOR consensus task force reports. Membership is limited to two members per organization. *This holds for academic training as well.*
- Please note that task force membership should include international representation with at least one member from Latin America and one from Asia Pacific.
- At least one decision maker / payer / regulator / assessor (as appropriate for the proposal topic) should be included on the task force.
- Please include a list of primary reviewers with expertise in the topic and their email addresses. They add to the diversity of perspective, and their feedback improves the manuscript.
- Your bibliography should be useful in task force membership selection at the leadership and primary reviewer level.
- If assistance is needed with member selection, please contact the Health Science Policy Council Task Force Committee Liaison at taskforce@ispor.org
- Please include the name, degrees, title, affiliation, city, state / country and an email address plus a brief description of expertise or a link to their online profile for task force members.

9. BIBLIOGRAPHY: Provide a solid selection of relevant articles on the topic.

10. TIMELINE: Define specific work activities from the outline. Timeline should extend to submission to *Value in Health*. A sample timeline with work activity including 2 review rounds for consensus development, is included below. Typically, task forces present work to date or submit an abstract for a workshop presentation or an issue panel at an ISPOR meeting or congress.

11. PROPOSAL EXAMPLE: The Health Science Policy Council (HSPC) Task Force Review Committee (TFRC) Liaison will provide a previously submitted proposal to follow as an example.

12. SUBMISSION: Please submit your proposal to the HSPC TFRC Liaison at taskforce@ispor.org

TIMELINE EXAMPLE:

<u>Activity:</u>	<u>Deadline:</u>
• Task Force approved by ISPOR Board of Directors	January 2018
• Further refine and develop a more detailed outline through discussion of issues via teleconferences	February – April 2018
• Meet in person at the ISPOR Annual International Meeting	May 2018
• Develop manuscript sections	June - August 2018
• Draft manuscript reviewed by task force members	September 2018
• Revised manuscript sent to primary reviewers	November 2018
• Revised manuscript sent to ISPOR TF Review Group (members interested in the topic)	January 2019
• Teleconference to address ISPOR Review Group comments	February 2019
• Task force members revise sections	February – March 2019
• Face-to-face meeting of task force members to address contentious issues (<i>if needed</i>)	March 2019
• Revisions and 2 nd review by ISPOR TF primary reviewers and TF Review Group	April 2019
• Task force meeting at ISPOR Annual International Meeting	May 2019
• Presentation at ISPOR Annual International Meeting	May 2019
• Manuscript revised based on comments received at presentation and from membership review	June – August 2019
• Members and chair finalize and sign off on final report	September 2019
• Manuscript submitted to <i>Value in Health</i>	October 2019