

# Value in Health INSTRUCTIONS FOR AUTHORS

## I. EDITORIAL SCOPE

### *About the Journal*

As the official journal of ISPOR, *Value in Health* provides a forum for researchers, healthcare decision makers, and policy makers to apply health economics and outcomes research into healthcare decisions. The goal of *Value in Health* is to advance scholarly and public dialogue about the assessment of *value* in health and healthcare.

Increasingly, healthcare decision makers and policy makers are seeking outcomes research information (ie, comparative treatment effectiveness, economic costs and benefits, and patient-reported outcomes) that can guide them in healthcare resource allocation and in evaluating alternative treatments and health services interventions. *Value in Health* publishes 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 research papers accepted for publication 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 healthcare decision makers and the research community as a whole.

The journal uses the peer-review process to ensure 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.

### *ISPOR Journals: Where to Publish?*

In 2012, ISPOR launched a companion journal to *Value in Health* called *Value in Health Regional Issues*. The mission of *Value in Health Regional Issues* is to provide a forum for the advancement and dissemination of research in health economics and the health-related outcomes of populations in specific geographic regions.

A major objective of the new journal was to provide an additional publication outlet for researchers in regions where health economics and outcomes research was starting to be applied to healthcare decisions. However, *Value in Health Regional Issues* has grown in stature over the years and is now widely indexed and considers submissions from all geographic regions. Therefore, the distinction between *Value in Health* and *Value in Health Regional Issues* is less clear than initially intended. Thus, potential authors may be wondering which journal is most appropriate for submission of their papers. The main distinction between the two journals is not in the methodological quality of papers they publish, but rather in their focus.

Considering the diverse readership of *Value in Health*, papers submitted to this journal should have relevance beyond the country where the research was conducted. The clearest example of this would be a paper discussing a new methodological approach that could be applied in a number of settings, or the ISPOR Good Research Practices Reports, which provide statements on current international methodological standards.

*Value in Health* is less interested in publishing country applications of economic models that have been published previously, or country adaptations of quality-of-life instruments, unless there are some broader insights from these adaptations. On the other hand with its particular focus on challenges and opportunities in countries with developing economies or healthcare systems, *Value in Health Regional Issues* may have higher interest in these papers if (1) they meet the journal’s methodological standards and (2) they provide useful insights for the region concerned.

### *Mission Statement*

The mission of *Value in Health* is to foster communication within the research community—facilitating knowledge-sharing between the outcomes research community and healthcare decision makers. Using high scientific standards and a rigorous peer review process, the editors of *Value in Health* aim to enhance the validity, reliability, and transparency of health economics and outcomes research and its real-world applicability.

### *Editorial Scope*

In keeping with its broad mission, *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 the existing literature. *Value in Health* does not consider papers reporting data series or data sets that do not include appropriate statistical analyses.

For empirical papers, *Value in Health* might publish some of the first results of the cost-effectiveness or health outcomes gained from a new health technology, since these may be helpful for countries that have not yet evaluated the technology concerned. It might also publish papers exploring the impact of an innovative health policy that may be capable of application in other countries. However, *Value in Health* is less interested in publishing country applications of economic models that have been published previously, or country adaptations of quality-of-life instruments, unless there are some broader insights from these adaptations.

Appropriate valuation of healthcare 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 healthcare intervention—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 healthcare interventions are of interest, including those involving drugs, devices, procedures, and systems of organization of healthcare. 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.

### **Preference-Based Assessments**

Research on the development and use of various types of instruments to express the value of healthcare, including health “utility” assessments, discrete choice experiments/conjoint analyses, and assessments of individuals’ willingness to pay is encouraged.

### **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 healthcare 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 PRO/QoL 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 healthcare financing, health insurance, and cost-containment measures.

### **Policy on the Publication of Research Previously Available in the Public Domain**

In common with most peer-reviewed journals, *Value in Health* is keen to publish original material that will be highly impactful. However, *Value in Health* editors are aware that, within the field of health services research and policy, some material may have been available previously as a working paper, research paper, or through publication on the host institution’s website.

*Value in Health* does not have a firm policy to reject material that has been available previously in the public domain.

Rather, the following tests will be applied to any paper submitted to *Value in Health*:

- (i) Does the paper summarize the material from a much longer report that makes it more accessible to the readership of *Value in Health* and more likely to impact decision making because of the peer-reviewed publication?
- (ii) Does the paper add to the methods and/or data published in the original report, either by reporting more data or by raising different discussion points?
- (iii) In the case of a working paper or research paper, is the version submitted for peer review substantively different from the publicly posted draft version, and will the organization that published the draft paper remove the draft version and redirect individuals to the final published paper in *Value in Health*?

If one or more of the above criteria are met, the paper may be considered for publication in *Value in Health* through our normal peer-review process. If *Value in Health* publishes the paper, a link from the original posting’s website should refer readers to the *Value in Health* publication.

Some authors are posting their papers as “preprints,” so that they can be made available in the public domain while they are being peer reviewed. Most publishers are aware of this process but delegate decisions on publication to each individual journal. There are currently different views among journal editors on whether posting papers as preprints constitutes prior publication. Therefore, if an author is considering posting their paper on a preprint server, we strongly encourage them to contact the journal in advance.

### **Following Good Practices for Outcomes Research**

*Value in Health* publishes Good Practices Reports that are developed by task forces appointed by the ISPOR Board of Directors. These task force reports (<https://www.ispor.org/member-groups/task-forces>) 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, modeling, 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* believes that adherence to accepted standards of reporting is important. Therefore, if your paper reports an economic evaluation, we recommend that you follow the [CHEERS 2022 guidelines](#)<sup>1</sup> and submit a completed CHEERS 2022 checklist as supplementary material with your submission. If your analysis is based on a model, we recommend that you follow the guidance in the ISPOR-SMDM Task Force<sup>2</sup> report on model transparency and validation. Other reporting standards of particular relevance to authors of papers in *Value in Health* are the PRISMA 2020 guidelines<sup>3</sup> for the reporting of systematic reviews and the CONSORT guidelines<sup>4</sup> for reporting the results of studies assessing health-related quality of life/patient-reported outcomes. In addition, the editors encourage authors to follow recent guidance

("Updated Guidance on the Reporting of Race and Ethnicity in Medical and Science Journals") published in *JAMA* for reporting race and ethnicity in medical journals.<sup>5</sup>

### Article Categories

*Value in Health* considers articles in the following categories, which comprise the sections of the journal. 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, Commentaries, and Letters to the Editor, which will be reviewed internally by the editors.

Article Type	Description	Word Limit*	Limit No. Figures/ Tables**
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 papers review empirical studies consistent with the methods of systematic review proposed by the Cochrane Collaboration. <sup>6</sup> 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
Brief Reports	These are empirical analyses with a more narrow focus than original research articles and generally a single aim.	2500	2
Commentaries	These brief papers 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.	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 (including figure parts) and tables.

## II. MANUSCRIPT SPECIFICATIONS AND SUBMISSION

*Value in Health* uses a web-based submission system. To submit a manuscript, please create an account and log on here: <https://mc.manuscriptcentral.com/valueinhealth>. For assistance, authors may contact the *Value in Health* editorial office at [viheditor@ispor.org](mailto:viheditor@ispor.org).

### Author Anonymity

It is the policy of *Value in Health* 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 components (including files names) and strictly limited to the cover letter and unblinded title page (which are not accessible to peer reviewers).

### Manuscript Formatting

Manuscripts must be written in English, typed in 12-point Times New Roman font, double-spaced, using an 8<sup>1</sup>/<sub>2</sub> x 11-inch page format with 1-inch margins on all sides. Manuscripts must be submitted as editable files (preferably as Word documents) and contain minimal formatting (ie, no line numbers, no watermarks, no justification, underlining, indenting, etc). The document should not cross-reference or use hyperlinks to connect to Figures, Tables, or references within the file. Authors should consult the *AMA Manual of Style: A Guide for Authors and Editors* (10th ed)<sup>7</sup> and the Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations)<sup>8</sup> 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 (8 <sup>1</sup> / <sub>2</sub> x 11 inches)
Page numbering	Bottom of page, centered (starting with abstract page)
Heading style	First level: bold; second level: bold italics

**Each submission should contain the following manuscript components** (elements are listed in the order they should appear in the manuscript):

### 1. Cover Letter

The cover letter should be addressed to the 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*, if it is being submitted for a particular themed section, and how it contributes to the existing literature. In addition, the cover letter should include the following specific components:

Components	Description
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
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; and phone number

### 2. Title Pages

**Each manuscript must contain two separate title pages in an editable format (preferably Word documents):** 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:

Components	Description	Example
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?
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 title page only)	Provide the full name, degrees, mailing and email addresses, and phone number 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

Components	Description	Example
Précis	Please provide a concise description (no more than 25 words; do not simply restate the title) of your article to be used in the journal's table of contents	<b>Precis:</b> Current Medicaid policies that restrict hepatitis C treatment to patients with advanced disease are more costly and less effective than unrestricted, full-access strategies.
Word count (see limits for particular article types on pages III-IV)	Total number of words (excluding abstract, references, figure legends, tables, appendices)	<b>Word Count:</b> 3250
Number of pages	Total number of pages (including figures, tables, appendices, etc) of the article	<b>Number of Pages:</b> 25
Number of figures (see limits for particular article types on page III)	Total number of figures (including figure parts [ie, 1a, 1b, 1c = 3]) in the main article (figures in appendices should be counted separately)	<b>Number of Figures:</b> 4
Number of tables (see limits for particular article types on page III)	Total number of tables in the main article (tables in appendices should be counted separately)	<b>Number of Tables:</b> 2
Appendices/supplemental materials	Include inclusive number of pages, figures, and tables for any supplemental materials	<b>Appendix:</b> Pages: 6 Figures: 2 Tables: 0
Funding/Support	Include a brief statement indicating all sources of financial support received for the manuscript. Include the complete names of the funding organization(s) and grant numbers, where applicable. If no funding was received, this should be noted on the title page.	<b>Funding/Support:</b> This work was supported by grants 123-456 from the XYZ Foundation. <b>Funding/Support:</b> The authors received no financial support for this research.
Role of the Funder/Sponsor	Include a statement that describes the funder's role in the submitted work to appear with the published article.	<b>Role of the Funder/Sponsor:</b> The funder had no role in the design and conduct of the study; collection, management, analysis, and interpretation of the data; preparation, review, or approval of the manuscript; and decision to submit the manuscript for publication.
Acknowledgment	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.	<b>Acknowledgment:</b> Professional medical writing and editorial assistance was provided by Adam Doble of FoxyMed (Paris, France).

### 3. Manuscript Components

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

Components	Description	Example
Abstract	<ul style="list-style-type: none"> <li>Structured (objectives, methods, results, and conclusions)</li> <li>250 words</li> </ul>	All submissions (except Letters to the Editor and Editorials) must include an abstract that summarizes the work reported in the manuscript. Commentaries should include a brief, non-structured abstract/summary.
Highlights	Please provide 3 highlight statements (no more than 75 words) that capture the paper's contribution to the field. These key highlights will be published with your paper and used for social media posts to promote the publication of your paper. Well-written statements help strengthen the impact of your work.	Your key highlights statements should address: <ul style="list-style-type: none"> <li>What methods or evidence gap does your paper address?</li> <li>What are the key findings from your research?</li> <li>What are the implications of your findings for healthcare decision making or the practice of HEOR?</li> </ul>
Body of article	<ul style="list-style-type: none"> <li>Introduction</li> <li>Methods</li> <li>Results</li> <li>Discussion</li> <li>Conclusions</li> </ul>	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.

Components	Description	Example
References	<ul style="list-style-type: none"> <li>• Cite in text using superscript Arabic numerals<sup>1-4, 22,28</sup></li> <li>• Reference list should be numbered consecutively in order cited in the text</li> <li>• Use AMA style for reference format</li> </ul>	<p>Citing unpublished or non-peer-reviewed work such as abstracts and presented papers is discouraged.</p> <p>Personal communications may be indicated in the text as long as written acknowledgment from the authors of the communications accompanies the manuscript. If there are 6 or more authors, use only the names of the first 3, followed by et al. The 4 most common types of references are illustrated below:</p>
	Journal article	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.
	Journal article with 6 or more authors	Husereau D, Drummond M, Augustovski F, et al. Consolidated Health Economic Evaluation Reporting Standards 2022 (CHEERS 2022) Explanation and Elaboration: A report of the ISPOR CHEERS II Good Practices Task Force. <i>Value Health</i> . 2022;25(1):10-31. <a href="https://doi.org/10.1016/j.jval.2021.10.008">https://doi.org/10.1016/j.jval.2021.10.008</a>
	Book	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.
	Book chapter	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. Accessed July 23, 2021
	Website	ISPOR. ISPOR Good Practices for Outcomes Research Index. Accessed January 1, 2022. <a href="http://www.ispor.org/workpaper/practices_index.asp">www.ispor.org/workpaper/practices_index.asp</a>
Figures	<ul style="list-style-type: none"> <li>• Numbered</li> <li>• Title and legends; each on separate page (not embedded or hyperlinked in text)</li> <li>• TIFF, JPG, EPS, and PDF file formats</li> </ul>	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"> <li>• Numbered</li> <li>• Title</li> <li>• Double-spaced; each on separate page (not embedded or hyperlinked in text)</li> </ul>	Tables should provided in an editable format (preferably as a Word document), be clearly labeled, neatly organized, 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 or hyperlinked 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) and include a legend, where appropriate. The corresponding legend should be 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 in the printed version and in the online version posted on the web (eg, ScienceDirect and other sites).

Image files should be provided in any the following formats: TIF, JPG, PNG, EPS, and PDF at a minimum resolution of 92 DPI at a size of 3" x 5". High-resolution images preferred (300 DPI for figures; 1000 DPI for line art).

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](http://www.elsevier.com/artwork).

#### 5. Tables

Tables must be submitted in an editable format (eg, Word or Excel). Do not embed tables within the text of the main document or include hyperlinks to the tables within the document. Either upload tables as separate files after the figures or include them in the main document after the reference section. Tables should be clearly labeled, neatly organized 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 submitted, indicate the particular reasons for the appendix and whether you are submitting it for possible web publication or simply for peer-review purposes.

Please note supplementary materials are not edited or laid out; they are posted online in the format submitted to the journal. Be sure to remove all track changes and to upload supplementary materials in the file format you want readers to access the information online.

### 7. Data, Models, Methodology, and Survey Instruments

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.

For papers analyzing preferences, *Value in Health* requires the submission of a copy of the survey instrument (translated into English if published in a 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 "Supplemental File for Review" so that reviewers can view it as a supplemental appendix.

### 8. Reporting Sex and Gender in Research

#### Reporting guidance

For research involving or pertaining to humans, animals, or eukaryotic cells, investigators should integrate sex and gender-based analyses into their research design according to funder/sponsor requirements and best practices within a field. Authors should address the sex and/or gender dimensions of their research in their article. In cases where they cannot, they should discuss this as a limitation to their research's generalizability. Importantly, authors should explicitly state what definitions of sex and/or gender they are applying to enhance the precision, rigor, and reproducibility of their research and to avoid ambiguity or conflation of terms and the constructs to which they refer (see Definitions section below). Authors can refer to the "[Sex and Gender Equity in Research \(SAGER\) Guidelines](#)" and the [SAGER guidelines checklist](#). These offer systematic approaches to the use and editorial review of sex and gender information in study design, data analysis, outcome reporting and research interpretation - however, please note there is no single, universally agreed-upon set of guidelines for defining sex and gender.

#### Definitions

Sex generally refers to a set of biological attributes that are associated with physical and physiological features (eg, chromosomal genotype, hormonal levels, internal and external anatomy). A binary sex categorization (male/female) is usually designated at birth ("sex assigned at birth"), most often based solely on the visible external anatomy of a newborn. Gender generally refers to socially constructed roles, behaviors, and identities of women, men, and gender-diverse people that occur in a historical and cultural context and may vary across societies and over time. Gender influences how people view themselves and each other, how they behave and interact, and how power is distributed in society. Sex and gender are often incorrectly portrayed as binary (female/male or woman/man) and unchanging whereas these constructs actually exist along a spectrum and include additional sex categorizations and gender identities such as people who are intersex/have differences of sex development or identify as nonbinary. Moreover, the terms "sex" and "gender" can be ambiguous—thus it is important for authors to define the manner in which they are used. In addition to this definition guidance and the SAGER guidelines, [the resources on this page](#) offer further insight around sex and gender in research studies.

## III. EDITORIAL PROCESS

### Peer Review

*Value in Health* remains one of the top-ranked journals in the HEOR field. The journal's current impact factor score is 4.5 and its 5-year score is 6.2. The journal is now rated 8th of 87 journals in Health Policy & Sciences, 21st of 105 journals in Health Care Sciences & Services, and 69th of 380 journals in Economics (social science).

The journal has also witnessed more than a 70% increase in submissions over the past 5 years. As a result, the editors now find it necessary to reject many more papers without peer review, including ones that may be suitable for publication in other leading journals. In 2023, the journal's overall rejection rate was 86.1%. Although we recognize that authors never want to hear that their papers are rejected, we also know that they value a fast response time. That said, the editors strive to return decisions on papers that are not sent out for an external peer review within 2 weeks.

On the other hand, all manuscripts that are deemed appropriate for *Value in Health* after initial screening will be reviewed by at least 2 peer reviewers. The objective of the journal is to complete peer review and reach an editorial decision within 6 to 8 weeks of submission, at which time the corresponding author will receive written notification, including anonymous feedback from the reviewers.

ISPOR journals expect the highest ethical standards from their authors, reviewers, and editors when conducting research, submitting papers, and throughout the entire peer review process. Both *Value in Health* and *Value in Health Regional Issues* subscribe to the Committee on Publishing Ethics (COPE)<sup>9</sup> and supports COPE Ethical Guidelines for Peer Reviewers.<sup>10</sup>

## IV. PUBLISHING PROCESS

### Proofs

Proofs will be sent electronically to the authors to be checked carefully for publication errors. **Substantive changes or additions to the edited manuscript are not allowed at this stage.** Any changes to authorship (additions, deletions, reorder, etc), disclosure/funding statements, author contributions, or substantial changes in the data or results require review and approval by the Editors. Corrected proofs must be returned to the publisher within 48 hours.

### Offprints

The corresponding author, at no cost, will be provided with a PDF file of the article via email. For an extra charge, paper offprints can be ordered via the offprint order form which is sent once the article is accepted for publication. The PDF file is a watermarked version of the published article and includes a cover sheet with the journal cover image and a disclaimer outlining the terms and conditions of use.

## V. PUBLISHING POLICIES AND DISCLOSURES

### Ethics in Publishing

For information on Ethics in Publishing and Ethical guidelines for journal publication, see <http://www.elsevier.com/publishingethics> and <http://www.elsevier.com/ethicalguidelines>.

### Authorship

The recommended number of authors on a paper should not exceed 10. However, *Value in Health* is aware that sometimes a submitted paper may have a large number of authors, in which case authorship may be assigned to a group rather than to individuals. When submitting a manuscript authored by a group, the corresponding author should specify the group name and clearly identify the group members who can take credit and responsibility for the work as authors. The Editors reserve the right to seek clarification from the corresponding author if a paper has more than 10 authors, or has a large number of authors in relation to the research reported in the paper.

*Value in Health* uses the guidance set forth by the International Committee of Medical Journal Editors (ICMJE) for Defining the Role of Authors and Contributors.<sup>11</sup>

The ICMJE recommends that authorship be based on the following 4 criteria:

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or revising it critically for important intellectual content; AND
- Final approval of the version to be published; AND
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

All those designated as authors should meet all 4 criteria for authorship, and all who meet the 4 criteria should be identified as authors. Those who do not meet all 4 criteria should be acknowledged.

Authors can read the full set of recommendations at <https://www.icmje.org/recommendations/browse/roles-and-responsibilities/>.

### Submission Declaration

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## REFERENCES

1. Husereau D, Drummond M, Augustovski F, et al. Consolidated Health Economic Evaluation Reporting Standards 2022 (CHEERS 2022) Explanation and Elaboration: A report of the ISPOR CHEERS II Good Practices Task Force. *Value Health*. 2022;25(1):10-31.
2. Eddy DM, Hollingworth W, Caro JJ, et al. Model Transparency and Validation: A Report of the ISPOR-SMDM Modeling Good Research Practices Task Force-7. *Value Health*. 2012;15(6):843-850.
3. Page MJ, McKenzie JE, Bossuyt PM, et al. The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ*. 2021;273(71). <http://dx.doi.org/10.1136/bmj.n71>.
4. Schulz KF, Altman DG, Moher D, for the CONSORT Group. CONSORT 2010 Statement: updated guidelines for reporting parallel group randomised trials. *BMJ*. 2010;340:c332.
5. Flanagin A, Frey T, Christiansen SL, et al. Updated Guidance on the Reporting of Race and Ethnicity in Medical and Science Journals. *JAMA*. 2021;326(7):621-627.
6. Chalmers I. The Cochrane Collaboration: Preparing, Maintaining, and Disseminating Systematic Reviews of the Effects of Health Care. *Ann NY Acad Sci*. 1993;703:156-165.
7. AMA Manual of Style Committee. *AMA Manual of Style: A Guide for Authors and Editors*. 10th ed. New York, NY: Oxford University Press; 2007.
8. International Committee of Medical Journal Editors. *Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals*. Updated December 2018. <http://www.icmje.org/icmje-recommendations.pdf>. Accessed January 14, 2022.
9. Committee on Publication Ethics. <https://publicationethics.org>. Accessed January 14, 2022.
10. COPE Council. *Ethical Guidelines for Peer Reviewers*. [www.publicationethics.org](http://www.publicationethics.org). Version 2. Published September 2017. [https://publicationethics.org/files/Ethical\\_Guidelines\\_For\\_Peer\\_Reviewers\\_2.pdf](https://publicationethics.org/files/Ethical_Guidelines_For_Peer_Reviewers_2.pdf). Accessed January 14, 2022.
11. International Committee of Medical Journal Editors. *Defining the Role of Authors and Contributors*. <http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>. Accessed January 14, 2022.