SESSION I

VALUES AND VALUATION I

RISK ADJUSTMENT AND REFERENCE POINTS

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OBJECTIVES: Differences in the evaluation of health states depending on the evaluation method are widely acknowledged. However, the impact of reference points on evaluation results have not been investigated so far.

METHODS: In the framework of Prospect Theory, risk attitude with respect to quality of life can be taken as an indicator for reference points. Given a certain health state (here: Tinnitus), participants were asked whether they would undergo a treatment that could either improve or worsen their health condition, both with an equal chance. Five possible answers (in no case, unlikely, maybe, likely, in any case) allow five reference levels to be distinguished. Health evaluations of 210 Tinnitus patients and 210 unaffected persons were elicited. Time Tradeoff (TTO) and Standard Gamble (SG) evaluations were compared. Differences were adjusted with a one-parametric (a) power function.

RESULTS: In accordance to the literature, the values assigned to the health state Tinnitus were higher with Standard Gamble than with Time Tradeoff (Patients: SG = 0.879, TTO = 0.827; Non-patients: SG = 0.807, TTO = 0.780). However, the parameter values a varied substantially depending on the reference level. Those Tinnitus patients who answered “in no case” to a possible treatment exhibited an average adjustment parameter of 0.398 (Non-patients: a = 0.626). However, participants who answered “in any case” assigned with the SG method even lower values to Tinnitus than with the TTO method leading to an a of 1.102 (Non-patients: a = 1.254).

CONCLUSION: Any adjustment procedure depends on underlying reference points. This result deserves attention in the framework of “Who’s preferences count?” since patients and the general public evaluate health states with respect to different reference levels.

DESIGN AND VALIDATION OF A NEW WEB-BASED STANDARD GAMBLE INTERVIEW

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OBJECTIVES: Prior web-based utility elicitation methods have not been validated against the gold standard: an interviewer administered survey. We describe the design and validation of a new web-based standard gamble interview, using the interviewer administered standard gamble as the reference standard.

METHODS: We sought to elicit utilities for three health states: current health, carrier of a susceptibility gene for colon cancer (otherwise healthy), colorectal cancer. A health state classification system was built using focus group interviews from members of a population-based registry containing colon cancer patients, relatives of colon cancer patients, and controls. Focus group participants completed an interviewer administered standard gamble for a sample health state, and then reviewed a web-based standard gamble interview developed for the study. Refined surveys were made based on comments. Next, 75 new participants from the registry were recruited to complete both surveys. Participants were randomly assigned to start with the interview or the web version. They were also asked to access the web site from home in 3 weeks and retake the survey.

RESULTS: Participant ages ranged from 20 to 79. Forty percent were male; 18 (24%) had colon cancer, 20 (27%) were relatives; 37 (49%) were controls. 72 (96%) and 68 (91%) completed the interviewer-administered and web-based gambles, respectively. Forty-six (61%) completed the follow-up web survey. Mean (std. error) utility scores for the interviewer-administered gamble were as follows: current health 0.89 (0.01); gene carrier 0.88 (0.01); colon cancer 0.75 (0.02). Scores for the web-based gamble were as follows: current health 0.88 (0.01); gene carrier 0.90 (0.01); colon cancer 0.73 (0.02). Utilities were not significantly different between methods for all health states. Test-retest utilities from the web survey were also not significantly different.

CONCLUSIONS: The interviewer administered and web-based utility methods showed similar results. Web-based utility elicitation appears to be feasible and accurate.