prescription combination maintenance medications. **METHODS:** Asthma patients,18 years and older, currently using combination maintenance therapy, completed an online survey instrument that included 10 stated-choice trade-off tasks. Subjects chose among pairs of constructed medication alternatives, each defined by level of agreement with five statements used to assess patient satisfaction with how quickly asthma maintenance medications begin to work plus monthly out-of-pocket cost, or their current medication. There were four choice questions with two alternatives (Medication A vs. Medication B) and six choice questions with three alternatives (Medication A vs. Medication B vs. Current Medication). Current medication was defined by each subject's response to the five statements and $50 for monthly out-of-pocket cost. To test for bias introduced by including the current-medication alternative, two two-alternative choice questions were randomly repeated as three-alternative choice questions for each subject. **RESULTS:** A total of 509 subjects completed the survey. Responses demonstrated a high level of internal validity. On the three-alternative choice questions, subjects chose their current medication 55% of the time. Approximately 21% of subjects always chose their current medication on the three-alternative choice questions. On the two repeated choice questions, subjects switched from Medication A or Medication B to their current medication 56% of the time. In addition, the estimated importance of the current medication (status-quo) alternative was statistically significant. **CONCLUSIONS:** The results of this study indicate that the status quo bias may exist in stated-choice studies, especially with medications that patients have to take daily such as asthma maintenance medications. Stated-choice practitioners should include a current medication in choice surveys to control for this bias.

PMC29

PATIENT REPORTED OUTCOMES RESEARCH IN A REAL TIME PRACTICE NETWORK

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PATIENT REPORTED OUTCOMES RESEARCH IN A REAL-TIME PRACTICE NETWORK Barr J[1], Schumacher G[1], Myers E[2], Snetselaar L[3].[1]Northeastern University, Boston USA; [2]American Dietetic Association, Chicago, USA; [3]University of Iowa, Iowa City, USA **OBJECTIVES:** To examine logistics and feasibility of conducting Patient-Reported Outcomes (PRO) research in a real time practice network. **METHODS:** To conduct a Summer 2007 methodological pilot study of the psychometric development of Nutrition Quality of Life (NQOL—a PRO survey), the 600 registered dietitians (RDs) of the Dietetics Practice Based Research Network of the American Dietetic Association were contacted though the network's coordinating center. If RDs had outpatient, adult, dietetics practices, they were invited to participate and asked to meet study site criteria: obtain approval of supervisor, determine availability of Institutional Review Board (IRB) office to perform June 2007 review, and attend 1.5-day training session. Between July 1–24, RDs asked patients presenting for 1st or 2nd medical nutrition therapy (MNT) visits to participate. During that visit, RDs collected informed consents/demographics and conducted their MNT session; patients completed the 50-item NQOL prior to the session. For reliability studies, 50% of the enrollees were asked to complete a 2nd NQOL two days before the next visit; immediately before that MNT session, they were asked to complete a 3rd administration in the office. Weekly telephone focus groups were conducted with RDs to monitor pilot's progress and obtain qualitative evaluations. **RESULTS:** 40 RDs expressed interest and met criteria; 10 from geographically/ethnically diverse sites were selected and attended the training. Four IRB approvals were delayed limiting enrollment. Overall 86 patients (range: 3–18/site) were enrolled with 12 refusals; only 58% of enrollees had a return visit. Of 49 patients in the test/retest arm, 53% completed the reliability protocol. RDs indicated that they would have to modify patient's initial visit logistics to accommodate informed consent processes. **CONCLUSIONS:** PRO research is feasible in a real-time practice network; however, three pressure points were identified: lead time for IRB approval, time for informed consent, and low MNT return visit rate.

PMC30

THE IMPACT OF INITIAL DISEASE SEVERITY: AN APPLICATION TO EXISTING HEALTH ECONOMICS MODELS

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OBJECTIVES: Current economic evaluation methods use QALYs as a measure of health outcome. Under such methods, the value of a patient moving from a health state with utility 0.8 to full health (i.e. 1.0) is considered equivalent to a change from 0.3 to 0.5, since both show 'improvements' of 0.2. However, recent research has found that the initial state impacts on the patient's own valuation of the health change, and based on this concept, alternative valuations of health changes have been elicited. This study applied these valuations to a range of existing economic models to determine the effect on the cost-effectiveness results. **METHODS:** Previous research has enabled utility weights to be derived which incorporate preferences towards patients' initial state of health. A range of existing models/analyses were updated from the use of conventional utility weights, to the inclusion of the updated utility weights. The impact on the total quality of life benefits and, thus, on cost-effectiveness results, was investigated. **RESULTS:** When applying the updated utility weights, this study identified interventions that treated more severe diseases to be more cost-effective than when the conventional utility weights were used. Conversely, interventions that treated less severe diseases were found to be less cost-effective when the updated utility weights were used compared to conventional utility weights. **CONCLUSIONS:** The use of utility weights which take account of individuals' preferences towards severity of initial health state impact on the cost-effectiveness of interventions; treatments for more severe illnesses indicated an improvement in terms of cost-effectiveness when such weights were used.

PMC31

VALUING EQ-5D WITH TIME TRADE-OFF FOR THE POLISH POPULATION

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BACKGROUND: Currently there are no EQ-5D value set for Poland nor for any other Central or Eastern European country. **OBJECTIVES:** To elicit EQ-5D Polish value set using time trade-off (TTO) method. **METHODS:** Face-to-face interviews with visitors of patients in seven medical centers in Warsaw, Skierniewice and Pulawy were performed by trained interviewers. Quota sampling was used to achieve a sample that was representative of the Polish population with regard to age and gender. Modified MVH protocol was used—each respondent ranking 10 states, valuing 4 states on VAS scale and 23 in TTO exercise. A