OBJECTIVES: This research explored the feasibility of using mobile technology (mHealth) to collect health data as a resource utilisation and patient reported outcomes to support the market access of new products. The main objectives were to understand best practices in engaging end users to optimise data collection, and to explore user opinions on the validity of using mHealth for data collection. Secondary research was conducted to identify best practices in optimising end user engagement with mHealth solutions.

RESULTS: Research showed that interventions that are personalised through data analysis, analytics and behaviour change methodologies are most successful in engaging end users when using mHealth. Payers highlighted several key issues for data collection, including reliability, relevance, and sustainability. These concerns should be considered and addressed by health care companies who wish to use mHealth as a data platform to support payer decisions.

CONCLUSIONS: mHealth is a tool that holds promise for many different parts of the health care value chain. This includes leveraging mHealth to support the market access targets of new products, by collecting and using data to enhance the communication of the products’ value. The findings from this research highlight best practices to engage users in order to optimise data collection as well as provide insights from payers on the key concerns of doing so.

PM171 DEVELOPMENT OF A QUESTIONNAIRE TO MEASURE THE EFFECTS OF USING HEALTH-RELATED WEBSITES

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OBJECTIVES: The nature of the internet is a valuable resource for accessing health information and support. This study aimed to develop a tool (the eHIQ) to measure the impact of using health-related websites which contain experiential and factual information.

METHODS: A multi-method study with four stages. Stage 1: Themes concerning the impact of using health-related websites were identified through qualitative secondary analysis of interviews exploring patient and carer experiences of health and a relevant literature review. Stage 2: Questionnaire items based upon identified themes were constructed using expert and patient opinion. Stage 3: Items were administered online and subjected to exploratory factor analysis. Stage 4: The reduced questionnaire and appropriate reference measures were administered to online education and health websites users. Patients’ and carers’ feedback on validity and reliability

RESULTS: Sixty-seven items were constructed according to the key themes identified through relevant literature and qualitative analysis. Following expert and patient refinement, two independent item pools were entered into psychometric testing. The first item pool (eHIQ-Part 1) related to general views of using health-related websites. Analysis confirmed three domains present in eHIQ-Part 1 and six domains present in eHIQ-Part 2. These domains were further developed during Stage 4 and found to have high convergent validity, internal consistency and good test-retest reliability.

CONCLUSIONS: Developing the eHIQ through the use of qualitative analysis and patient-expert opinion enhanced face and content validity. The eHIQ demonstrates good psychometric properties and will enable the measurement of the effects of using health-related websites across a range of conditions.

PM172 DESIGN OF LUPUS IMPACT TRACKER (LIT) VALIDATION STUDY IN FIVE EUROPEAN CLINICAL PRACTICE SETTINGS

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OBJECTIVES: Physicians treating systemic lupus erythematosus (SLE) use a variety of tools to monitor disease activity and organ damage however these do not capture the functional burden experienced by patients. Studies suggest that communication between physicians and patients needs to be improved. The Lupus Impact Tracker (LIT), a brief, disease specific 10-item patient reported outcome tool, was developed to assess the impact of SLE on patients daily functioning and well-being. This study aims to evaluate the cross-cultural validity, acceptability and feasibility of the LIT in five international clinical practice settings. A cross-cultural validation study to assess if the design and the consultation will also be assessed.

METHODS: This is a prospective, observational, multicenter cross-sectional validation study of SLE patients on standard of care from hospital/clinical settings in five European countries (France, Germany, Italy, Spain and Sweden). 625 patients enrolled to obtain at least 500 evaluable cases irrespective of disease severity. Before the visit, patients will complete self-reported questionnaires: SF-36, Global Evaluation of Change (GEC), care satisfaction and LIT. During the visit, physicians will record patient data, assess disease activity using the SLLENA-SLEDAI and Physician Global Assessment (PGA), and disease damage using the SLIC/ACR damage index. After the visit patients and physicians complete LIT feedback questionnaires. LIT will be performed using face-to-face interviews following standardised methods with no specific hypothesis suggested.

RESULTS: Psychometric evaluation of LIT in US clinical settings found the tool reliable and valid. Evaluation for use in European clinical practice settings is ongoing. Cross-cultural validity, acceptability and feasibility of LIT across countries will be analyzed using differential item functioning (DIF) analysis. Data from the Lupus Impact Tracker (Patient and Physician) Feedback Questionnaires will be tabulated and summarized.

CONCLUSIONS: We need improved measurement of the patient/physician interaction in lupus care. The LIT may be a valid and acceptable tool for use with SLE patients in European clinical practice settings.

PM173 DEVELOPMENT OF A QUESTIONNAIRE TO EVALUATE FOOD-RELATED WELL-BEING

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OBJECTIVES: To screen food-related products and support allegation demands, evaluating food-related concepts with appropriate tools is essential. In the absence of such tools, patients will develop a specific request for food. A new instrument that links food to well-being in terms of pleasure, joint comfort, digestive, comfort, pre-vention and immunity.

METHODS: Semi-directive interviews were conducted with 20 food-related product professionals. Four factors: food, well-being, and maintain the dietary, and determine the base of the interview guide for focus group discussions. Twenty-four group discussions (199 subjects in total) were conducted with healthy subjects (n=12) and subjects with joint, digestive or repetitive infection complaints (n=18). Food preferences and improvement in disease condition were assessed.

Qualitative analysis was performed to identify concepts of interest. Based on the designed conceptual model and discussion with the scientific committee, items were generated using subjects’ verbatim expression. Face-to-face cognitive interviews were conducted with 29 healthy subjects to ensure comprehension and appropri-