

Different utility measurement tools yielded different results and there was little consistency in the ranking of utilities derived via various elicitation methods. While the most commonly studied population was patients, similar results were reported between patients and medical professionals. Caregivers tended to give higher utility scores. **CONCLUSIONS:** Despite an increasing trend of research on utility assessment in Japan, many studies still cite values from previous or overseas studies. The original studies focusing on utility measurement used various elicitation methods, revealing the impact of study population on utility values.

PIH20

IMPACT OF DEMOGRAPHICS ON HEALTH PREFERENCES IN CHINA: AN EXPLORATORY ANALYSIS OF CHINA EQ-5D-5L VALUATION STUDY

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OBJECTIVES: To identify demographic factors that affect health preference elicited using the composite time trade-off (cTTO) technique in the China EQ-5D-5L Valuation Study. **METHODS:** In the China EQ-5D-5L Valuation Study, cTTO uses the traditional TTO for states better than dead and the lead time TTO for states worse than dead. A total of 86 EQ-5D-5L health states were grouped into 10 blocks with 10 health states in each group where one very mild state (i.e. only one level 2 is presented) and the worst state 55555 are included in every block. Demographics such as age, gender, employment status, health insurance, the attitude toward living is better than being dead (LBTd), and belief in after-life were collected. Health preference was examined using mean, the number of states valued at 1 (non-trader), 0 (equal to being dead), -1 (potential censoring), the number of positive and negative scores, the difference between highest and lowest values, the very mild state had the highest value, and 55555 had the lowest value. Both univariate descriptive analyses and generalized linear models were used to explore the impact of demographics on health preferences. **RESULTS:** A total of 1296 participants recruited from Beijing, Chengdu, Guiyang, Nanjing and Shenyang were interviewed between December 2012 and January 2013 in this study. Both univariate and multivariate regression analyses revealed that the participants from Beijing were more likely to give positive TTO scores and had larger difference between the highest and lowest scores. Participants who agreed with LBTd tended to give positive scores compared with those who did not. Similarly, participants with health insurance or employed tended to give positive scores. **CONCLUSIONS:** We found that a few demographic indicators had significant impact on health preference. The impact needs to be adequately recognized in cost effectiveness analysis in China.

PIH21

VALUING HEALTH IN THE UAE: AN INVESTIGATION OF THE FEASIBILITY AND CULTURAL APPROPRIATENESS OF USING THE TTO AND DCE METHODS TO GENERATE HEALTH STATE VALUES

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¹Eli Lilly & Company, Markham, ON, Canada, ²United Arab Emirates University, Al Ain, United Arab Emirates, ³United Arab Emirates University, Al-Ain, UAE, United Arab Emirates, ⁴Office of Health Economics, University of Sheffield, London, UK, ⁵Office of Health Economics, London, UK **OBJECTIVES:** EQ-5D-5L is a widely-used measure of patient-reported health. Its use in economic evaluation requires a 'value set': numerical summaries of how good or bad each health state is. No EQ-5D-5L value sets are currently available in the Middle East. Our study is, to our knowledge, the first to investigate the potential for using standard health state valuation methods in this region. To test the feasibility of eliciting EQ-5D-5L values from a sample of the UAE general public using the EuroQol Group's standardised protocol; and to investigate any cultural issues relating to the use of the methods amongst Emirati nationals. **METHODS:** Values were elicited using face-to-face computer-assisted personal interviews, following the standardised protocol for valuing EQ-5D-5L. Adult members of the Emirati general public were recruited in public places. Respondents each completed 10 time trade-off (TTO) tasks and seven discrete choice experiment (DCE) tasks. In addition, they answered debriefing questions about their experience of completing the valuation tasks. Descriptive analyses were used to assess the face validity of the data. **RESULTS:** Two-hundred individuals were interviewed in December 2013. The face validity of the data appear to be reasonably high, with higher (lower) values elicited for mild (severe) health states. In the TTO tasks, mean values ranged from 0.812 for the mildest state (21111) to 0.194 for the worst state (55555). Health states were rarely valued as being worse than dead (6.1% of all observations). In a rationality check included in the DCE tasks, 99.5% of the respondents chose the dominant state (55221) over the dominated state (55554). **CONCLUSIONS:** Analysis is currently underway - final conclusions will be available by the time of the AP ISPOR meeting. We will discuss whether the standard methods are suitable for use in the UAE (and other countries with predominantly Muslim populations), or if some adaptation of the methods is required.

PIH22

THE VALUATION OF EQ-5D-5L HEALTH STATES IN KOREA

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OBJECTIVES: This study aimed to estimate Korean preference weights for EQ-5D-5L based on values elicited from representative sample applying EuroQoL standard protocol. **METHODS:** Of 1,085 general populations were recruited using multi-stage quota sampling method in Korea. Each respondent valued 10 health states using the composite time trade-off and 7 health states using discrete choice

experiment in computer-assisted face-to-face interview. A range of prediction model was explored, the most appropriate model was determined in terms of goodness of fit, logical consistency and parsimony. **RESULTS:** Model with dummy variables of the level of severity associated with each dimension, an intercept associated with any move away from full health, and a term that picked up whether any dimension in the state was at 4th or 5th severe level was best predicted the utilities for observed health states. The model was selected as the final model because all coefficients were statistically significant and logically consistent and it was parsimonious. The final model had a mean absolute error of 0.027 and none out of 86 exceeded 0.1 of absolute error. **CONCLUSIONS:** The final model in this paper appeared to predict the utilities of the states, which was valued directly. This could be used interpolate quality weights of all EQ-5D-5L health states.

PIH23

WHAT REALLY MATTERS? A MULTI-VIEW PERSPECTIVE OF ONE PATIENT'S HOSPITAL EXPERIENCE

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OBJECTIVES: To identify what mattered to a patient and family member (health care recipients) during the patient's hospital experience and to examine the health care provider's awareness of what mattered to the recipients. **METHODS:** A qualitative descriptive investigation was undertaken using semi-structured interviews designed to compare multiple perceptions of one patient's hospital experience. Interviews were undertaken with the patient (post-surgical procedure), family member, and health care providers whom the patient identified as impacting the hospital experience. Interviews were audio recorded and transcribed. A definition of hospital experience was sought from each participant. Additional phrases as presented by the patient and family member were coded and grouped into categories and then salient themes. Phrases as presented by the health care providers were coded, and then allocated to the previously identified themes. **RESULTS:** One patient, his wife and seven health care providers (doctors (2), registered nurses (4) and a patient care orderly (1)) were interviewed. Definitions of what constitutes 'hospital experience' differ between the participants. Recipients of care include pre and post hospital admission periods, whereas providers limit hospital experience to admission. Three salient themes emerged from recipient data suggesting: medication management, physical comfort and emotional security are what mattered. Awareness of the significance of these factors differed between the providers and was theme dependent. **CONCLUSIONS:** Hospital experience as a term is poorly defined, and definitions differ between recipients and providers of care. Health care providers are not always aware of what matters to the patient and family during their hospital admission.

PIH24

THE STUDY OF SATISFACTION AND REASONS FOR ACUPUNCTURE THERAPY AT SIRINDHORN NATIONAL MEDICAL REHABILITATION CENTRE

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OBJECTIVES: Acupuncture is a widely popular alternative medicine. This study aimed to assess satisfaction and reasons for acupuncture therapy among patients receiving acupuncture at Sirindhorn National Medical Rehabilitation Centre (SNMRC) in Nonthaburi province, Thailand. **METHODS:** This cross-sectional study included randomly selected 177 patients attending acupuncture clinic at SNMRC during November 2012 to January 2013. The study instrument was a newly developed and validated questionnaire comprising 3 parts: general patient information (7 items), reasons (5 items) and satisfaction for acupuncture therapy (6 items); each item was graded into 5 levels ranging from 1 [lowest] to 5 [highest]. The patients completed the questionnaire by either self-administration or interview with the investigators. **RESULTS:** The patients recruited were aged between 31 to 90 years (mean [SD]: 64.27 [12.03]), with 69.5% being female. 113 Patients self-administered the questionnaire while 64 patients preferred to be interviewed, with no significant difference between the results of the two groups. The patients reported choosing acupuncture for osteoarthritis (35.6%), myopathy (27.7%) and neuropathy (19.2%), and most of them received acupuncture 4 times per month. Their most commonly reported reasons for acupuncture therapy were 'being recommended/supported by physicians or other people' (42.9%) and 'the belief that it is the best treatment approach' (29.4%). The majority of patients (42.2%) rated high satisfaction (4 points) for acupuncture therapy at SNMRC. The aspect with the highest satisfaction was cleanliness of the acupuncture room (mean [SD]: 4.46 [0.62]) while the lowest satisfaction was for the waiting time for acupuncture physicians (mean [SD]: 3.96 [0.88]). **CONCLUSIONS:** This study demonstrated that the level of patient satisfaction for acupuncture therapy at SNMRC was high; however, it would possibly be improved if the patients' waiting time could be shortened.

PIH25

ASSESSING FACTORS ASSOCIATED WITH YOUTH SUBSTANCE ABUSE IN THE US USING A STRUCTURAL EQUATION MODEL

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OBJECTIVES: To assess factors associated with youth substance abuse (SA) using a U.S. representative sample. **METHODS:** A cross-sectional study using the 2012 US National Survey on Drug Use and Health (NSDUH) database was performed on youth population 12 to 17 years old (n=14,600). A structural equation model was applied to investigate factors that influenced the youth SA, the dependent latent variable, described using indicators including tobacco, alcohol and marijuana use. Six independent latent factors were youth tolerant attitude towards SA, perceived