

PIH46

A PARENT-ADMINISTERED BUT CHILD-COMPLETED PATIENT-REPORTED OUTCOME (PRO) PROVIDES A MEASURE WITH CONTENT VALIDITY THAT IS VALID AND RELIABLE FOR USE IN CHILDREN AGED 6 TO 11 YEARS

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OBJECTIVES: Collecting data about symptoms and health-related quality of life impacts in children aged 6-11 is particularly challenging. Children themselves do not necessarily have the reading skills or the cognitive and recall capacity to self-report on their own, but equally parents are not always with their child or may not observe them closely enough and some symptoms are not observable. To overcome these challenges we developed a parent-administered child-report symptom measure in which the parents helped the child read and understand the PRO items. **METHODS:** Iterative rounds of qualitative concept elicitation and cognitive debriefing interviews with children (aged 6-11) and parents supported the development and refinement of daily diary instructions, items and response scales. The resulting items were included in an observational study of 185 children (aged 6-11) who completed the diary at home for seven days in order to support the development of scoring and psychometric validation. Feedback on the draft scales was obtained from both children and parents following the at-home completion phase, with the parent survey and debriefing focusing on how much help they had provided to the children in regards to reading, understanding, recalling and responding during the seven days. **RESULTS:** The diary questions were developed to be completed by the child, but instructions indicated that the parent could help the child read and understand them. Observation of parents helping the child and subsequent debriefing provided evidence that parental help aided the child in recalling accurately. However, the children did push back if they disagreed with their parent's suggested response, suggesting they were not unduly influenced. Subsequent psychometric validation confirmed that this approach and the refined items provided valid, reliable and responsive scores. **CONCLUSIONS:** This PRO development provides evidence that a parent-assisted child self-report symptom measure had strong content validity and was valid, reliable and responsive to changes over time.

PIH47

PATIENT SURVEY DATA RESULTS: PREFERENCES FOR REMINDERS IN PRO STUDIES

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OBJECTIVES: To identify effective reminder strategies, survey data focused on patient preferences for reminders in Patient Reported Outcomes (PRO) studies was investigated. This presentation will share these results to provide recommendations for patient reminder strategies to optimize patient compliance and data quality. **METHODS:** A survey was completed in 2013, involving patients who participated in at least one clinical study in the past two years that required patient diaries. The survey sought to establish patient preferences (modality/timing) for receiving diary reminders based on their experiences, including an evaluation on their personal technology behaviors. **RESULTS:** Responses were provided by 405 patients. The patients stated their reasons for non-compliance of their patient diaries: 51.4% reported "non-compliance due to forgetting"; 41.1% reported "being too busy"; 27.6% reported "a lack of diary access"; and 2.7% reported "other reasons". Patients also stated their modality preferences for reminders. The preferred choice was text messages (67.2%); followed by hand-held alerts (34.3%); phone calls (34.1%); calendar alerts (32.6%); and email (6.2%). Although the majority of patients indicated checking text messages and emails daily, significantly more patients checked text messages immediately when compared to email (52.9% vs. 15.1%) suggesting that text messages would be a more effective way to remind patients. The majority of patients wanted to be reminded of their diary assessments (97.3%), appointments (95.8%), and medication dosing (95.0%). **CONCLUSIONS:** As the top reason for non-compliance was "forgetting", this suggests that reminders can be helpful in improving compliance. Results show that patients prefer to be reminded, also suggesting that reminders can improve compliance. Technology behaviors suggest that text messages could be an effective way to remind patients. Patient preferences for reminders should be given careful consideration - since incorporating optimal reminder strategies can likely improve the patient experience, compliance and data quality.

PIH48

STRUCTURAL VALIDITY OF A 14-ITEM ABRIDGED VERSION OF THE MENOPAUSE CERVANTES HEALTH-RELATED-QUALITY-OF-LIFE SCALE

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OBJECTIVES: The Cervantes scale is a specific health-related-quality-of-life (HRQoL) questionnaire developed in Spanish women through and beyond menopause. The original scale contains 31-items and it is time-consuming in the routine medical practice. The aim of this work was to reduce the 31-item scale and to produce an abridged version with the same dimensional structure and similar psychometric properties. **METHODS:** A representative sample of 563 women [mean age 60 years old (SD=6.7, Min=46, Max=82)] extracted from the Ginerisk study was used. The Ginerisk was an epidemiological, cross-sectional study carried out in 4,157 Spanish post-menopausal women attending out-patient clinics of Gynecology throughout Spain in year 2011. Item analysis, internal consistency reliability, item-total and item-domain correlations and item correlation with the generic Spanish version of the MOS-SF12v2 questionnaire dimensions were initially studied. Dimensional Confirmatory Factor Analysis (CFA) and Full-model CFA were used to check structure stability. A 3-fold cross-validation method was used to obtain stable estimates, by means of multi-group analysis. **RESULTS:** The scale was reduced to a 14-items version: The Cervantes-SF, containing four main dimensions: Menopause and

health, Mental health, Sexuality, and Couple Relationship, being the first dimension composed by 3 sub-dimensions: vasomotor symptoms, health, and Aging. Goodness-of-fit statistics were better than those of the extended version (chi-square/df=2.130, AGFI=0.859, PCFI=0.919, RMSEA=0.044). Internal consistency was good (Cronbach's alpha=0.830) but slightly lower than that of the original scale. Correlations between extended and reduced subscales was high and significant in all cases (p<0.001), ranging from r=0.857 for Aging to r=0.971 for Vasomotor symptoms. **CONCLUSIONS:** The Cervantes scale may be reduced to an abridged version of 14-item (Cervantes-SF) which maintains the original dimensional structure and psychometric properties. This version extends 45% of the original length, being faster to apply and making it specially suitable for routine medical practice.

PIH49

VALUE ATTRIBUTES OF GENERIC VERSUS BRANDED DRUGS IN SÃO PAULO, BRAZIL

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OBJECTIVES: To assess the patients' and their accompanying family members or carers' value attributes and perceptions about GD when compared to the corresponding brand name drugs (BD). **METHODS:** A total of 25 patients and 25 accompanying persons were consecutively selected and interviewed while visiting 6 commercial pharmacies located in different regions of São Paulo city. Also 25 patients and 25 accompanying persons were consecutively selected and interviewed while waiting for their regular outpatient visits at the university outpatient clinic. The questionnaire consisted of questions regarding socio-economic, demographic and educational items, quality of life (QoL), and the interviewee perception regarding the value attributes of GD when compared to BD. The study was approved by the local ethic committee. **RESULTS:** Respondents were predominantly women (57%) and the mean age was 54 years. Additionally, 55% relied exclusively in public health care system and 55% were regularly employed. Mean QoL as assessed by SF-6D was 0.74. Respondents overwhelmingly (99%) believed GD to be cheaper than BD. Some 36% and 63% also reported GD to be less and equally effective, respectively, as compared to BD. GD were perceived as either safe or less safe than BD in 46% and 46%, respectively. Some 74% of the sample agreed with the statement that they would prefer to take a BD if there was no price difference to the GD, and 85% admitted they regularly compare the prices of BD and GD before deciding which drug to buy. **CONCLUSIONS:** Multiple factors may contribute to the decision to buy a GD. Among these perceived effectiveness, safety and price appear to be the most important factors. Further studies are needed to better understand the decision-making process regarding GD use and its consequences for the health care system and families.

PIH50

ARE ISRAELI ADULTS WILLING TO PAY HIGHER HEALTH TAXES FOR A WIDER COVERAGE OF LIFE-EXTENDING MEDICATIONS?

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OBJECTIVES: The Israeli National List of Health Services (NLHS) offers a generous coverage for drugs and other technologies. However, not all approved drugs are covered under the basic health insurance and are frequently subject to out-of-pocket payments. We assessed the ex-ante willingness to pay (WTP) for a more generous public coverage for life-extending medications. **METHODS:** We conducted a telephone survey among a representative sample of the adult population in Israel (n=502). We asked participants to indicate whether they will be willing to pay an increased health tax assuring that all life-extending interventions will be covered and provided by their health insurance plans with no cost-sharing. We also collected information on respondent age, gender, income, education, self-rated health and coverage of supplementary/private health insurance. **RESULTS:** Mean age of the study population was 51.7±15.9 years. 63.5% indicated that they would be willing-to-pay an increased health tax for a generous public coverage of medications. Respondents willing-to-pay were younger (49.3±15.0 vs. 55.9±16.4 years; p<0.001), reported a higher self-rated health (p=0.001), and WTP increased with respondent's income (p=0.005), and were also covered by a commercial health insurance (p=0.002). Among all respondents (WTP set at zero for those unwilling to pay) the median extra monthly WTP was in the range of 0-\$7. The independent predictors for WTP identified in the logistic regression analysis were: respondent age (OR=0.974; 95% CI 0.960-0.989); and being Jewish (OR=2.997; 95% CI 1.745-5.147). **CONCLUSIONS:** Additional sources of funding should be identified and allocated to allow a more generous coverage of life-extending medications. Respondents are willing-to-pay extra health taxes (up to 7.5% of the current average health tax) to assure that all life-extending interventions are included in the NLHS at no co-payment. While these potential extra funds are sufficient to cover a wide range of technologies it is unlikely that the health tax will be raised in Israel in the near future.

PIH51

WILLINGNESS TO PAY (WTP) FOR A BRAND NAME DRUG IN SÃO PAULO, BRAZIL

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OBJECTIVES: To assess WTP of patients and accompanying family members or carers for a brand name drug (BD) as compared to a GD for treating an acute and a chronic condition. **METHODS:** A total of 25 patients and 25 accompanying family members or carers were consecutively selected and interviewed while visiting 6 commercial pharmacies located in different regions of São Paulo city. Also another 25 patients and 25 accompanying family members or carers were consecutively selected and interviewed while waiting for their regular outpatient visits at the university outpatient clinic. A questionnaire with 2 hypothetical scenarios describing