EMPirical RESEARCH FOR WILlINgNESS TO PAY FOR ONE QALY GAIN
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OBJECTIVE: The monetary evaluation for QALY gain is necessary and important information for decision making about medical or public health policies. Even though there is one empirical research about it, it used direct methods to estimate its WTP and thus it has a lot of problems. This paper aims to study the same purpose but by using Conjoint analysis. METHODS: A survey was conducted in the 2005 fiscal year and questionnaires were distributed and collected from 773 households, of which the return rate was 88%. The subjects are 1297 adults over age 20. In addition to socio-economic characteristics, in this survey respondents were asked a hypothetical question for Conjoint analysis; whether they would agree to the medical care under the hypothetical situation in regards to cost, duration, the number of patients, and health status. We also performed sensitive analysis in regards to explanatory variables in the estimation equation, discount factors, and QOL evaluation for health status.

RESULTS: In all equation, the estimated coefficients of total cost are significantly negative and those of QALY gain are significantly positive. CONCLUSIONS: WTP per QALY gain is estimated to be 635 to 675 thousand Japanese yen or 5773 to 6136 US$ assuming 1US$ = 110 Japanese yen. Income does not affect WTP per QALY significantly.

MEASURING PATIENT-REPORTED SIDE EFFECTS OF DRUGS: ITS IMPORTANCE AND METHODOLOGICAL CHALLENGES
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INTRODUCTION: Side effects include drug-induced symptoms which are predominantly communicated by patient self-report. This year, the FDA produced draft recommendations for the validation of patient-reported outcomes, for use in medical product development studies. The growing interest in side effects in medical research and the regulatory environment, presents an urgent need for properly developed patient-reported outcome measures of drug side effects. These measures must be valid, reliable and reproducible. METHODS: To assess the psychometric properties of patient-reported side effect symptom scales, and to describe and evaluate the methodologies used to create them. RESULTS: Fifteen existing scales were identified and reviewed. There was wide variation in the extent to which the psychometric properties of the instruments had been reported or tested. There were disagreements amongst scale developers concerning the appropriateness of use of certain reliability tests which are usually routinely undertaken during questionnaire development. The responsiveness testing of side effect scales may be problematic to carry out and testing was limited amongst reviewed scales. Since any symptom of a drug intervention may be associated with everyday health problems, the disease being treated, the drug treatment or a combination of these causes, measuring drug-related side effects is complicated. This complexity impacts upon all aspects of the psychometric testing of patient-reported scales, creating unique challenges for their developers, who must create tools which appropriately discriminate between side effects and symptoms. CONCLUSION: The potential usefulness of patient-reported side effect scales is broad: from research outcome to clinical monitoring. However, a consensus must be reached on suitable methods for the development of such scales.

PROPOSED CHANGES TO PHYSICIAN FEE SCHEDULE: 2007 PRACTICE EXPENSE CONCEPTUAL METHODOLOGY
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OBJECTIVE: The Centers for Medicare and Medicaid Services (CMS) has proposed methodological changes to the computation of 2007 physician fee schedule practice expense. The proposed changes appear to reduce payment for drug administration. This study explores the methodological design of these proposed changes and seeks to identify primary drivers within the methodology. METHODS: Various methods of computing practice expense for 2007 as proposed by CMS were collected and categorized in a methods database format. Data sources and formulas for each proposed method were identified. Current computation methods in effect for calendar year 2006 were then identified and divided into segments for purposes of comparison. Proposed methods were compared against each other and against the payment structure currently in effect. This comparative analysis of side effect measurement may necessitate the introduction of new approaches for the assessment of the reliability and responsiveness of these scales.
analysis highlighted methodological drivers. RESULTS: CMS initially proposed four methods of computing practice expense in 2007. Three potential data sources were identified: the Socioeconomic Monitoring System (SMS); the Medicare Economic Index (MEI); and the Clinical Practice Expert Panel (CPEP). The four proposed methods utilized various combinations of these sources. Each proposed formula was based upon a series of allocations that resulted in different percentages assigned to different subcomponents of the relevant methodology. Comparative analysis revealed significant differentials. Payments for drug administration in the physician’s office would be reduced by all four proposed methods. Two primary methodological drivers were identified: allocation between direct expense and indirect expense within each formula and the volume-based allocation method, whereby specialty impacts are recognized but are then weighted by specialty-specific volume. CONCLUSIONS: Many physician fee schedule payment rates in 2007, including drug administration procedures, may be significantly impacted by proposed changes to the practice expense computation methods. It is vital for service provider decision-makers to monitor and understand relevant CMS proposals. Otherwise, if significant underpayment occurs in 2007, patient access may be negatively affected.

OBJECTIVES: The many benefits of pharmacoeconomic modeling using Discrete Event Simulation (DES) have increased interest in this methodology. A paucity of courses applied to medical problems however, combined with busy schedules prohibit many professionals from familiarizing themselves with the technique. Meeting these needs requires training that can be conducted over the internet. METHODS: A distance learning course was developed to provide a basic understanding of DES. Using Flash technology, an internationally accepted web standard, learning materials were organized into discrete Lessons of online information. Each Lesson is a collection of video, narration, and text explaining a particular aspect of DES such as its theoretical underpinnings, examples of implemented DES solutions, and in-depth explanations of model logic. While Lessons are grouped together in Modules which address a specific range of concepts, each Lesson can also stand on its own. This allows the student to approach the course at their own pace and navigate the curriculum according to personal interest and experience level. This granular organizational method also enables individual lessons to serve as reference materials. RESULTS: The interactive course allows students to manipulate flowchart exercises, self-certify their knowledge through instantly processed quizzes, and contact course administrators with questions. Accessing the course requires only a broadband internet connection, a standard web browser and the Flash player plug-in. CONCLUSIONS: When considering the time and expense of attending geographically dispersed educational seminars, as well as the difficulties associated with participating in large group lectures, the advantages of a tailored, interactive online course become clear. Combining an interactive multimedia presentation approach with a deep curriculum and an at-your-own-pace learning process, the online DES course provides students with an effective and convenient solution for learning about DES in the pharmacoeconomic field.

THE EPIDEMIOLOGIC, HEALTH-RELATED QUALITY OF LIFE, AND ECONOMIC BURDEN OF GASTROINTESTINAL STROMAL TUMORS

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OBJECTIVES: Gastrointestinal stromal tumors (GIST) is the relatively new term for gastric and intestinal smooth muscle tumors arising from mesenchymal or connective tissue. Knowledge of the epidemiologic, health-related quality of life (HRQL), and economic burden of GIST is important from payer, provider, and patient perspectives and may help guide coverage and treatment decisions for treatments recently available. METHODS: PubMed and six scientific meeting databases were searched for studies of GIST and epidemiology, HRQL, or economics. Relevant publications were assessed as to whether they provided original empirical research. RESULTS: Eleven publications met the review criteria: eight provided data on GIST incidence, and one each on prevalence, HRQL, and cost. Incident cases were identified by medical record review or through extant databases with prospective confirmation by immunohistochemical staining in six studies. The annualized incidence of GIST (cases per million) was: United States (U.S.) (6.8), Iceland (11.0), The Netherlands (12.7), Italy (13), Taiwan (13.7) Sweden (14.5), Finland (10–20), and France (20.4). Prevalence was estimated at 129 cases per million in Sweden. On the Functional Illness of Chronic Therapy-fatigue instrument, GIST patients scored 40.0 compared to 23.9, 37.6, and 43.6 in anemic cancer, non-anemic...