

**UTILITIES METHODOLOGY ISSUES****UTI****TRADE-OFF PREFERENCES FOR PHARMACEUTICAL DEVELOPMENT, MARKETING, AND OUTCOMES EVALUATION**

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In this workshop the presenters discuss limitations of standard QALY estimates for evaluating health-care treatments and outcomes. As a solution, they demonstrate developing, administering, analyzing, and applying a recent stated-preference (SP) or conjoint-analysis health survey. The authors are among a small group of health economists who recently have begun to employ this approach to elicit preferences for risk-benefit trade-offs, public-health benefits of reduced pollution exposures, benefits of increased longevity, and quality-of-life differentials among various cardio-pulmonary symptoms. SP encompasses a variety of multiattribute preference-elicitation survey techniques widely used by market researchers to evaluate potential new products and new markets for existing products. The SP technique is based on the principle that products are composed of various attributes or features. SP allows respondents to systematically rate, rank, or choose trade-offs among attributes using a fractional-factorial experimental design. The attributes of these health outcomes may include symptoms, daily activities, number of episodes, and costs or adverse side effects associated with treatment alternatives. Respondents' trade-offs among outcomes, treatments, or other health-care options indicate the relative importance of various attributes. The workshop will help participants to identify salient attributes for pharmacoeconomic decisions and to construct appropriate experimental designs. Administration of a computerized survey also will be demonstrated. The presenters will show how responses elicited from this survey are employed to develop a measure of health-state preferences. Such survey results are useful for a wide variety of pharmaceutical and health-outcome applications, including pharmaceutical development strategies, formulary decisions, managed-care insurance coverage, new drug market share forecasting, patient-satisfaction assessment, information dissemination and labeling evaluation, public health policy analysis, and cost-effectiveness comparisons across diverse outcomes.

**UT2****PRACTICAL APPLICATIONS OF THE HEALTH UTILITIES INDEX**Torrance GW<sup>1,2</sup>, Walker V<sup>1</sup>, Rosner AJ<sup>1</sup><sup>1</sup>Innovus Research Inc., Burlington, Ontario, Canada; <sup>2</sup>McMaster University, Hamilton, Ontario, Canada

The Health Utilities Index is designed to describe and to quantify the health status and the health-related quality-

of-life (HRQOL) of subjects. This validated and reliable instrument has been employed by over 100 research groups worldwide and exists in three formats (face-to-face interview, telephone interview and self-administration). Translations into several languages are also available. As a generic preference-weighted system, the Health Utilities Index not only measures and describes health status, but also provides a quantitative measure of HRQOL as a single summary score based on community preferences for health status. The score, founded on utility theory and anchored to the conventional 0–1 (dead–healthy) scale, is appropriate as a quality-weight in the calculation of quality-adjusted life-years (QALYs). Given that QALYs have been recognized as a universal measure for use in cost-effectiveness/cost-utility analyses and are recommended in the reporting and monitoring of population health, this instrument has wide ranging applications in outcomes and health economic research. This workshop will provide an introduction to the Health Utilities Index and focus on its practical application. We will describe our experiences as they relate to issues such as frequency and mode of administration, patient recall, compliance, sample size considerations, data analysis and interpretation. Citing previous studies, this workshop will demonstrate how the Health Utilities Index can be utilized in prospective clinical research, patient surveys and as a means for developing utility estimates in retrospective health economic models. Researchers and analysts involved in quality-of-life and health economic evaluations will gain a working knowledge of the Health Utilities Index and an appreciation of its diversified use as a generic HRQOL instrument.

**UT3****THE EuroQoL EQ-5D: AN OUTCOME MEASURE FOR USE IN CLINICAL AND ECONOMIC EVALUATION**Kind P<sup>1</sup>, de Charro F<sup>2</sup><sup>1</sup>Centre for Health Economics, University of York, York, UK;<sup>2</sup>Centre for Health Policy and Law, Erasmus University, Rotterdam, The Netherlands

The measurement of health outcomes is central to all evaluative studies. Clinical practice too is shaped by the need to monitor health status, and changes in health status. A prime requirement in most studies is the capacity to represent benefits (or disbenefits) in terms of a single, aggregate value. This property is typically absent from profile measures that characterise health status in terms of separate dimension scores. EQ-5D is a generic measure that yields a single index value for health status based on self-reported problems on each of 5 dimensions—mobility, self care, usual activity, pain/discomfort, anxiety/depression. Utility weights for each of 245 health states are available. EQ-5D is one of a handful of measures recommended by the Washington Panel on Cost-Effectiveness. Elsewhere EQ-5D has received official sanction under the European Commission BIOMED programme and has

been incorporated in the English National Health Survey. EQ-5D has rapidly been assimilated into clinical trials by many of the major pharmaceuticals. This workshop is designed to provide an overview of the development of EQ-5D, outlining the research programme undertaken by the EuroQoL Group over the past 10 years; to report on its use in clinical and economic evaluation; and to detail its international take-up. It is expected that workshop at-

tendees will be primarily researchers and analysts concerned with clinical and economic evaluation, particularly where international collaboration is involved. Thus far EQ-5D has been translated into more than 25 languages. Participation in the Workshop should provide sufficient exposure to enable all attendees to reach a balanced conclusion regarding the usefulness of EQ-5D.