1200 utility weights associated with cardiovascular events and procedures. Stroke accounted for one-third of total identified cardiovascular utilities, followed by myocardial infarction (25%) and heart failure (17%), and peripheral vascular disease (8%). Most (86%) of the utility estimates were derived from secondary references (e.g., published literature). Over one-third (36%) of utilities identified were elicited using EQ-5D and 14% were estimated with direct time trade-off questions. Among the utilities from published studies disclosing sample population information, nearly two-thirds (64%) were elicited from patients and 25% from community members. Few studies (n=27) CUA, 168 utility weights reported utilities for asymptomatic or symptomatic states prior to the cardiovascular event or procedure. CONCLUSIONS: Heterogeneity exists in the reporting of cardiovascular utility weights. Analysts conducting CUA using secondary references can improve study transparency by reporting relevant utility weights and details of the utility estimation method. In order to better understand the cost-effectiveness of interventions for cardiovascular conditions, further research is needed to inform baseline utility measurement prior to cardiovascular events or procedures.

PRM117

ESTIMATING AN EQ-5D-3L VALUE SET IN SINGAPORE

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OBJECTIVES: Evaluate the psychometric properties of the revised version of the Medical Outcomes Study Cognitive Functioning Scale (MOS-Cog-R) using data from a representative sample of U.S. adults. METHODS: The 6-item MOS-Cog yields a single score representing impairment across a range of cognitive functions including memory, reasoning, attention/concentration, and confusion. The previous four weeks. The MOS-Cog-R introduced several changes: one response option was removed, a one-week recall period form was introduced, and the distribution of options was replaced by fixed response options with a mean-SD score of 0.1227, and 41 out of 80 predicted values had errors less than 0.10 in absolute value. The MOS-Cog-R demonstrated good reliability and validity.

PRM118

ESTIMATING AN EQ-5D-3L VALUE SET IN SINGAPORE

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OBJECTIVES: Estimate an EQ-5D-3L value set using time trade-off (TTO) values directly measured from the general Singaporean population. METHODS: The values of 80 EQ-5D-3L health states were directly elicited from a general Singaporean population sample using a TTO method modified from the MHS protocol. In face-to-face interviews, participants were asked to value a block of 10 health states. Various linear regression models and model specifications were examined to assess their goodness of fit to the data, at both individual and aggregated levels, and ability to predict the values of unmeasured EQ-5D-3L health states. Goodness of fit was assessed in terms of mean absolute error (MAE), numbers of prediction errors larger than 0.05 and 0.10, while prediction ability was assessed in terms of logic consistency and bias. RESULTS: Participants provided data for this study. The N3 model without a constant using the random-effects estimator exhibited the best fit of the data at individual level, predicted values with the least bias, and generated logically consistent values for all 243 EQ-5D-3L health states. The MAE was 0.1227, and 41 out of 80 predicted values had errors less than 0.10 in absolute magnitude. Based on this model, the second highest utility value is 0.8867 for state 21,111 and the lowest value is -0.7284 for state 33,333. CONCLUSIONS: This study developed an EQ-5D-3L value set of EQ-5D-3L health states. The value set provides health services researchers in Singapore a useful tool for assessing the cost-effectiveness of health technologies and services.

PRM119

VALIDATION AND PSYCHOMETRIC EVALUATION OF A HEALTH CARE ORIENTATION ASSESSMENT ORIENTATION

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OBJECTIVES: The Provider-Dependent Health Care Orientation (PDHCO; Kaplan 1996) assesses an individual’s orientation towards health and health care and measures an individual’s dependence (i.e., passivity) related to health care and disease management. We sought to build on prior validation of the instrument by evaluating the reproducibility of the PDHCO and testing equivalence between paper and computerized administration modes. METHODS: The PDHCO and other questionnaires were administered to a sample of adults recruited through web-based advertisements in 8 U.S. cities. Participants completed the PDHCO on both a paper and computerized version of a one-week recall form, with the 1-week retest was completed at home. Reproducibility and mode equivalence were assessed using the intraclass correlation coefficient (ICC). Cronbach’s alpha was used to assess internal consistency. Results: 228 respondents (89.9%) completed the one-week retest. The mean age of participants was 44.3 years, 51.3% were female, and 58.3% were Caucasian. A small number (n=9, 3.9%) reported their health as Poor. The mean PDHCO score was 49.7 (±14.7), and the ICC between paper and computerized administration was 0.887. The ICC for the one-week retest of the paper format was 0.913, and the PDHCO was found to be internally consistent (Cronbach’s alpha=0.735). Significant correlations were found with the CWQ (r=0.246, p<0.001), and the instrument discriminated between levels of the PAS (p<0.05). CONCLUSIONS: The PDHCO was observed to have adequate reproducibility and internal consistency as well as appropriate convergent validity. The scale was found to significantly discriminate between levels of health assertiveness. Equivalence between paper and web-based administration was demonstrated.

PRM120

DEVELOPMENT OF A NEW PATIENT-REPORTED OUTCOME (PRO) INSTRUMENT FOR PULMONARY ARTERIAL HYPERTENSION (PAH): THE PULMONARY ARTERIAL HYPERTENSION–SYMPTOMS AND IMPACT (PAH–SYMPACT) QUESTIONNAIRE

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OBJECTIVES: In the absence of any pulmonary arterial hypertension (PAH)-specific PRO instruments developed in accordance with 2009 FDA guidance recommendations, the PAH–SYMPACT questionnaire was developed to provide a new instrument assessing PAH symptoms and their impacts following the PRO guidance. METHODS: Patient inclusion criteria were age 18–80 years and symptomatic PAH (WHO Group 1) diagnosed by right-heart catheterization. Concept elicitation was based on 5 focus groups, after which saturation of emergent concepts was reached. A PRO instrument for PAH symptoms and their impacts was drafted, considering input from the international Steering Committee as well as translatability and legibility assessments. Two rounds of cognitive interviews on the draft PRO were conducted, with instrument revisions following each. The study was approved by institutional review boards at 5 US sites and participants provided written informed consent. RESULTS: Focus groups comprised 25 patients, and 20 additional patients participated in cognitive interviews (10 per round). Participants had a mean±SD age of 54±16 years, were predominantly female (91%), and were diverse in race/ethnicity, WHO functional class (II/IV 49%), and etiology (idiopathic PAH 51%, diopathic PAH 47%, familial PAH 2%). The draft PRO instrument was found to be clear, comprehensive, and relevant to PAH patients in cognitive interviews. Item testing was organized in a draft PRO instrument containing 4 symptom domains (respiratory symptoms, tiredness, cardiovascular symptoms, other symptoms) and 5 impact domains (physical activities, daily activities, social impact, cognition, emotional impact). The recall period is the past 24 hours for symptom items, and 7 days for impact items. CONCLUSIONS: The draft instrument was shown to capture symptoms and their impacts relevant to PAH patients, demonstrating content saturation and concept validity. Additional testing is needed to confirm the content and psychometric validity of the PAH–SYMPACT before use in future clinical practice or studies.

PRM121

USING A LIFE SATISFACTION MEASURE IN THE EVALUATION OF HEALTH: A CASE STUDY OF MULTIPLE SCLEROSIS

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OBJECTIVES: The valuation of health is becoming increasingly important for the purposes of health technology assessment. However, recent research has suggested that traditional preference-based measures for valuing health states may not adequately capture the health status of PAH patients from a PAH patient perspective. The current study extended this research by examining the validity of a life satisfaction measure among patients with multiple sclerosis (MS). METHODS: Demographic data from the MS consensus: Scoring MS’s Burden of (MS)-10 were used, which were collected from an Internet-based survey of patients who self-reported a diagnosis of MS. Information on demographics, disease and treatment history, and health outcomes were collected. A life satisfaction measure was calculated to assess internal consistency. To assess convergent validity, the correlation of the PDHCO to the Communication With Physician (CWP) Scale of idiopathic PAH: 47%, familial PAH: 2%). The draft PRO instrument was found to be clear, comprehensive, and relevant to PAH patients in cognitive interviews. Item testing was organized in a draft PRO instrument containing 4 symptom domains (respiratory symptoms, tiredness, cardiovascular symptoms, other symptoms) and 5 impact domains (physical activities, daily activities, social impact, cognition, emotional impact). The recall period is the past 24 hours for symptom items, and 7 days for impact items. CONCLUSIONS: The draft instrument was shown to capture symptoms and their impacts relevant to PAH patients, demonstrating content saturation and concept validity. Additional testing is needed to confirm the content and psychometric validity of the PAH–SYMPACT before use in future clinical practice or studies.

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