CANADA, are often granting market access on the basis of efficacy data alone. Because of this lack of effectiveness data, information is mostly extrapolated from the existing efficacy data. In theory it should be left to evidence-based-medicine specialists to estimate this information. In practise this is done as an integral part of most economic evaluations. We challenge this practise and propose to separate the estimation of effectiveness from the overall process of economic evaluations. Our main argument is that the estimation of effectiveness is not necessarily a core competency for authors of economic evaluations. RESULTS: Hence this crucial issue gets too little attention in discussions and guidelines of economic evaluations. Subsequently we argue that this niche of evidence-based-medicine is still underdeveloped. It urgently needs scientific discussion and development of its own guidelines. CONCLUSIONS: We propose that the estimation of effectiveness on the basis of efficacy data should be done as an endeavour in itself. This would make the appraisal of these two distinct procedures, namely effectiveness assessment and economic evaluation, clearer and thus more valuable. The European Union is currently trying to develop this field (Pharmaceutical Forum Conclusions—Press release September 29, 2006).

SYSTEMATIC BIAS BETWEEN INTERNET AND MAIL SURVEYS: IMPLICATION FOR SCALING OF CONJOINT QUESTIONS

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OBJECTIVES: To examine the role of two modes of administrations of surveys: mail and internet, and associated source of biases on validation of results of patient surveys, set up by J Winter and D McFadden at Berkeley. Since internet surveys are increasing, especially for conjoint surveys in health care, it becomes important to control such biases on estimators of demand for care. Previous estimations of survey biases in conjoint models for health care choices (e.g. Suzuki and Ohkusa on common cold, 1999) did not address such sources of biases. METHODS: Two experimental questionnaires designed in 2003 and 2004 were administered on AARP patients, with the two modes of administration. This paper analyses responses to three policy questions. They are measured with scaling responses, similar to the one used for the validation stage of a new cost index for physicians’ decision making. RESULTS: Results from the 2003 survey show that there is systematic bias associated with modes of administrations. The paper provides 2003 results on three policy questions where scaling measures were used on health care choices for different types of care; preliminary results of a modified 2004 design of the 2003 survey will also be provided. Findings from Winter and McFadden suggest that there are systematic biases between internet and mail surveys in the range of 0.514 to 0.528 for the selected choice questions. These results will be updated and discussed in the context of the creation of a sampled survey on primary care physicians combining mail and internet surveys. CONCLUSION: This paper contributes to methodological advances to improve validation of new type of reversed conjoint surveys as predictive tools for demand of health care, especially for the validation of physicians’ surveys, when there are a lot of variations in adoption of IT systems in physicians’ practices.