adjust these estimates to reflect baseline levels of information transmission using data on the baselines rates at which physicians can identify the optimal treatment without any explicit mechanism to elicit preferences from the patients. Obtaining data on the baseline levels of information transmission should be a high priority. The EVSOI approach may also be used to value direct to consumer advertising and certain educational programs for patients that aim to promote optimal health decisions.

PMD25
ELICITING WILLINGNESS TO PAY WITHIN THE HEALTH SECTOR WITHOUT BIAS
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OBJECTIVE: The contingent valuation (CV) method is increasingly employed within the health care sector (HCS); however, the extent to which hypothetical choices mimic real economic choices remains unclear. A few previous experiments have studied the correspondence between hypothetical and real willingness to pay (WTP) within the HCS. The findings suggest that hypothetical bias (HB) (i.e., overestimation of real WTP) exists in the HCS, just as it does outside of the HCS. An important area of research is whether or not HB can be “calibrated” so that hypothetical choices more closely mimic real economic choices. We conducted an experiment directly comparing responses to a dichotomous choice CV question with real purchase decisions using a pharmacist provided diabetes management service as the item valued. We examine whether HB exists and we evaluate the usefulness of two HB mitigation techniques: the “certainty approach” and the “cheap-talk approach”.

METHODS: A CV survey using 267 subjects with diabetes recruited from 9 Kentucky community pharmacies was conducted. Subjects fell into one of three groups: 1) hypothetical offer followed with certainty calibration; 2) hypothetical offer preceded by cheap talk; 3) real offer to purchase the service. All surveys were face-to-face with a trained interviewer. RESULTS: Before calibration, 45% of subjects in the hypothetical group stated that they would purchase the service compared to 26% of subjects in the real group (p = 0.006). After calibration with the “certainty approach” the difference between the calibrated (24%) and real response rate was no longer significant (p = 0.83). The cheap talk group had a purchase rate of 45%, which was significantly different from the real group (p = 0.006). CONCLUSIONS: This experiment confirms the existence of HB in CV applications within the HCS. Results suggest that a “certainty-approach” calibration technique is successful in mitigating HB, while “cheap talk” script is not.

PMD26
UTILIZATION OF COMPLEMENTARY DATA SOURCES TO DEVELOP INDICATION ALLOCATIONS
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OBJECTIVES: Emergence of retrospective data sources without diagnosis has necessitated development of methods of assigning diagnoses using medications as a proxy. The objective of this study is to define a method for this allocation of multi-indication products using several data sources. METHODS: The study was conducted using three IMS HEALTH databases: National Disease and Therapeutic Index (NDTI), a compilation of the treatment of disease by office-based physicians; LifeLink database, an employer claims database; and LRx, a longitudinal retail prescription database. Using NDTI, medications commonly prescribed for treatment of specific diseases were identified. Patients with these drugs and diagnoses separately or in combination were selected from LifeLink™ to examine convergence of drug and diagnosis information. Based on the findings, a clinical algorithm to allocate prescription use by indication was designed. RESULTS: Medications used for treatment of asthma or allergic rhinitis were identified using NDTI. When applying this to LifeLink data, findings indicated diagnosis alone was not an adequate means of identifying indication: 49.7% of patients filling only asthma medications had only an asthma diagnosis; 15.0% of those receiving AR medications had a corresponding AR diagnosis; and 31.2% had neither diagnosis, yet filled prescriptions for both types of medications. Using the information gained from this analysis, algorithms were built assigning the most likely diagnosis based on the patient’s drug history. Using this algorithm in LRx, only 8% of asthma/allergic rhinitis prescriptions could not be categorized. Similar patterns were seen in other therapeutic areas. CONCLUSIONS: Relying on a single source for defining medications as a proxy for diagnosis can result in under-identification of patients with a condition. Use of multiple data sources allows for increased accuracy in identifying drugs or drug combinations used as a proxy for diagnosis in a prescription database.

PMD27
THE APPLICATION OF TWO PRODUCTIVITY INSTRUMENTS AT A LARGE EMPLOYER
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OBJECTIVES: The growth in the literature documenting relationships between health and productivity has resulted from the development of several survey-based productivity measures. However, some of the survey instruments have been developed for particular situations and contain idiosyncrasies that make it difficult to understand whether differences in productivity measures noted across studies are due to differences in the instruments that were used or the populations to which they were applied. METHODS: To address this issue, we applied two productivity instruments to the same employees working at a large telecommunications firm. Productivity metrics obtained from the Work Productivity Short Inventory and the Work Limitations Questionnaire were compared. RESULTS: The results suggest that acute, intermittent, or chronic conditions may reduce productivity by 4.9% to 7.1% (or by about $2000 to $2800 per employee per year), depending on the instrument. CONCLUSIONS: While the productivity losses seem comparable, they suggest different courses of action. The WPSI is designed to point to particular conditions that seem problematic, while the WLQ points to the types of productivity problems these or other conditions may elicit. Such problems may reflect difficulties managing the time, mental or interpersonal, output, or physical demands of the job. Given the different foci of these instruments, the results obtained seem complementary, and both may be