satisfaction domains exhibited the strongest significant results amongst all three tests. However, while the convenience domain exhibited strongly significant measurement equivalence for the CTI, it only exhibited significant results for the SEM and DIF.

CONCLUSIONS: While all three methods indicated the same overall results, there is some suggestion of differing sensitivity amongst the tests. 

EXPERTS’ JUDGEMENT ON PATIENT-CENTRED COORDINATED CARE

Hochschule Neubrandenburg, Neubrandenburg, Germany

OBJECTIVES: Delivering care coordination services is often described as the key to effectively meet patients’ needs and expectations. Patient empowerment and patient participation is highly discussed and postulated, but there is a lack of knowledge on how to design patient-centered coordinated care. This study intends to provide health policy and decision-makers with a comprehensive assessment on experts’ priorities in the relative value of different dimensions of coordinated care.

METHODS: A questionnaire with 88 items was conducted with N = 251 health care experts. Exploratory and confirmatory factor analysis was performed using SPSS® 18. The number of factors to be retained was controlled by Kaiser’s criterion (eigenvalues above 1), validation of the scree plot, and the interpretability of the items. Cronbach’s alpha was used to assess the internal reliability of the subscales. The exploratory factor analysis led to 25 factors. After analyzing the scree plots and qualitative results confirmatory factor analysis was computed for an 8 factor solution accounting for 42.828 % of the total variance and with KMO of 0.723. Cronbach alpha reliability coefficients were computed for each of the subscales and ranged between 0.621 and 0.745. Based on the existing literature and the analysis conducted, coordinated care could be differentiated into eight dimensions: access, knowledge transfer, technical care, interpersonal care, patient-centeredness, continuity, infrastructure and participation in social life.

CONCLUSIONS: The aim of the study was to structure the key attributes for investigating preference research. Differences in experts’ judgment and patients’ perspective will be analyzed in upcoming research. If expectations of stakeholders are taken into account adequately, it can be assumed that this will increase the motivation to participate in and the satisfaction with coordinated care programs.

GLOBAL INDUSTRY USE OF ELECTRONIC PATIENT-REPORTED OUTCOME INSTRUMENTS: PRELIMINARY RESULTS FROM A 2010 EPRO SURVEY

Bergstrom P, McGinley D, Ackerman S, Cole J

Covance Market Access Services, Gaithersburg, MD, USA; Covance, Conshohocken, PA, USA; Covance Market Access Services, San Diego, CA, USA

OBJECTIVES: While eClinical Forum’s 2009 survey findings suggest that electronic data capture (EDC) is used in 58% of clinical trials, little is known about the use of electronic patient reported outcome (ePRO) technologies for data collection. The purpose of this survey was to describe the experience and perceptions regarding use of ePRO as reported by pharmaceutical, biotech, medical device, and other industry professionals.

METHODS: Global industry professionals were invited to complete a web-based survey fielded in early 2010. Participants were asked about their professional background, ePRO and eCRF experience, as well as challenges and advantages of using ePROs. Responses were analyzed descriptively. RESULTS: To date, 153 industry professionals completed the survey. Forty-four percent of respondents were from pharmaceutical companies, followed by other (41%), biotech (10%) and medical device (6%). Forty-nine percent had previous or prior experience among which 51% had prior ePRO experience. Among respondents using a PRO measure in an international study, 43% used ePRO for data collection. Hand-held device (tablet, PDA) was the most common ePRO technology (42%), followed by interactive web-response (29%) or voice-response (29%). Reported advantages of ePROs include accuracy of information collected (79%), increased completion (73%), and ease of use (64%); challenges include patient training (65%), study start-up costs (64%) or time (54%), and patient burden (54%). Validation of PRO for EDC use was an important factor when considering paper-based versus ePRO data collection (21%). Among those responding, 26% indicated they used ePRO data collection in <50% of their clinical trials, and 82% strongly agreed/agreed they would use ePRO in future studies.

CONCLUSIONS: Preliminary results from this survey suggest that among those who use PRO measures in studies, the percent of industry professionals using ePROs is similar to the overall percent of industry using EDC as a data collection method in clinical trials.

TRANSLATION AND LINGUISTIC VALIDATION OF PRO MEASURES: RESPONSE OPTION ISSUES

Griffin AJ, Fortato T, Wild D

Oxford Outcomes Ltd, Oxford, Oxon, UK

OBJECTIVES: PRO measures use a variety of scale response options. These vary according to the type of measure, and can include frequency (time-based) scales, severity (intensity) scales, visual analogue scales (VAS) and levels of agreement. The translation and linguistic validation of response options can cause semantic or conceptual difficulties. This research aims to identify the issues raised during the translation of some response scales, with the aim of aiding the translatability of response options. METHODS: Examples of issues in the translation and linguistic validation of response options were collected from past Oxford Outcomes projects. Those response options which were problematic across PRO measures and languages were evaluated. RESULTS: Numerous cultural and linguistic issues became apparent throughout the translation process which require careful attention being paid to the response options during the translation and linguistic validation process: Some mid-scale words used in severity scales are particularly difficult to translate, e.g. rather, somewhat. Two response options on a scale, e.g. rather confident, fairly confident can be very small and unclear. Frequency scales (how often...?) are often translated as “how many times,” in some languages (particularly Indian). When using “level of agreement” scales the word “strongly” often proves problematic as some languages find it difficult to express levels of agreement. CONCLUSIONS: Various issues with response options were recognised during the linguistic validation of a considerable number of PRO measures, a full translation and linguistic validation procedure can help to overcome such problems, but care should be taken when choosing response scales during the development of PRO measures. In general, response options, which are particularly close in meaning, e.g. somewhat, rather, are usually more problematic to translate than those with clear parameters, e.g. never, rarely, sometimes, often, always.