



Valuing EQ-5D-Y-3L Health States using composite Time-Trade off values in Taiwan

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Background and Objective

Background: Given the absence of a locally derived value set for pediatric health-related quality of life (HRQoL) instruments in Taiwan, we conducted the first EQ-5D-Y-3L valuation study across cities in Taiwan. This study followed the standardized protocol of a multi-country EQ-5D-Y-3L valuation initiative in Asia.

Research aim: to explore the feasibility of generating a preliminary value set for EQ-5D-Y-3L health states based on the composite Time Trade-Off (cTTO) method.

Methods

- Study subjects:** A total of 200 adults were recruited through stratified sampling by gender and age from four major regions in Taiwan.
- Interview process:** Each participant completed face-to-face interviews and was asked to evaluate randomly 10 out of 28 EQ-5D-Y-3L health states for a hypothetical 10-year-old child from a proxy perspective using the cTTO elicitation method.
- Data analysis:** We examined the characteristics and distribution of the collected data and applied several modeling approaches, including Ordinary Least Squares (OLS), Generalized Least Squares (GLS), Tobit models censored at -1, and Tobit GLS models censored at -1 (with and without intercepts).
- Model performance:** compared using root mean square error (RMSE), mean absolute error (MAE), log-likelihood, Akaike Information Criterion (AIC), and Bayesian Information Criterion (BIC) to identify the optimal model.

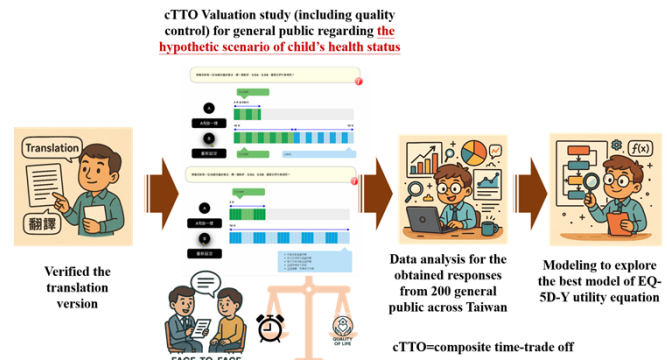


Figure 1. Implementation process to explore the feasibility of generating a preliminary value set for EQ-5D-Y-3L health states based on the composite Time Trade-Off (cTTO) method in Taiwan.

Results

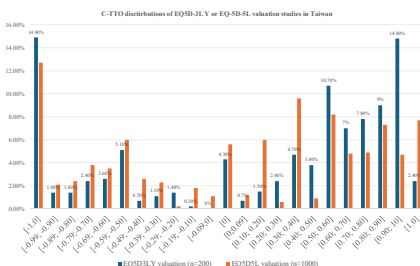


Figure 1: C-TTO distributions for the studies of EQ5D 3L Y valuation or EQ5D 5L valuation

Table 2: Estimation results for C-TTO models (for all samples)

Independent variables of the model	For all samples			
	OLS model	GLS model	Tobit model censored at -1	Tobit GLS model censored at -1
Mobility (MO)				
No problems to slight problem	0.1340 (0.0336)*	0.1184 (0.0253)*	0.1303 (0.0389)*	0.1111 (0.0218)*
Slight problems to extreme problems	0.0630 (0.0338)	0.0728 (0.0238)*	0.0771 (0.0392)	0.0766 (0.0213)*
Self-care (SC)				
No problems to slight problem	0.0781 (0.0382)	0.0613 (0.0278)	0.0867 (0.0441)*	0.0253 (0.0244)
Slight problems to extreme problems	0.1306 (0.0362)*	0.1276 (0.0245)*	0.1457 (0.0420)	0.1188 (0.0219)*
Usual Activities (UA)				
No problems to slight problem	0.1090 (0.0380)*	0.0995 (0.0265)*	0.1075 (0.0439)	0.0674 (0.0228)*
Slight problems to extreme problems	0.2224 (0.0356)*	0.2138 (0.0259)*	0.2488 (0.0411)*	0.1682 (0.0228)*
Pain/Discomfort (PD)				
No problems to slight problem	0.1309 (0.0351)*	0.1180 (0.0249)*	0.1282 (0.0406)*	0.0838 (0.0214)*
Slight problems to extreme problems	0.2184 (0.0326)*	0.2344 (0.0244)*	0.2492 (0.0377)*	0.2005 (0.0216)*
Anxiety/depression (AD)				
No problems to slight problem	0.0982 (0.0331)*	0.0887 (0.0244)*	0.0936 (0.0383)	0.1004 (0.0211)*
Slight problems to extreme problems	0.2972 (0.0326)*	0.3064 (0.0226)*	0.3418 (0.0379)*	0.2355 (0.0202)*
Range of possible values	[-0.4819, 1]	[-0.4409, 1]	[-0.6090, 1]	[-0.1876, 1]
RMSE^a or Sigma^b	0.61335 ^a	0.39361 ^a	0.70247 ^b	0.34023 ^b
MAE	0.50557	0.30716	-	-
Log likelihood	-1860.3	-1356.5	-2162.0	-809.5
AIC	3742.5	2716.9	4347.0	1642.9
BIC	3804.1	2723.5	4408.0	1682.5

Model estimates are presented as coefficient (SE).

*p value <0.01. RMSE, root mean square error; MAE, mean absolute error; AIC, Akaike information criteria; BIC, Bayesian information criteria; OLS, ordinary least squares; GLS, generalized least squares

Conclusion

- Although this study did not include discrete choice experiment (DCE) data, it demonstrates the feasibility of generating a value set for EQ-5D-Y-3L using cTTO data alone.
- The resulting utility range was narrower than that observed in the 2018 EQ-5D-5L valuation study, despite a similar proportion of negative utility values.
- Further research integrating DCE and advanced modeling techniques is needed to develop a robust value set for EQ-5D-Y-3L in Taiwan. These findings offer preliminary evidence to support pediatric health evaluations and inform decision-making by clinicians and policymakers.

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