HTA135

Accessibility and inclusivity for people participating in health preference research: How does the mode of administering an interview impact on time trade-off studies?

Rowen D[1], Mukuria C[1], Cooper S[2], Bray N[3], Carlton J[1], Longworth L[4], Meads D[5], O'Neill C[6], Shah K[2], Yang Y[7]

[1]School of Health and Related Research, University of Sheffield, Sheffield, UK; [2]National Institute for Health and Care Excellence, UK; [3]School of Health Sciences, Bangor University, UK; [4]PHMR Limited, UK; [5]Academic Unit of Health Economics, University of Leeds, UK; [6]Centre for Public Health, Queen's University, Belfast, Northern Ireland; [7]Nuffield Department of Primary Care Health Sciences, University of Oxford, UK

The University Of Sheffield.

Aims and objectives

Valuation studies, used to inform national healthcare policies, represent public views on which aspects of health matter the most, yet sample representativeness may be affected by interview mode. Video interviews may preclude the digitally excluded; in-person interviews may exclude people unwilling to travel or welcome an interviewer into their home.

This study assesses the impact of mode on sample composition, and examines the equivalence, feasibility and acceptability of video and in-person interviews for generating time trade-off (TTO) values for EQ-5D-5L, to determine whether both could be used in a single study and data combined.

Methods

Sample participants in England were recruited using a blended approach of different methods and sampled based on age, gender, ethnicity, and index of multiple deprivation. Participants were randomly allocated to video or in-person interview and completed TTO tasks for the same 10 EQ-5D-5L health states using EQ-VTv2 software. Data was assessed across mode using: participant preferred mode of interview; sample representativeness; participant understanding and feedback; data quality; mean TTO and TTO distribution for each health state; and regression analyses assessing the impact of mode on TTO values whilst controlling for participant characteristics.

Results

There was no clear preference for mode across all participants (n=360), but characteristics of people preferring video or in-person interviews significantly differed. TTO values differed across modes for more severe states, but mode does not appear to be the cause when controlling for other factors. Video interviews generated marginally lower quality data across some criteria.

Figure 1. Characteristics of participants interviewed by stated preference of how they would have chosen to be interviewed

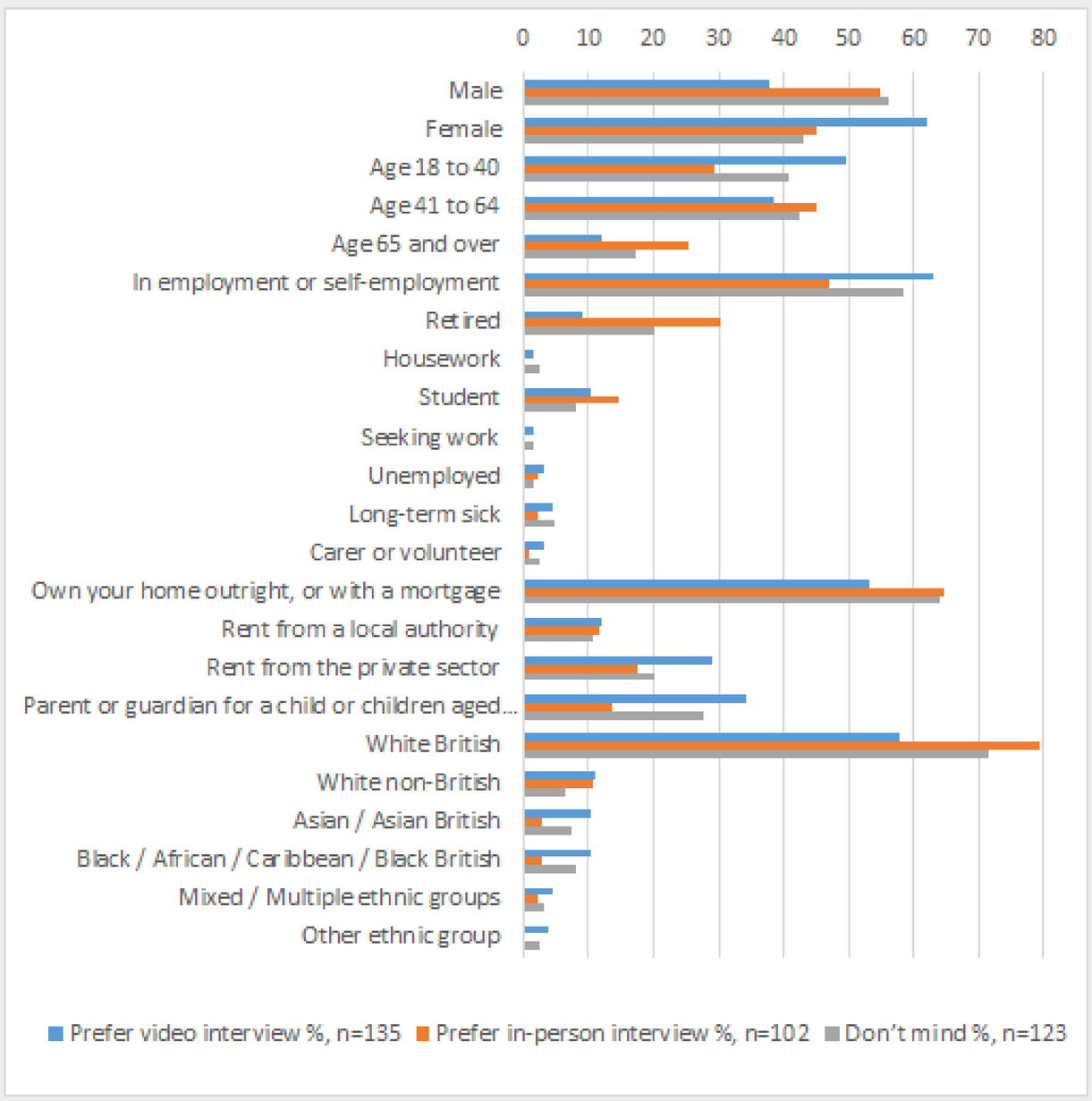


Figure 2. Reasons for stated preference of mode they would have chosen

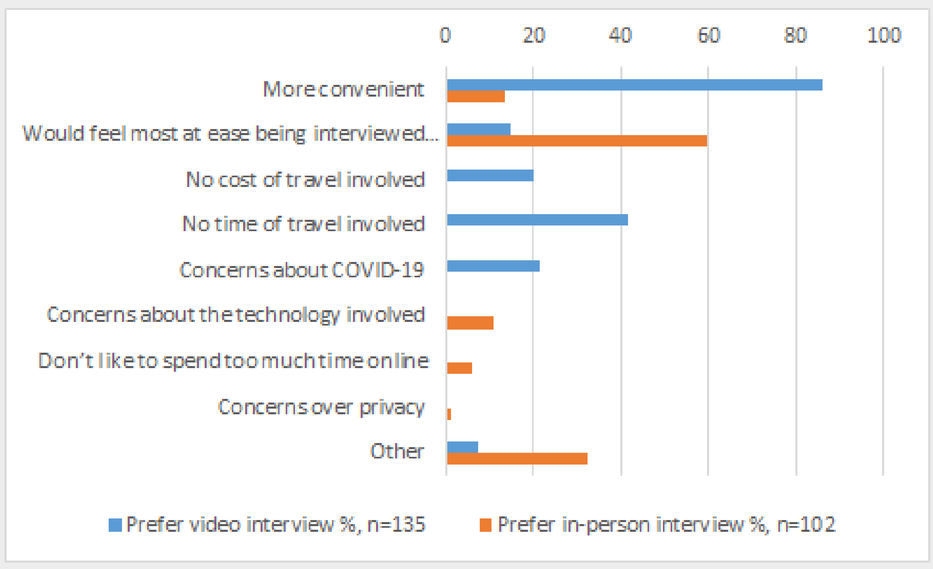
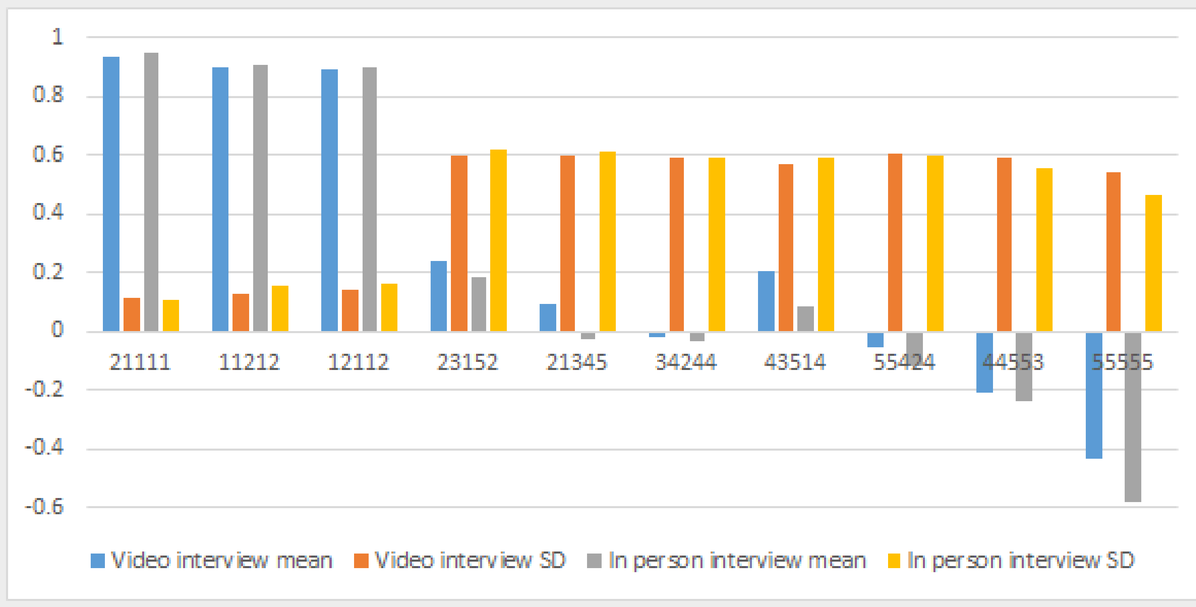


Figure 3. Elicited TTO values by EQ-5D-5L health state by mode interviewed by (excluding those flagged by participants as values they would reconsider)



Conclusions

Neither video nor in-person TTO interviews had clearly superior performance, and TTO responses did not vary significantly overall. However, characteristics of people preferring each mode differed significantly.

It is recommended that both in-person and video interviews are used in TTO valuation studies, to enable accessibility and inclusivity of those able to participate, maximising sample representativeness.

References and funding

Rowen D, Mukuria C, Bray N, Carlton J, Longworth L, Meads D, O'Neill C, Shah K & Yang Y (2022) Assessing the comparative feasibility, acceptability and equivalence of videoconference interviews and face-to-face interviews using the time trade-off technique. Social Science and Medicine. Sep;309:115227

This project received funding from the EuroQol Research Foundation. The views expressed by the authors in the publication do not necessarily reflect the views of the EuroQol Group.

Email: d.rowen@sheffield.ac.uk