Patient and Caregiver Views on Novel Measures on the Value of Health Interventions

Poster: PCR12

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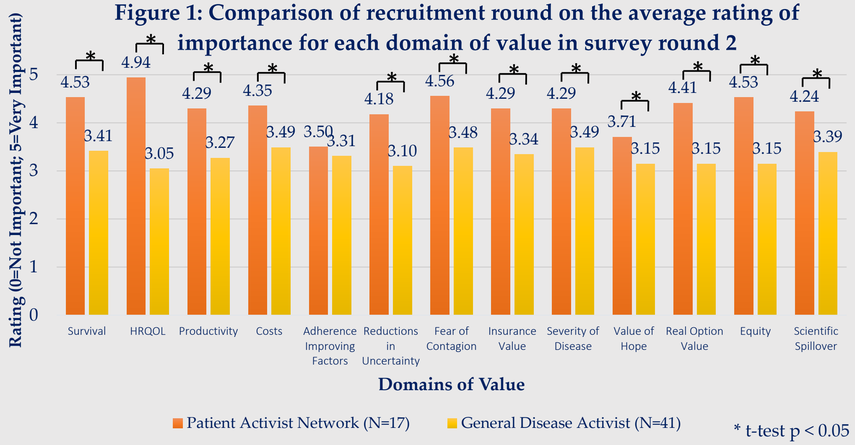
Background & Objectives

- Despite the usefulness of the QALY, researchers, policy makers, and advocates note limitations in incorporating all domains of health[1]
- Inclusion of "novel" domains of value of potential interest in generating more comprehensive cost-effectiveness analyses, through an adjustment of the QALY or alternative measures[2]
- **Objective:** investigate patient and caregiver views on the importance of traditional and novel domains of value

Table 1. Demographic characteristics of survey participants

Variable	Frequency (n=58)	Percent
Sex		
Female	35	60.3%
Age		
18-34	12	20.7%
35-54	34	58.6%
55-64	9	15.5%
65+	3	5.2%
Type of Participant		
Patient	39	67.2%
Caregiver	19	32.8%
Recruitment Source		
Patient Activist Network	17	29.3%
General Disease Advocacy	41	
Number of Conditions		
1	38	65.5%
2+	20	

Figure 1: Comparison of recruitment round on the average rating of importance for each domain of value in survey round 2



* t-test $p < 0.05$

Methods

Eligibility & Survey Population:

- Adult patients managing a chronic medical condition or adult caregivers of a patient with chronic illness
- Recruited from patient activist network (Patients Rising Now) and disease-specific patient advocacy groups (subscribers to The Aging Experience)

Two-round modified Delphi survey

- Questions about demographics, rating domains of value, and ranking domains rated as "important" or "very important"

Statistical Analysis:

- Paired t-test for rating and ranking between survey rounds
- Multiple logistic regression analysis to identify factors associated with rating a value domains as "important" or "very important"

Table 2. Likelihood of rating and domains important or very important in round 1 and 2

Variable	Odds Ratio	95% Confidence Interval	p-value
Age			
18-34	Ref		
35-54	**1.40**	(1.04, 1.89)	**0.027**
55-64	**2.10**	(1.31, 3.37)	**0.002**
65+	1.15	(0.59, 2.24)	0.68
Sex			
Female	Ref		
Male	**0.76**	(0.59, 0.995)	**0.046**
Type of Participant			
Patient	**0.57**	(0.43, 0.76)	**<0.001**
Caregiver	Ref		
Recruitment Source			
Patient Activist Network	**5.68**	(3.99, 8.07)	**<0.001**
General Disease Advocacy	Ref		
Survey Round			
Round 1	Ref		
Round 2	1.27	(1.00, 1.62)	0.05

Results

Survey Response:

- 63 (41 patients, 22 caregivers) completed round 1
- 58 (39 patients, 19 caregivers) completed round 2

Survey Round Comparison:

- Traditional measures of value consistently ranked highest: survival, health-related quality of life, costs, and productivity

Factors Associated with Increased Odds of Assigning Importance

- Participants from patient activist network (OR 5.68, $p<0.001$)
- Age 35-54 (OR 1.40, $p=0.027$) and 55-64 (OR 2.10, $p=0.002$)

Factors Associated with Decreased Odds of Assigning Importance

- Patients (OR 0.57, $p<0.001$)
- Male sex (OR 0.76, $p=0.046$)

Discussion

Conclusion

- Traditional domains (e.g., survival, health-related quality of life, and costs) consistently rated higher than novel domains (e.g., real option value & value of hope)
- Respondents from patient activist network considered nearly all domains important, while general disease advocates were more discriminate in their views

Relevance & Policy Implication

- Patients and caregivers emphasize well-accepted measures of value
- Further research recommended to integrate individual tradeoffs & implications of expanded value assessments in context of constrained budgets

References

1. Neumann PJ, Cohen JT. QALYs in 2018-Advantages and Concerns. JAMA. 2018;319(24):2473-2474.
2. Lakdawalla DN, Doshi JA, Garrison LP, Jr., Phelps CE, Basu A, Danzon PM. Defining Elements of Value in Health Care-A Health Economics Approach: An ISPOR Special Task Force Report [3]. Value Health. 2018;21(2):131-139.

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