Use of Stated Preferences in the European Union Working Group

European examples at the regulatory level include:

- The cost-benefit assessments undertaken as part of economic evaluation by the German Institute for Quality and Efficiency in Healthcare (IQWiG) can incorporate the elicitation of patient preferences using discrete choice experiment (DCE) or the analytical hierarchy process (AHP). [1, 2]
- The assessment of utility impact required by the National Institute for Health and Care Excellence (NICE) involves the elicitation of general population preferences.
- The DCE has been tested to elicit patient as well as general population preferences in a Belgian pilot project on decision making in reimbursement of health technologies.[3]
- The European Medicines Agency (EMA) has piloted swing weighting to elicit decision makers' preferences for the benefits and risks of products being considered for authorization, as well as to elicit patient preferences using survey methods. [4]
- Health technology assessment (HTA) agencies in Hungary[5] and Italy use direct weighting methods to elicit decision makers' preferences to inform reimbursement decisions.

A number of EU funded initiatives have also contributed to the review and promotion of the use of stated preference methods in the EU, including:

- The PROTECT (Pharmacoepidemiological Research on Outcomes of Therapeutics by a European Consortium) project, conducted by the Innovative Medicines Initiative (IMI) and coordinated by the EMA, focuses on the question of public/patient involvement in regulatory processes.
- The European Network for HTA (EUnetHTA) developed the HTA Core Model® - an HTA model for rapid and early assessment of the relative effectiveness - that allows for the use of preference studies and the judgments of various stakeholders within assessments, however, they are to be marked as such and clearly separated from clinical trial data ("evidence"). The report does not state which methods are explicitly accepted in the measurement of preferences.
- The IMI's PREFER (Patient Preferences in Benefit-Risk Assessments during the Drug Life Cycle) project will start late 2016, and will focus on eliciting patient perspectives for use in benefit-risk assessment (BRA) and HTA.