Seminar: Using Stated Preference methods in Health and Public Health

This seminar is meant to further introduce stated preference methods in health care and public health research. We hope to bring together all those interested in measuring individuals preferences for health related products or interventions. Ultimately, we like to facilitate a platform to share knowledge and to explore opportunities for future collaboration.

This seminar has two main elements that can be attended separately:
1) Introducing stated preference elicitation methods
2) Risks in stated preference elicitation

**Date:**
Thursday 9th and Friday 10th of April 2015

**Venue:**
National Institute for Public Health and the Environment
Antonie van Leeuwenhoeklaan 9, 3721 MA Bilthoven, The Netherlands

**Fee** for attending (including lunch(es) and drinks):
€50.-

**Registration:**
Register by sending an email to Jorien Veldwijk (jorien.veldwijk@rivm.nl).
Please indicate whether you would like to attend day 1, day 2 or both days.
Day 1: Measuring individuals’ preferences in health care and public health

12.00 Registration and lunch

13.00 Welcome

13.10 Introduction: Why should we measure individuals’ preferences for health, health care and public health related topics?

Speaker: Jorien Veldwijk, Msc, RIVM & University of Utrecht, the Netherlands

Content: Unfortunately, it is not self-evident that high participation rates will be attained once medical treatments or preventive programs that have been proven highly effective and cost effective become available. Characteristics that influence individuals’ participation decisions have to be identified to understand why they decide (not) to participate in these effective treatments and or programs. Insight into preferences of the target population for specific characteristics is crucial for the development of new, attractive, and broadly used medical treatments and preventive programs, and for improving treatments and programs that already exist.

13.30 Discrete Choice Experiments (DCEs): Theory and applications

Speakers: Esther de Bekker-Grob, PhD, Erasmus MC & Institute for Medical Technology Assessment, the Netherlands
Domino Determann, MD, Erasmus MC & RIVM, the Netherlands

Content: A DCE is a quantitative technique for investigating individual preferences. DCEs have been widely used in marketing, transport and environmental economics, and are increasingly used in health care. In this seminar consideration is given to 1) what DCEs are, 2) how DCEs are applied and reported in health care over the last 25 years, 3) an example of a DCE application, and 4) some future research.

15.00 Break
15.30  Best-Worst Scaling Scaling (BWS): Understanding attitudes towards, and valuation of, risk in health using three types of BWS

Speaker:
Visiting Prof. Terry Flynn, PhD, Uppsala University, Sweden

Content:
This session will introduce the types ("Cases") of BWS and provide insights into how they can be used to measure and value risk at the level of the individual respondent. The quantification of attitudes towards risk using Case 1 BWS will receive particular attention, given its novelty in health.

16.45  The agency relationship in general practice. A Best-Worst Scaling (BWS) case 3 experiment

Speaker:
Line Bjørnskov Pedersen, University of Southern Denmark, Denmark

Content:
In agency theory in health care, GPs act as agents for two principals: patients and third party payers. Furthermore, it is assumed that GPs incorporate patients’ utility functions in their own utility function. In this study we use a best worst case 3 experiment to investigate GPs’ and patients’ preferences for a consultation to explore 1) whether GPs know patients’ preferences, i.e. can they take patients’ utility functions into account, and 2) whether there are differences in GPs’ and patients’ preferences, i.e. will GPs act as perfect agents for the patients. We use data from 1379 patients and 775 GPs, where approximately half of the GPs answered on behalf of themselves and the other half answered on behalf of patients. Preliminary results show that GPs predominantly know patients’ preferences, but that they will not always act accordingly, possibly due the design of incentive schemes bargained with the other principal of the GP, i.e. the third party payer.

17.15  Drinks
Day 2: Risks in stated preference elicitation

8.45  Registration

9.00  Introduction in risk communication in health and public health

   Speaker: to be announced

9.45  Introducing preference elicitation projects in Uppsala, Sweden, that include, or propose including risk

   Speaker:
   Ulrik Kihlbom, PhD, Uppsala University, Sweden

   Content:
   Uppsala University is leading a number of projects in the fields of biotechnology and health care that are including risk in stated preference studies. Examples of these, including the large “Mind the Risk” European project, will be described to spur debate about potential collaboration and work in future.

10.30 Break

11.00 Understanding how a respondent deals with risk using simple results from choice models and response times

   Speaker:
   Visiting Prof. Terry Flynn, PhD, Uppsala University, Sweden

   Content:
   Researchers frequently estimate complex logit based models to quantify concepts like risk when simple functions of the count data can provide important information. This session will show how insights can be drawn by plotting simple counts and by clustering respondents.

11.45 Risky decision making in Best-Worst Scaling

   Speakers:
   Karin Groothuis-Oudshoorn, PhD, University of Twente, The Netherlands,
   Janine van Til, PhD, University of Twente, The Netherlands
   Marieke Weernink, Msc, University of Twente, The Netherlands

   Content:
   A BWS case 2 study was carried out to elicit patient preferences for clinically relevant outcomes and side-effects used in the management of motor symptoms in Parkinson’s Disease. The operationalization of risks was simplified by using ‘seldom to never’, ‘sometimes’ or ‘often’ suffer from a symptom or side-effect. However, the exact definition patients have in mind when they read these concepts is unknown. A post-survey was set up to
unravel what patients thought when reading these concepts. Beside the results of this study, the methodological and statistical consequences of choosing this strategy are discussed.

12.30 Lunch

13.30 Risk framing in Discrete Choice Experiments

Speaker: Jorien Veldwijk, Msc, RIVM & University of Utrecht, the Netherlands

Content: Risks are usually included in DCEs about public health interventions. In general, risks are difficult for respondents to interpret, especially the very small probabilities, as often reported for public health interventions. How risks are presented or framing might influence how they are interpreted, which in turn might influence the study outcomes. Two studies are discussed that determined the influence of risk framing on respondents’ understanding, and DCE study outcomes.

14.15 Does visual risk communication affect respondents’ choices in a Discrete Choice Experiment?

Speaker: Caroline Vass, University of Manchester, United Kingdom

15.00 Health literacy and decision-making

Speaker: Ellen Uiters, PhD, RIVM, the Netherlands

Content: Health literacy skills reflect the ability to access, understand, appraise and use health related information in various domains. Health literacy skills are relevant when it comes to understanding information from healthcare providers, but also information in print from newspapers or medication leaflets as well as digital information from websites. Interest in health literacy is in part driven by its potential contribution to individuals’ ability to exert control and to make personal decisions with respect to their health and healthcare. Little research has examined the relation between the level of health literacy with persons’ involvement in the decision-making process. Nevertheless, health literacy is highly relevant in the light of measuring preferences, since measuring preferences usually requires respondents to interpret and value risk information.

15.45 Discussion hour

16.45 Closing