SAVE THE DATE

The 8th Meeting of the International Academy of Health Preference Research

Scientific Meeting
Thursday, 27 September 2018
from 08:00 to 17:30

Networking Dinner
Thursday, 27 September 2018
from 18:00 to 22:00

Symposium
Friday, 28 September 2018
from 08:00 to 12:00

Chaired by **Brendan Mulhern, MRes** and **Richard Norman, PhD**, this full-day meeting and half-day symposium in Hobart, Australia will provide a forum to present and discuss innovative developments in health preference research. Starting on Thursday, the **Scientific Meeting** will include peer-reviewed podium presentations, lunch, and a business session.

The Academy encourages all attendees to participate in the **business session**. Like presentations, participation is a practical indicator of service to the Academy and demonstrates a commitment to our mission and the field. Members are expected to attend and attendance is taken at the start of the session.

All registered attendees are invited to attend the **networking dinner** at the Glass House (next to the HFCC; below) known for its Tasmanian inspired small plates, international flair and 280 degree water views. At this dinner, attendees will be served seven courses (chef's selection menu) and a choice of wines. This dinner is included with registration for either the symposium, meeting or both (no guests, please).

Hobart Function and Conference Center
1 Elizabeth Street Pier
Hobart, Tasmania, 7000 Australia

On Friday, the **Symposium** will focus on **"The Design of Discrete Choice Experiments"** and include a panel discussion on alternative approaches to selection of attribute-level combinations and choice sets. Both the scientific meeting and symposium will be held at the Hobart Function and Conference Centre (HFCC; above).

For more information, visit www.iahpr.org or email us at contact@iahpr.org

The Glass House
Brooke Street Pier
Hobart, Tasmania, 7000 Australia

PROGRAM

Scientific Meeting, Thursday, 27 September 2018 from 08:00 to 17:30

Hobart Function and Conference Center, 1 Elizabeth Street Pier, Hobart, Tasmania, Australia

8:00-8:15	**Arrival and Light Breakfast**
8:15-8:45	**Welcome and Acknowledgement of Sponsors** Meeting Chairs: **Brendan Mulhern**[α] and **Richard Norman**[α]
8:45-10:15	**Session 1**

Comparing DCEs in the field: Does the design construction method matter? **Deborah J. Street**[α]
Patient and Clinician Preferences for Treatment in Multimorbidity: A Discrete Choice Experiment, **Elisabeth Huynh**[α]
Will public hospital patients choose a better quality hospital given the choice? **Henry George Cutler**

10:15-10:30	**Coffee Break**
10:30-12:00	**Session 2**

Capacity to benefit and preferences for policies to reduce obesity: A latent class analysis, **Emily Lancsar**[α]
Community Preferences for the Allocation of Kidneys from Deceased Donors: a National BWS Survey, **Martin Robert Howell**
The Value U.S. Employees Place on Health Insurance, **Stephen Wesley Poteet**[α]

12:00-13:00	**Lunch**
13:00-14:30	**Session 3**

CART Analysis: A new approach to mapping patient reported outcome measures to MAUIs, **S. Mona Aghdae**
Investigating People's Views on Functional Disability: Eliciting Individualized Preference Weights, **Gang Chen**
What sort of death do people want to avoid? **Richard De Abreu Lourenço**[α]

14:30-14:45	**Coffee Break**
14:45-16:15	**Session 4**

Empirical comparison of BWS and DCE with duration in developing a health utility index for dementia, **Kim-Huong Nguyen**
AD-5D DCE valuation: comparing alternative models utilising a sample of Australian population, **Li Li**
An empirical investigation of conventional ranking versus best worst scaling generated preferences for attributes of quality
 of life: one and the same or differentiable? **Julie Ratcliffe**

16:15-16:30	**Concluding Remarks**
16:30-17:30	**Business Session** (All attendees are welcome)

Meeting Dinner, Thursday, 27 September 2018 from 18:00 to 22:00

The Glass House, Brooke Street Pier, Hobart, Tasmania, 7000 Australia

Symposium, Friday, 28 September 2018 from 08:00 to 12:00

Hobart Function and Conference Center, 1 Elizabeth Street Pier, Hobart, Tasmania, 7000 Australia

8:00-8:10	**Welcome and Acknowledgement of Sponsors** Meeting Chairs: **Brendan Mulhern**[α] and **Richard Norman**[α]
8:10-9:40	**Session 1 – Experimental Design**

A unified theory of experimental design for stated choice studies, **John Rose**
What can simulations tell us about DCE design performance? **Deborah J. Street**
Individually adaptive D-efficient DCE designs, **Marcel Jonker**[α]

9:40-10:00	**Coffee Break**
10:00-11:00	**Session 2 – Alternative Approaches**

The PAPRIKA method: A full factorial DCE involving pairwise rankings of all possible attribute combinations, **Paul Hansen**
Experience-based methods for DCE designs, **Benjamin M. Craig**[α]

11:00-11:45	**Session 3 – Panel Discussion on "The Design of Discrete Choice Experiments"**
11:45-12:00	**Concluding Remarks**

[α] indicates a IAHPR member

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About Us

Established on 15 April 2014, the International Academy of Health Preference Research (IAHPR) is a member-driven, inter-generational organization that promotes educational activities and research with respect to health and health-related preferences.

Our aim is *to improve decisions about health and healthcare throughout the world by developing, promoting, and supporting health preference research with the widest possible applicability.*

To donate to our 501(c)(3) organization, please send an email to: contact@iahpr.org

Dining Arrangement

Meeting and Symposium Catering

Hobart Function and Conference Center
1 Elizabeth Street Pier, Hobart, Tasmania, 7000 Australia

Upon arrival (7:30) and throughout the afternoon, coffee (regular and decaf), tea, and water as well as assorted juices and soda will be available. Each day starts with a **light buffet breakfast** including: Freshly baked croissants and pastries; Locally made jams and leatherwood honey; Greek style yoghurt with smashed banana, blueberry and passionfruit; Breakfast cereals with chilled milk selection; Fresh fruit platters; Chilled fruit juices, including fresh natural Tasmanian apple juice.

Morning and afternoon breaks will feature their own baked goods: HFCC's famous scones with jam and cream (Thursday morning); Home style cookies (Thursday afternoon); and Danish pastries (Friday morning).

On Thursday, 27 September 2018, **lunch** is a buffet of sandwiches made with a selection of breads fresh from the local bakery and fillings featuring the best of Tasmanian produce including cheese, cured meats, smoked salmon, and market vegetables. In addition, the buffet will include: Caesar salad, Bintje potato and mustard salad, Local cheese platter, Fresh fruit platter, Chilled fruit juices, including fresh natural Tasmanian apple juice. The Chef has also made arrangements for those with special dietary needs. After the symposium on Friday, 28 September 2018, no lunch is provided.

Networking Dinner, Thursday, 27 September 2018

The Glass House
Brooke Street Pier, Hobart, Tasmania, 7000 Australia

All attendees are invited to a **networking dinner** at Glass House (1 block from HFCC). The dinner starts directly after the business session and is casual and included with registration (no guests, please).

It starts with a welcome glass of 2015 Pipers Brook sparkling cuvee
Chef's Selection menu include:

> Pitt Water oyster, smoked cumquat ponzu, ginger and sesame
>   (Pickled cauliflower, Perpetual spinach, black tahini)
> Huon salmon sashimi, Tasmanian wasabi, soy
>   (panfried Tunnel Hill oyster mushrooms, herb emulsion)
> Roasted miso eggplant, chilli caramel, coriander
> Sticky Scottsdale pork belly, radish cake, chilli caramel, kimchi
> Local heirloom potatoes, pickled cippolini, curly kale, garlic aioli
> Cape Grim beef cheek, celeriac puree, braised cabbage, red wine and pickled walnut jus
>   (gray pumpkin risotto, baby chervil, garlic oil)
> Sturmer pippin, green raisin, prune and Pommeau parfait, butterscotch
>   (coconut sorbet, poached rhubarb)

Each guest will receive two drink tickets, which includes 2016 Dalrymple Tasmanian Pinot Noir and 2017 Moorilla Praxis Sauvignon Blanc. Non-alcoholic beverages are freely available upon request (no ticket required). If you do not use your drink tickets, you are welcome to share them with someone who will. The Chef has also made arrangements for those with special dietary needs.

Abstracts

Comparing DCEs in the field: Does the design construction method matter?

Deborah J. Street, PhD, CHERE, University of Technology Sydney; Brendan Mulhern[α], MRes, CHERE, University of Technology Sydney; Richard Norman[α], PhD, School of Public Health, Curtin University; Rosalie Viney[α], PhD, CHERE, University of Technology Sydney; Mark Oppe[α], PhD, EuroQoL Foundation

Discrete choice experiments are frequently used to estimate values for the EQ-5D. The accuracy of the estimates of the parameters obtained may depend on the set of choice sets used in the valuation. We carried out an extensive simulation study to assess the ability of various DCE design strategies to recover assumed parameters, and we used these results to choose a subset of 19 designs from which to collect data in the field.

We followed the EQ-VT approach of using pairs of EQ-5D-5L health states without duration. Since the ability of design strategies to recover coefficients may depend on prior assumptions about these coefficients, we focused on designs that were locally optimal for either the null prior or a prior is based on an international EQ-VT study (Krabbe et al 2014). As well as the use of two point priors, some designs were constrained to have overlap on two attribute levels while others were not restricted. We included designs constructed by the modified Fedorov algorithm, a modified co-ordinate exchange algorithm and a Bayesian efficient design algorithm as well as generator-developed designs.

We have collected results from over 3000 respondents with approximately equal numbers of respondents across the 19 designs. Our results show that designs with no overlap on the attribute levels produce fewer inconsistent orderings of the parameters than do designs in which attribute overlap is required. Designs constructed for the non-zero prior generally have more non-significant parameters than do designs constructed for the 0 prior. We have also compared the observed proportions choosing each item in each choice set with the predicted proportions from each of the 19 parameter sets. The average correlations, across the 19 parameter sets, between these measurements vary from 0.8 to 0.91 but no general comments linking construction method to performance appear to be possible.

Patient and Clinician Preferences for Treatment in Multimorbidity: A Discrete Choice Experiment

Elisabeth Huynh[α], PhD, Institute for Choice, University of South Australia; Joffre Swait, PhD, Institute for Choice, University of South Australia; Gillian E. Caughey, PhD, University of South Australia

BACKGROUND: Multimorbidity is common in the older population and is associated with poor health outcomes, including medication-related adverse events. Currently, little is known about how patients with multimorbidity or clinicians balance the benefits and harms associated with medications in the presence of these competing health outcomes. This study aims to examine the influence of risks and benefits of medications on patient and clinician preferences for treatment in multimorbidity.

METHODS: A discrete choice experiment (DCE) was conducted on patients aged 65 years and older with multimorbidity and general practitioners (GPs) to examine patient and clinician preferences of medication risks and benefits consistent with non-steroidal anti-inflammatory drugs following a hypothetical diagnosis of osteoarthritis. Benefits presented included reduction in pain or stiffness and improvement in quality of life and risks included mild side effects such as daily nausea, heartburn, diarrhea, dizziness and more severe adverse effects of gastrointestinal (GI) ulcer / bleeding, myocardial infarct, stroke or renal failure. Separate analyses were conducted and compared across the two samples.

RESULTS: A total of 101 patients and 102 GPs were included in the study. Over two thirds of patients (69%) had two or more conditions. Two latent classes were identified among patients, with one class mostly characterised by 38% of patients that chose to not take the medicine, regardless of benefits or harms. Overall, reduction in pain was the only treatment benefit to significantly influence patients' preference to take the medicine (p=0.001). Risk of daily nausea (p=0.045), myocardial infarction (p<0.00) and stroke (p=0.002) were drivers to not commence the medication. By contrast for GPs, treatment benefits did not significantly influence prescribing but risks of all side effects, apart from GI adverse effects and hypertension.

CONCLUSION: Clinical guidelines need to place emphasis on both benefits and harms, in addition to strategies for eliciting patient preferences.

Will public hospital patients choose a better quality hospital given the choice?

Yuanyuan Gu[α], PhD, MCom (Hons), BSc (Statistics), University of York and Macquarie University Centre for the Health Economy; **Henry George Cutler**, PhD (Economics), MEc (Hons), BBus (Economics), Macquarie University Centre for the Health Economy; Andrew Jones, PhD, University of York and Monash University

This study assessed Australians' preferences for attributes associated with public hospital care for elective surgery. It aimed to address three questions: do patients value hospital quality relative to convenience, what type of hospital quality matters the most, and how patient preferences differ under different surgical urgency levels and across patient characteristics.

A discrete choice experiment was employed, asking 1,000 Australians to choose between two hypothetical hospitals for undertaking total hip replacement. Respondent were randomised into two versions: semi-urgent and non-urgent. Hospitals were described using distance, waiting time, GP's opinion, other patients' rating, health gain, rate of adverse events, and readmission rate. The first two measure "convenience" and the rest "quality". The conditional logit and latent class logit were estimated and linearity of preference was formally tested. Willingness to travel and willingness to wait were computed to examine the trade-off between "quality" and "convenience".

Respondents are willing to trade-off between convenience and quality. Regarding relative importance, health gain was valued more than potential risks, and the GP's opinion and other patients' rating were valued similarly. Urgency only impacted preference for waiting time. Respondent preferences were segmented into three classes (all attributes were statistically significant at 5% in each class), from weak to strong, with gender, education level, household income, location, and past elective surgery experience predicting class membership. The test rejected linearity of preference under the conditional logit and did not reject it under the three-class logit.

This is the first study to examine the impact of urgency level of elective surgery in this literature. It provides additional evidence for using health gain as a key quality indicator. It also demonstrates the interplay between preference heterogeneity and functional form of preference which may offer a potential solution to the problem of calculating welfare measures when the numeraire's functional form is non-linear.

Capacity to benefit and preferences for policies to reduce obesity: A latent class analysis

Emily Lancsar[α], PhD, ANU; Jemimah Ride, PhD, York; Nicole Black, PhD, Monash; Leonie Burgess, PhD, Sax Institute; Anna Peeters, PhD, Deakin

Capacity to benefit and preferences for policies to reduce and prevent obesity: A latent class analysis
Introduction: The obesity epidemic is a significant public policy issue facing the international community. A range of policies have been suggested to reduce and prevent obesity. What is not known is which interventions taxpayers find acceptable and would prefer to fund via their taxes.

Methods: Using a best-best discrete choice experiment respondents chose between two new policies and a constant no additional policy alternative, each described by three attributes: policy type, effectiveness in terms of impact on the obesity rate and cost in higher taxes. The experimental design allowed for main effects and all 2-way interactions. Data were collected from an online panel of 1000 respondents representative of Australian taxpayers in age and gender. Latent class analysis explored heterogeneity in preferences. Predicted probability analysis explored social acceptability of the eight policies while welfare analysis was undertaken to investigate willingness to pay higher taxes for such policies.

Results: All independent variables were significant at less than 0.05 level of significance. Classes 1 and 2 are likely to be younger, unsatisfied with their current weight and believe that government hold some responsibility for addressing obesity than class 3. Class 2 are more likely to be obese. Collectively this suggests classes 1 and 2 are more likely to personally benefit from policies to reduce obesity. This is also reflected in their strength of preference for the new policies demonstrated through their WTP values. Predicted probability analysis demonstrates a similar preference ordering across the 8 policies across the three classes except for class 2 (those most likely to benefit) who have higher preference for taxing sugar sweetened beverages and at higher level of effectiveness place higher preference on financial incentives to exercise.

Conclusions: Capacity to benefit personally from new policies should be taken into account in the design of new policies to prevent and reduce obesity.

Community Preferences for the Allocation of Kidneys from Deceased Donors: A National BWS Survey

Martin Robert Howell[α], PhD, School of Public Health, University of Sydney; Germaine Wong, PhD, School of Public Health, University of Sydney; Matthew Sypek, MD, University of South Australia; Phillip Clayton, PhD, University of South Australia; Jonathan C Craig, PhD, Flinders University, South Australia; Stephen McDonald, PhD, University of South Australia; Kirsten Howard[α], PhD, School of Public Health, University of Sydney

Aim: To elicit community preferences for principles guiding the allocation of kidneys from deceased donors. Background: Deceased donor organs are a community resource and the principles underpinning allocation should reflect societal values.

Method: A best-worst scaling survey including 29 principles (covering principles of equity, need, age, and efficiency) was used to elicit preferences from a representative community sample. A balanced incomplete block design was used with participants assigned randomly to one of eight blocks of 10 choice sets, each with four principles. Preference scores (adjusted to 0 to 1) were estimated by MNL regression with heterogeneity of preferences evaluated using a panel specification of a latent class MNL regression model.

Results: The survey was completed by 1082 adults, (median age 52 years, 50% male, and 75% residing in metropolitan areas). The five most important principles that underpinned community values for guiding allocation were length of time on the wait-list (point estimate preference score 1.0 [95% CI 0.94,1.06]), equity for socially disadvantaged (0.99 [0.93,1.05]), priority to the sickest (0.96[0.90, 1.02]), gender equity (0.96 [0.90, 1.02]), and recipient/donor compatibility (0.93 [0.87, 0.99]). These were more important than principles of efficiency including matching the predicted survival of organs with recipients for both long (0.74 [0.68, 0.80]), and short (0.19 [0.13, 0.25]) predicted survival and age matching young to young (0.49 [0.43, 0.56]). The latent class MNL model identified 3 distinct classes (average class probabilities - 0.29, 0.42, 0.30). The class 1 preference profile was dominated by equity and need, class 2 was by equity and efficiency and class three by priority to younger age groups.

Conclusion: The community values allocation principles of equity, need and age over efficiency. These principles are not independent. The survey has been used to inform a discrete choice experiment to evaluate trade-offs between outcomes and underlying values.

The Value U.S. Employees Place on Health Insurance

Stephen Wesley Poteet[a], MA in Economics, University of South Florida; Benjamin M Craig[a], PhD, University of South Florida

Introduction/Background: The federally-facilitated Health Insurance Marketplace – also known as the Health Insurance Exchange - was designed as a tool to help people in the U.S. purchase insurance plans, yet many Americans remain uninsured, partially due to rising premiums. One possible strategy to stabilize its premiums is to encourage healthier people to purchase their plans through the Marketplace instead of their employers.

Methods/Approach: This study examined the values that single employees with employer-based coverage place on plan attributes using a discrete choice experiment (DCE). As part of an online survey, each respondent completed 28 paired comparisons trading-off four attributes: source of coverage, plan type, monthly out-of-pocket premium, and quality of coverage.

Results/Significance: Using a conditional logit model we found (N=2,207), single employees slightly preferred their employer over the Marketplace as a source of coverage (0.727; p-value<0.01). Most would be willing to switch for a $25 reduction in monthly premiums. Preferred Provider Organization (PPO) plans were overwhelmingly preferred over all other plan types, especially Fee-for-Service (FFS) plans (0.238; p-value<0.01).

Conclusion/Implications: This study demonstrated that individuals prefer health insurance plans that have a provider network and that a slight nudge may motivate employees to purchase PPO plans through the Marketplace, potentially improving its risk pooling, reducing employers' administrative burden, and enhancing labor mobility.

CART Analysis: A new approach to mapping patient reported outcome measures to MAUIs

S.Mona Aghdaee, MSc, The Macquarie University Centre for the Health Economy (MUCHE); Bonny Parkinson, PhD, The Macquarie University Centre for the Health Economy (MUCHE); Kompal Sinha, PhD, Macquarie University, Department of Economics; Mutsa Gumbie, PhD, The Macquarie University Centre for

the Health Economy (MUCHE); Emma Olin, MSc, The Macquarie University Centre for the Health Economy (MUCHE); Henry Cutler, PhD, The Macquarie University Centre for the Health Economy (MUCHE)

Background: Patient Reported Outcome Measures (PROMs) are gaining attention as healthcare system funders increasingly seek value based care. One instrument used to collect PROMs is the Patient-Reported Outcomes Measurement Information System (PROMIS) tool. While PROMIS is used in healthcare systems around the world (including Australia), its results cannot be used to estimate utilities, making it less relevant for economic evaluations. Mapping PROMIS to a multi-attribute utility instrument (MAUI) enables estimation of utilities. Previous studies have mapped PROMIS to EQ-5D-3L, but not to the new EQ-5D-5L.

Objective: 1) To map the PROMIS Global 10 to EQ-5D-5L. 2) To use a non-parametric methodology based on machine learning, Classification and Regression Tree (CART) analysis, to map these two instruments and compare its accuracy to traditional methods of mapping

Method: An online survey was conducted to collect responses to PROMIS Global 10 and EQ-5D-5L from the Australian general population (N=2,032). This analysis first employed a recently developed Australian algorithm to compute utilities and then mapped PROMIS Global 10 results to EQ-5D-5L using CART. This was compared to using linear regression, Tobit, generalised linear model (GLM) and censored regression model (CLAD). The robustness of the analysis was assessed using a range of statistical tests.

Results: Among all the models considered, the CART resulted in predicting the most accurate utilities and lowest MAE, RMSE values. Moreover CART was more accurate in predicting lower utilities.

Conclusion: The proposed mapping algorithm can be used to predict utilities from PROMIS Global 10 data. Furthermore, this study explored a new approach to mapping, which has not been previously applied. The key strength of CART is its flexibility in terms of pre-specifying the estimation model. CART is a non-parametric method which can handle highly skewed data and does not need model specifications as with traditional regression models.

Investigating People's Views on Functional Disability: Eliciting Individualized Preference Weights

Gang Chen, PhD, Monash University; Angelo Iezzi, MSc, Monash University; Paul Hansen, PhD, University of Otago

Background: A functional concept of disability defines a disability as any long-term limitation in activity resulting from a condition or health problem. This study aimed to elicit individualised preferences on six key functional disabilities.

Methods: The Potentially All Pairwise RanKings of all possible Alternatives (PAPRIKA) method (implemented through the 1000Minds decision-making software) was adopted, in which respondents pairwise ranked potentially all undominated pairs of all possible alternatives. The survey was developed for on-line administration with community-based Australian adults, recruited from an online panel company. The survey also includes participants' socio-demographic characteristics, quality of life, and a series of rating scale tasks to understand participants' perceived importance among different disability functional dimensions. To investigate the re-test reliability of using pairwise ranking experiments to elicit preferences, a follow-up survey was administrated one month post the initial survey.

Results: A total of 663 respondents (ranged 18-88 years old; 53% female) finished the baseline survey, among them 404 (61%) respondents (ranged 19-88 years old; 58% female) further completed the re-test survey. Two-thirds of respondents self-reported their health to be good, very good, or excellent, and 58% reported to

have at least some difficulty in one of the six functions (with mobility and cognition been top two impaired functions). Rating scale results indicate that on average vision was regarded as the most important function, followed by self-care, communication, cognition, hearing, and mobility, whilst according to the pairwise ranking, cognition function ranked the second. Re-test reliability shown good agreements on preference weights elicited between two waves.

Conclusions: This study demonstrated the feasibility and the stability of deriving individualised preference weights for a brief disability instrument. Eliciting the individualised preference weights will facilitate a better understanding of the preference heterogeneity of the population.

What sort of death do people want to avoid?

Richard De Abreu Lourenço[a], PhD, MEC, BEc, CHERE, UTS; Brendan Mulhern[a], MRes, CHERE, UTS; Lyndal Trevena, MBBS(Hons) MPhilPH PhD, School of Public Health, USyD; Rosalie Viney[a], PhD, MEc, BEc, CHERE, UTS

Introduction: Australian clinical guidelines recommend the use of daily aspirin to reduce the incidence and mortality from colorectal cancer (CRC), cerebrovascular and cardiovascular events. We used a discrete choice experiment to understand how members of the public felt about avoiding such events.

Methods: Attributes were developed from the literature and refined following clinical input. They included time to death, preparedness for death, the extent and frequency of pain, trajectory, medication use, independence and place of death. Respondents chose between varying combinations of three mortality options: CRC, heart attack, stroke, GI bleed (aspirin use complication), or sudden death. A computer-generated design of size 240 was blocked into 8 choice sets (replicated over labelled and unlabelled versions). Each respondent completed 16 choice sets (8 from each version). Analyses were using multinomial logit, including scale effects, and mixed logit.

Results: A total of 2,009 respondents completed the survey. Respondents would most like to avoid death from CRC and stroke relative to other events ($p<0.001$). Events choice was most influenced by the extent of pain and time available prior to death; respondents wished to avoid deaths with increasing levels of pain ($p<0.001$) and where there was less time before death ($p<0.001$). Mixed logit analysis suggested evidence of preference heterogeneity for avoiding different aspects of the events.

Conclusions: This is the first survey of this type to explicitly explore preferences for different types of mortality. It shows that respondents can state preferences over types of event, and offers potential to understand what constitutes sudden death.

Empirical comparison of BWS and DCE with duration in developing a health utility index for dementia

Kim-Huong Nguyen, PhD, The University of Queensland; Brendan Mulhern[a], MSc, Sydney University of Technology; Julie Ratcliffe[a], PhD, University of South Australia; Tracy Comans, PhD, The University of Queensland

Background: The AD-5D is a preference-based instrument derived from the Alzheimer's disease quality of life (QoL-AD) and is undergoing valuation using discrete choice experiment with duration (DCE-TTO) and best

worst scaling (BWS) methods in Australia. It is important to compare the validity and acceptability of health utility indices derived from different methods.

Objective: To examine the concordance and validity of BWS and DCE-TTO in valuing the AD-5D.

Methods: An efficient design was used for both DCE-TTO and BWS. Each participant of the online panel were presented with a block of 12 DCE-TTO tasks and six BWS tasks. Each block included a repeated task and a dominant task. GMNL with various model specifications was employed to estimate utility weights attributable to each level of the five dimensions, after adjusting for demographic characteristics. Additional parameters were included to test for ordering and attribute biases.

Results: Overall, 1,999 respondents representative of the Australian population (in age and gender) took part. Analyses of both BWS and DCE-TTO data indicated that no personal characteristics were statistically significant in influencing preferences. "Physical function" and "living situation" have the largest impacts on utility across methods while   memory" has moderately low impact. Both methods produce logical ordering of attribute levels although not all were statistically significant. Whilst the utility values produced by both methods were highly correlated, BWS values were higher than DCE for the majority of health states. A higher proportion of participants were inconsistent in responses to the BWS repeated and/or dominant task (52% vs. 18%).

Conclusions: This study adds to the empirical literature comparing DCE-TTO and BWS in the context of developing a health utility index, and suggests that methods produce preference data with different characteristics. Further work is required to examine whether the data can be used in a combined model to estimate preferences.

AD-5D DCE valuation: comparing alternative models utilising a sample of Australian population

Li Li, HDR student, Menzies Health Institute Queensland, Griffith University, Brisbane, Queensland; Kim-Huong Nguyen, PhD, The Centre for Health Services Research, University of Queensland, Brisbane; Tracy A Comans, PhD, Centre for Health Services Research, University of Queensland, Brisbane; Brendan Mulhern[α], PhD candidate, Centre for Health Economics Research and Evaluation, UTS, Sydney; Julie Ratcliffe, PhD, Institute for Choice, UniSA Business School, University of South Australian

Background: Discrete choice experiments (DCE) have become widely used recently as an alternative elicitation method for various utility-based instruments. Whilst multinomial logit (MNL) models represent the most commonly applied models for analysing DCE datasets, mixed logit (MIXL) and latent class (LC) models allow for heterogeneous preferences to be estimated. Recently, the automated algorithm for scale heterogeneity logit (SMNL) and generalised multinomial logit (GMNL) models have also become potential alternative models because of their ability to accommodate both scale and residual taste heterogeneity. Aims: This study aims to compare the performance of five alternative choice models (MNL, MIXL, LC, SMNL and GMNL) in estimating a value set based on preferences for dementia-specific health states of varying survival durations defined by the AD-5D instrument.

Methods: A DCE with 200 choice sets of two health state-duration combinations blocked into sets of 10 was administered online in Australia. Two additional internal consistency check choice sets were introduced in each block. A range of multinomial regression models were applied and their relative performance compared by examining the monotonic nature of the coefficients, number of insignificant coefficients, Bayes information criteria (BIC) and Akaike information criteria (AIC).

Results: The findings showed that models accounting for scale as well as preference heterogeneity such as GMNL-II and SMNL are preferred to MNL, MIXL and LC models. SMNL was preferred to GMNL-II when excluding responded who failed consistency checks. The LC model performed poorly relative to others. However, the estimates are useful for gaining an intuitive understanding of the nature of heterogeneity in each class.

Conclusion: This study provides empirical evidence on the importance of scale and preference heterogeneity in DCE generated value sets. The choice of model impacts the characteristics of the value sets. Choosing a value set that accurately reflects the preferences of the population is important.

An empirical investigation of conventional ranking versus best worst scaling generated preferences for attributes of quality of life: one and the same or differentiable?

Julie Ratcliffe, PhD, Institute for Choice, Business School, University of South Australia; Billingsley Kaambwa, PhD, Health Economics Unit, College of Medicine and Public Health, Flinders University; Claire Hutchinson, PhD, School of Health Sciences, University of South Australia; Emily Lancsar[a], PhD, Department of Health Services Research and Policy, Research School of Population Health, Australian National University

Aims: To investigate the degree of consistency in the rank ordering of a series of quality of life attributes generated via successive best worst (a form of ranking) and conventional ranking methods of data collection.

Methods: A web-based survey was developed for administration to two general population based samples comprising younger people (aged 18 to 64 years) and older people (aged 65 years and above). Conventional ranking and best worst choice tasks were administered to the same respondent. For the ranking task, respondents were instructed to drag and drop 12 quality of life attributes in order of their relative importance in determining their overall quality of life. For the best worst task, respondents were presented with a series of successive best worst choice questions involving an identical set of quality of life attributes. The Swait-Louviere test was applied to determine the poolability of data by sample and/or method of data collection. Data were analysed in STATA using heteroskedastic conditional logit, mixed logit and generalised multinominal logit (GNML) models.

Results: Target sample sizes of N=500 younger people (39% of those initially approached) and N=500 older people (60% of those initially approached) were achieved. In all instances the X2 statistics from the Swait-Louviere test were higher than the critical value of 18.310, rejecting the poolability of data by sample and/or method of data collection. For the total combined sample, ranking exhibited more consistent responses than best worst as exhibited by higher scale and lower error variance (tau = 0.529, p <= 0.01). In general, older respondents exhibited more consistent responses (tau = 0.515, p <= 0.01) than younger respondents for ranking but not for best worst.

Conclusions: Whilst our findings indicate broad agreement overall, some inconsistencies are evident highlighting that these two methods of data collection may not be interchangeable.

[a] indicates an IAHPR member

Abstract Guidelines and Instructions

6 August 2018
Derek S. Brown, Benjamin M. Craig
RE: Abstract Guidelines and Instructions

As the IAHPR Scientific Committee, we encourage the submission of abstracts that introduce new ideas, concepts, methods and evidence to health preferences research, as well as policy- or clinically-relevant findings. Abstracts related to symposium topics are particularly welcome.

For an empirical quantitative study, its abstract must demonstrate that the data, study design and analyses were appropriate for the aims and that the conclusions are consistent with the results. Such an abstract must include actual findings, not just proposed or intended analyses. Methodologic creativity and innovations are encouraged.

Beyond such studies, the Committee also welcomes other forms of health preference research, such as: (1) novel conceptual abstracts with strong implications; (2) the development and application of support tools for preference-sensitive decisions, such as decision aids; and (3) methodologic comparisons, such as simulation and secondary analyses. Abstracts on pioneering extensions of the stated- and revealed-preference conceptual frameworks are encouraged (with or without empirical results).

Please read the following guidelines carefully before submitting your abstract:

- Abstracts can only be submitted online via our website (http://iahpr.org); submissions by fax, post or email will not be considered. Abstracts will not be eliminated administratively unless entirely unsuitable (e.g., duplicates, withdrawals). However, the submission of multiple abstracts on the same study is discouraged.

- The presenter must attest that the work is original and that all co-authors have reviewed the submitted abstract and agree to its final form. The presenter must also indicate:
    - Abstract type: Preferences between Health Outcomes; Preferences between Health-related Goods and Services; Preference Elicitation Tasks and Analysis; Preference Tools and Technologies; or Other;
    - Whether the presenter is a student or post-doctoral fellow;
    - Whether the abstract pertains to the symposium topic; and
    - Whether the presenter is willing to share their slides.
  It is the responsibility of the reviewers to take these attributes into account in their ratings.

- It is the presenter's responsibility to submit a correct abstract. Any errors in spelling, grammar or scientific fact in the abstract text will be reproduced as typed by the presenter. Abstract titles may be subject to a spell check if the abstract is selected for presentation.

- All tenured IAHPR members will have the opportunity to review and comment on all abstracts. The Foundation Chair and the Scientific Director will tally the reviewer ratings and comments (similar to elections) and compute the mean score of each abstract: 5×Superior + 3×Good + 2×Acceptable - 5×Unacceptable. Unless a presenter has multiple highly ranked abstracts, the twelve abstracts with the highest mean score will be invited for podium presentation. If there are three or more additional abstracts with mean score greater than 2.0 (Acceptable), these acceptable abstracts will be invited for poster presentation.

Benjamin M. Craig

Download CV

Visit Scientist's website

Summary ⓘ

Benjamin M. Craig, PhD, is an Associate Professor of Economics at the University of South Florida. He received his MS in Economics at the University of Texas at Austin in 1999 and his PhD in Population Health from the University of Wisconsin in 2003. His research focuses on health preference research and cancer economics with an emphasis on experimental design and analysis. He regularly teaches health economics, econometrics and outcomes research. In addition to IAHPR and the EuroQol Group, Benjamin is an active member of the International Health Economics Association (iHEA), the American Society of Health Economists (ASHE), the International Society for Pharmacoeconomics and Outcomes Research (ISPOR), and the International Society for Quality of Life Research (ISOQOL).

Country

United States

IAHPR Membership ⓘ

Founding IAHPR Member

Kirsten Howard

Summary ⓘ

Kirsten Howard is Professor of Health Economics in the School of Public Health at the University of Sydney. Her research focuses on methodological and applied health economics research predominantly in the areas of assessment of patient and consumer preferences using discrete choice (DCE) methods as well as in economic evaluation, and modelling. She has worked in areas as diverse as cancer treatment and screening, labour induction, aged care services, exercise interventions and falls prevention for older people, dialysis services and organ donation and allocation policy. She is also a member of the Economics Sub Committee of the Australian Government's Pharmaceutical Benefits Advisory Committee (PBAC).

Country

Australia

IAHPR Membership ⓘ

Founding IAHPR Member

Marcel F. Jonker

Summary ⓘ

Marcel Jonker is Assistant Professor of Health Technology Assessment at the Erasmus School of Health Policy & Management , Rotterdam, The Netherlands and Visiting Scholar at Duke Clinical Research Institute, Durham, North Carolina, USA.

Country

Netherlands

IAHPR Membership ⓘ

Tenured IAHPR Member Since 2017

Emily Lancsar

Summary ⓘ

Emily Lancsar is Head of the Department of Health Services Research and Policy at the ANU. Her broad research interests are in health economics, with particular interest in understanding and modelling choice, preferences and behaviour of key decision makers in the health sector.

Emily holds a number of current and past ARC, NHMRC, MRC, ESRC, NIHR and EU funded grants and fellowships. She is a member of a number of advisory committees including the Economic Sub-Committee of the Australian Medical Services Advisory Committee.

Prior to joining ANU in March 2018, Emily was an Associate Professor in the Centre for Health Economics at Monash University. Joining Monash in 2011 represented a return to Australia after spending more than 7 years at Newcastle University in the UK where she held Senior Lecturer and Lecturer positions in the Department of Economics. Emily also previously worked at CHERE in Sydney and at the Federal Department of Health. She is a past Vice President of the Australian Health Economics Society.

Country

Australia

IAHPR Membership ⓘ

Founding IAHPR Member

Brendan James Mulhern

Summary ⓘ

Brendan Mulhern is currently a Senior Research Fellow at the Centre for Health Economics Research and Evaluation (CHERE), University of Technology Sydney. Prior to 2015 he spent over five years working at the School of Health and Related Research, University of Sheffield, UK. His research interests include the development of both generic and condition specific preference based measures for use in economic evaluation, and the development and testing of new and innovative methods for valuing health. He is currently involved in the development of the EQ-5D-5L value set for England/UK, and is leading a large international study developing version 2 of the SF-6D (SF-6D-V2). He is also interested in developing non preference based measures of health and quality of life, and testing and comparing the psychometric performance of existing instruments using Item Response Theory methods. Previously he spent a number of years working as a health psychology researcher at the University of Leeds, UK, developing online interventions for alcohol use. He has a Batchelor of Science (Honours) in Psychology from the University of Wolverhampton, UK, and a Master of Research in Psychology from the University of Birmingham, UK. Brendan is currently completing his PhD at UTS.

Country

Australia

IAHPR Membership ⓘ

Tenured IAHPR Member Since 2016

Richard Norman

Summary ⓘ

Health Economist at Curtin University, Perth, Australia

Country

Australia

IAHPR Membership ⓘ

Tenured IAHPR Member Since 2017

Regular Members in Attendance

Blake Angell, PhD, Research Fellow, The George Institute for Global Health, Newtown, Australia

Richard De Abreu Lourenço, PhD, MEc (Hons), BEc (Hons), Associate Professor, CHERE, UTS, Haymarket, Australia

Martin Robert Howell, PhD, Research Fellow, University of Sydney, University of Sydney, Australia

Elisabeth Huynh, PhD, Research Fellow, Institute for Choice, University of South Australia, North Sydney, Australia

Rachel Milte, PhD, Research Fellow, University of South Australia, Adelaide, Australia

Stephen Wesley Poteet, M.A., Graduate Assistant, University of South Florida, Tampa, USA

Rosalie Viney, Director - CHERE - Business School - University of Technology Sydney, Centre for Health Economics Research and Evaluation, Broadway, Australia

Other Attendees

J. Haxby Abbott, PhD, DPT, FNZCP, Research Professor, University of Otago, Dunedin, New Zealand

Mona Aghdaee, MSc, Research fellow, The Macquarie University Centre for the Health Economy (MUCHE), Sydney, Australia

Mina Bahrampour, BSc, MSc (Health Economics), PhD Candidate, Griffith University-Centre Of Applied Health Economics (CAHE), Brisbane, Australia

Claudia Francis Bull, BNutr(Hons), PhD Candidate, Griffith University, Centre for Applied Health Economics, Nathan, Australia

Gang Chen, PhD, Senior Research Fellow, Monash University, Melbourne, Australia

Jason Chua, BSc, PhD Student, University of Otago, Dunedin, New Zealand

Henry Cutler, PhD, Director, Macquarie University Centre for the Health Economy, MUCHE, Macquarie University Center for the Health Economy, Sydney, Australia

Stephen Goodall, PhD, Professor of Health Economics, CHERE, University of Technology Sydney, Broadway, NSW, Australia

Ramkumar Govindaraj, MBBS MD FRANZCR, Consultant Radiation Oncologist, Royal Adelaide Hospital, Adelaide, Australia

Paul Hansen, PhD, Professor of Economics, University of Otago; and Director, 1000minds Ltd, 1000minds / Department of Economics, University of Otago, Dunedin, New Zealand

Viola Korczak, MBBS, MIPH, B Eco (Soc Sci), PhD student, The George Institute, Newtown, Australia

Li Li, Master of Health Economics, HDR Student, Griffith University, Nathan, Australia

Ann Livingstone, Grad Dip Health Economics and Policy, Master of Health Services Management, Health Economic PhD candidate, University of Sydney, NHMRC Clinical Trials Centre, Sydney, Australia

Kathleen Manipis, MPH, Research Fellow, Centre for Health Economics Research and Evaluation, Haymarket, Australia

Elena Meshcheriakova, PhD Candidate, Research Fellow, CHERE, UTS, Sydney, Australia

Kim-Huong Nguyen, PhD, Research Fellow, The University of Queensland, Brisbane, Australia

Bonny Parkinson, BEc (Hons), MSc (Health Economics), PhD, Senior Research Fellow, Macquarie University Centre for the Health Economy, Macquarie University, Australia

Julie Ratcliffe, PhD, Professor of Health Economics, University of South Australia, Adelaide, Australia

John Matthew Rose, BEc. (hons.) Economics/Econometrics; Ph.D.Transport Economics, Director/Professor, The University of Technology Sydney, BIDA, The University of Technology Sydney, Broadway, Australia

Stella Nalukwago Settumba, Bcs. Quantitative Economics, MPH, Health Economist/ PhD student - Health Economics, Kirby Institute, Sydney, Australia

Shuai Shao, Doctor of Philosophy (Health System Research and Health Economics), Doctoral Candidate, The Nossal Institute for Global Health, The University of Melbourne, Melbourne, Australia

Deborah Street, PhD, Professor, Centre for Health Economics Research and Evaluation, UTS, University of Technology Sydney, Broadway, Australia

W. Kathy Tannous, PhD, Senior Lecturer, Western Sydney University, Penrith, Australia

Thao Thai, MSc, PhD Student, Centre for Health Economics, Monash University, Clayton, Australia

Ross Wilson, PhD, Research Fellow, University of Otago, Dunedin, New Zealand

Alice Yu, PhD Candidate, Student, Centre for Health Economics Research and Evaluation (CHERE), UTS, Haymarket, Australia

Future Meetings

9th Meeting of the International Academy of Health Preference Research
13-14 October 2018, chaired by **Meenakshi Bewtra** and **Jan Ostermann**
Centre Monte-Royal, Montréal, Québec, Canada
Symposium: "*Support Tools for Preference-Sensitive Decisions*" Janine van Til, Deborah A. Marshall, Liana Fraenkel, France Légaré, and Jeff Sloan

10th Meeting of the International Academy of Health Preference Research
13-14 July 2019, chaired by **Esther W. de Bekker-Grob** and **Jennifer A. Whitty**
Volkhaus, Basel, Switzerland
Workshop: "*Good research practices for health preference studies*" Axel C. Mühlbacher
Symposium: "*Patient preferences in medical treatment lifecycle*" Nigel Cook, Michael Drummond, Mandy Ryan

11th Meeting of the International Academy of Health Preference Research
2-3 December 2019, chaired by **Richard De Abreu Lourenço** and **Elisabeth Huynh**
Cliftons, Auckland, New Zealand
Workshop: "*Good research practices for health preference studies*" Kirsten Howard, Emily Lancsar
Symposium: To be determined…

12th Meeting of the International Academy of Health Preference Research (North America)
2020, chaired by **Ateesha Mohamed** and **Shelby Reed**

13th Meeting of the International Academy of Health Preference Research (Europe)
2021, chaired by **Michał Jakubczyk** and **Jorien Veldwijk**

BUSINESS SESSION

IAHPR — International Academy of Health Preference Research

Opening, Brendan Mulhern, Meeting Co-Chair
Science, Kirsten Howard, Director of Education
Publications, Emily Lancsar, Director of Outreach
Development, Benjamin M. Craig, Chair
Membership, Richard Norman, Meeting Co-Chair
Closing, Brendan Mulhern, Meeting Co-Chair

OVERVIEW

OPENING

Brendan Mulhern
Meeting Co-Chair

SCIENCE

Kirsten Howard
Director of Education

Established on 15 April 2014, the **International Academy of Health Preference Research** (IAHPR) is a member-driven, inter-generational organization that promotes educational activities and research with respect to health and health-related preferences.
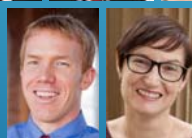
Foundation Board
Benjamin M. Craig, Chair
Axel C. Mühlbacher, Vice Chair
Emily Lancsar, Director of Outreach
Derek S. Brown, Scientific Director
Kirsten Howard, Director

Our aim is to improve decisions about health and healthcare throughout the world by developing, promoting, and supporting health preference research with the widest possible applicability.

iahpr.org

8th Meeting,
Hobart, Tasmania, Australia
chaired by Brendan Mulhern
and Richard Norman
Symposium: *Design of Discrete Choice Experiments*

CALL FOR ABSTRACTS
The 8th Meeting of the International Academy of Health Preference Research

Scientific Meeting	Networking Dinner	Symposium
Thursday, 27 September 2018 from 08:00 to 17:30	Thursday, 27 September 2018 from 18:00 to 22:00	Friday, 28 September 2018 from 08:00 to 12:00

9th Meeting,
Montréal, Québec, Canada
chaired by Meenakshi Bewtra
and Jan Ostermann
Symposium: *Support Tools for Preference-Sensitive Decisions*

SAVE THE DATE
THE 9TH MEETING OF THE INTERNATIONAL ACADEMY OF HEALTH PREFERENCE RESEARCH

SCIENTIFIC MEETING	NETWORKING DINNER	SYMPOSIUM
SATURDAY, 13 OCTOBER 2018 FROM 08:00 TO 17:30	SATURDAY, 13 OCTOBER 2018 FROM 18:00 TO 22:00	SUNDAY, 14 OCTOBER 2018 FROM 8:00 TO 12:00

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SAVE THE DATE

The 10th Meeting of the International Academy of Health Preference Research

JOINT IAHPR-PREFER WORKSHOP & SYMPOSIUM	JOINT IAHPR-PREFER NETWORKING DINNER	IAHPR SCIENTIFIC MEETING
SATURDAY, 13 JULY 2019 FROM 08:00 TO 17:30	SATURDAY, 13 JULY 2019 FROM 18:00 TO 22:00	SUNDAY, 14 JULY 2019 FROM 08:00 TO 17:30

10th Meeting, Basel, Switzerland, 13-14 July 2019 chaired by **Esther de Bekker-Grob** and **Jennifer Whitty** Workshop: *Good research practices for health preference studies* led by Axel C. Mühlbacher Symposium: *Patient preferences in medical treatment lifecycle, Nigel Cook, Michael Drummond, Mandy Ryan*

2019 iHEA World Congress
July 13-17, 2019 | Basel, Switzerland

Public Preferences in Screening and Prevention Uptake
This session will focus on health preference studies that examine the effect of attributes on the uptake of screening and preventive services within a community. We encourage submissions that apply rigorous experimental designs, innovative methods, and implementation strategies that improve uptake and demonstrate cultural competence, particularly in heterogeneous and underserved populations

The Use of Discrete Choice Experiments in Policy: Future Directions and Challenges
Discrete choice experiments are widely used in health economics to model preferences and to predict choice. However, their uptake in decision making has been limited to date. Reasons for this slow adoption may include risk-aversion from policy makers when considering new methodology, or concerns about the generalizability of DCEs. We encourage submissions that consider either the theoretical or practical issues with adoption, and any exemplar instances of DCE use in such settings.

IHEA
 Abstract Submissions Open: Monday, September 10, 2018
 Abstract Submissions Close: Monday, December 10, 2018
 Abstract review results announced in March 2019.

IAHPR
 Abstract Submissions Open: February 2019
 Abstract Submissions Close: Monday, April 15, 2019
 Abstract review results announced in early May 2019.

SAVE THE DATE

The 11th Meeting of the International Academy of Health Preference Research

Workshop & Symposium	Networking Dinner	Scientific Meeting
Monday, 2 December 2019 from 08:00 to 17:30	Monday, 2 December 2019 from 18:00 to 22:00	Monday, 3 December 2019 from 08:00 to 17:30

11th Meeting,
Auckland, New Zealand, 2-3 December 2019
chaired by **Richard De Abreu Lourenço** and
Elisabeth Huynh
Workshop & Symposium: *Under Development*
Abstract Submissions Open: July 2019
Abstract Submissions Close: Monday, September 18, 2019
Abstract review results announced in mid October 2019.

Beyond empirical quantitative studies, the IAHPR scientific committee welcomes other forms of health preference research, such as:

(1) novel conceptual abstracts with strong implications;

(2) the development and application of support tools for preference-sensitive decisions, such as decision aids; and

(3) methodologic comparisons, such as simulation and secondary analyses.

Pioneering extensions of the stated- and revealed-preference conceptual frameworks are encouraged (with or without empirical results).

ABSTRACT SUBMISSION GUIDELINES

In 2018, IAHPR activities have largely focused on three primary projects:
1. Meetings (Hobart, Montreal)
2. Textbook
3. Registry (hpstr.org)

The Board is considering changing the meeting format starting in 2020:
1. **Annual,** instead of two per year
2. **Cycle** across the three regions evenly (Europe, Asia/Pacific, North America)
3. **Extend the meeting length** by from 12 to 18 podiums, adding a half day.

Specifically, the 12th Meeting chaired by **Ateesha Mohamed** and **Shelby Reed** will be the only IAHPR meeting in 2020.

Glasgow, 2017

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IAHPR
International Academy of
Health Preference Research

PUBLICATIONS

Emily Lancsar
Director of Outreach

Chapter 1 Introduction

Chapter 2 Identification and description of attributes

Chapter 3 Preference-elicitation task

Chapter 4 Experimental design

Chapter 5 Survey instrument

Chapter 6 Data collection

Chapter 7 Analysis

Chapter 8 Interpretation and presentation

Chapter 9 Applications

Chapter 10 Advanced topics

Checklist, Worked Example, Glossary, Author Index, Subject Index
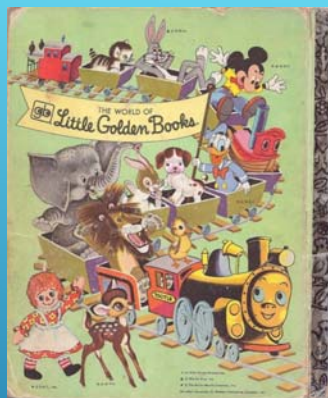
METHOD FOR HEALTH PREFERENCE RESEARCH

```
Stage 1: Writing Chapter 1 and Outlines for Chapters 2 to 9
   Apr    Signed contract with Oxford University Press
   May    Senior authors submit initial outlines for Ch. 2 to 9
          Authors draft Chapter 1
   Jun    Co-authors review the outlines for their chapters
   Aug    All authors review Ch. 1 and outlines for Ch. 2 to 9

Stage 2: Writing Chapters 2 to 9 and Editing Chapter 1
 Nov15    Authors of Ch. 2 to 7 send 1000-1500 words to senior authors
          Senior authors submit revised outlines for Ch. 8 and 9
          Senior authors submit initial outlines for Ch. 10+
 Dec15    Senior authors send chapters 2 to 7 to editors
          Authors of Ch. 8 to 9 send 1000-1500 words to senior authors
 Jan15    Senior authors send chapters 8 to 9 to editors
 Feb01    Member review Ch. 1 to 9 and final outline for Ch. 10+

Stage 3: Writing Chapter 10 and Editing Chapters 1 to 9
```

Patient
DOI 10.1007/s40271-017-0253-9

CrossMark

COMMENTARY

Health Preference Research: An Overview

Benjamin M. Craig[1] · Emily Lancsar[2] · Axel C. Mühlbacher[3] · Derek S. Brown[4] · Jan Ostermann[5]

© Springer International Publishing Switzerland 2017

Health preference research (HPR) is dedicated to understanding the value of health and health-related goods and services. The mantra in HPR is "Choice defines value". With a better understanding of what patients want, providers, regulators, and policy makers can better meet the distinct preferences within groups (market segmentation). Preference estimates and segmentation results may be incorporated into cost-effectiveness analyses (CEAs), multi-criteria decision analyses (MCDAs), or shared decision making (SDM). This overview provides a brief

Patient
https://doi.org/10.1007/s40271-018-0311-y

CrossMark

COMMENTARY

Symposium Title: Preference Evidence for Regulatory Decisions

Juan Marcos Gonzalez[1] · F. Reed Johnson[1] · Bennett Levitan[2] · Rebecca Noel[3] · Holly Peay[4]

Patient
https://doi.org/10.1007/s40271-018-0309-5

CrossMark

COMMENTARY

Key Issues and Potential Solutions for Understanding Healthcare Preference Heterogeneity Free from Patient-Level Scale Confounds

Catharina G. M. Groothuis-Oudshoorn[1] · Terry N. Flynn[2] · Hong Il Yoo[3] · Jay Magidson[4] · Mark Oppe[5]
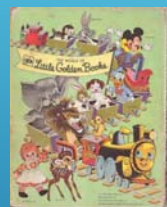
iahpr.org

Starting in 2019, regular members:
1. Do not pay for the annual webinar,
2. Receive a 20% discount for all events
3. Are HPSTR subscribers for free

No changes to tenured memberships

Tenured members will continue to:
1. Pay for at least one event per year,
2. Attend all other events for free,
3. HPSTR contributors for free, and
4. Invited, but not required to vote, review abstracts, chair meetings, and lead other IAHPR activities.

All memberships expire three years after the last meeting attendance.

Glasgow, 2017

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CLOSING

Brendan Mulhern
Meeting Co-Chair

Monday, August 6, 2018

Health Preference Research Special Interest Group

Juan Marcos Gonzalez (Chair)

Catharina (Karin) Groothuis-Oudshoorn (Chair-elect)

Greetings from the Special Interest Group (SIG) on health preference research for ISPOR – The Professional Society for Health Economics and Outcomes Research. We recently started an exciting new chapter in our group's history and wanted to share our excitement with you. After a brief pause, we have relaunched our SIG with new leadership and a great deal of enthusiasm to motivate ISPOR members to learn about and use preference-research methods.

For those of you who are not familiar with ISPOR, it is a Society that seeks to advance the science and practice of health economics and outcomes research around the world. ISPOR currently has more than 20,000 members with chapters in more than 120 countries. Members span a wide array of stakeholders that include patient representatives, researchers, industry representatives, and regulators.

As the chair-elect and current chair of the health-preference research SIG, Karin and I would like to invite you to consider getting involved. ISPOR can provide an important platform to share and disseminate the great work that IAHPR members do. Our SIG, specifically, is also looking for opportunities to convey the standards that good preference research should meet. As a member of IAHPR, your input and support would be vital in achieving this objective. The SIG also has several initiatives looking at the role of preference research in reimbursement decisions in Europe and broadening the use of individual-level preference information.

If you already are a member of ISPOR, consider joining our SIG. If you are not currently a member of ISPOR, consider attending one of ISPOR's upcoming events around the world to experience what this organization and our SIG have to offer.

See you at ISPOR!

Juan Marcos Gonzalez and Catharina (Karin) Groothuis-Oudshoorn

International Health Economics Association

Monday, July 30, 2018

Health Preference Research Special Interest Group

Fern Terris-Prestholt, Matt Quaife and Alec Miners

The aim of the newly formed Health Preference Research SIG is to provide an exciting and interactive forum for health preference researchers and students, including those who are new to the area, to discuss all topic related issues. For example, from methodological matters regarding the experimental design and analysis of preference evidence to the application of preference evidence (e.g., valuation of health outcomes, design of interventions for targeted uptake, parametrising uptake in economic evaluations) for regulatory, clinical and individual decision-making.

The SIG also aims to work closely with the International Academy of Health Preference Research (IAHPR), an established specialist group of HPR researchers. Follow this link for information on IAHPRs upcoming meetings (http://iahpr.org/meetings/).
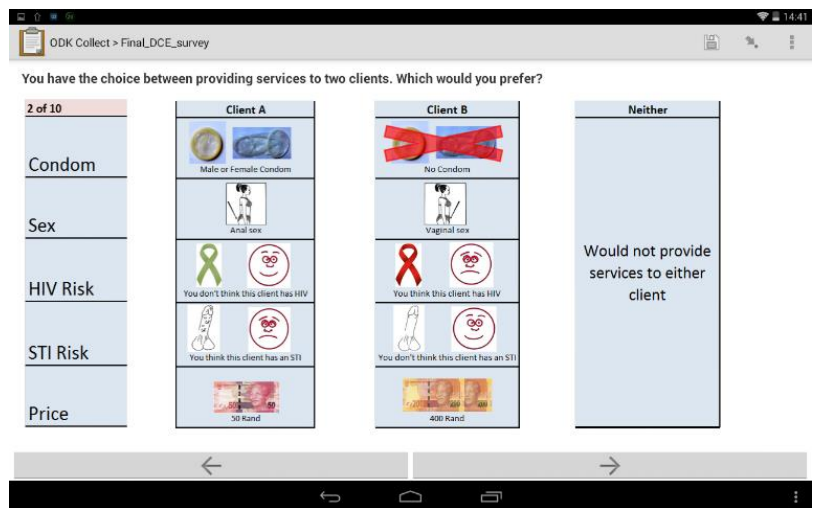
The SIG's specific objectives are available here but one of the initial objectives is to produce a series of 'state of the art' webinars, which can be used as a resource when designing preference studies. The SIG is currently in the process of putting these together with the aim of having a live stream in October of this year. Join now to ensure you receive notifications regarding this series, and other SIG related information, including plans for the next iHEA conference.

Do you have work in progress and are looking for feedback? You can post issues for collegial discussion, or volunteer to give a work in progress seminar!

Taken from iHEA News - July 2018
Posted by Nicole Cork
https://www.healtheconomics.org/news/411237/iHEA-News---July-2018.htm

SAVE THE DATE

The 10ᵗʰ Meeting of the International Academy of Health Preference Research

Joint IAHPR-PREFER Workshop & Symposium
Saturday, 13 July 2019
from 08:00 to 18:00

Joint IAHPR-PREFER Networking Dinner
Saturday, 13 July 2019
from 18:00 to 22:00

IAHPR Scientific Meeting
Sunday, 14 July 2019
from 08:00 to 17:30

Chaired by **Esther W. de Bekker-Grob, PhD** and **Jennifer A. Whitty, PhD,** all events for the 10ᵗʰ IAHPR Meeting will be held at the Volkshaus, Basel, Switzerland as a forum to present and discuss innovative developments in health preference research.

On Saturday, 13 July 2019, the Academy and PREFER will host a joint **Workshop on Good Research Practices** led by **Axel C. Mühlbacher, PhD**. This workshop will describe the basic on how to conduct a health preference study focusing on trade-offs between risks and benefits. IAHPR members will provide examples of challenges faced during the assessment of patient preferences in health care decision making. The workshop material will build directly from the textbook under development by IAHPR members and incorporate the experiences of scientists working with PREFER.

Volkshaus Basel
Rebgasse 12-14, 4058 Basel Switzerland

After lunch, the Academy and PREFER will also host a **Symposium on "Patient preferences in medical treatment lifecycle."** This topic is of great relevance for the objectives of both, the Academy and PREFER. After the presentations by invited speakers, the panel will discuss key topics defined in advance by the co-chairs followed by a question and answer session.

After the symposium, the Academy and PREFER will host a **Networking Dinner** from 18:00 to 22:00, including a brief welcome speech from the IAHPR Foundation, which is handling all meeting arrangements. The dinner is included with registration for either the workshop/symposium, meeting or both (no guests, please).

On Sunday, 14 July 2019, the Academy will host its full-day **Scientific Meeting** including peer-reviewed podium presentations, lunch (with poster session), and a business session. The abstract submission system will open in February 2019 and close on 15 April 2019.

All are welcome to register for the workshop ($175 USD for students; $350 USD for non-students), for the symposium ($125 USD for students; $250 USD for non-students), or for the meeting ($175 USD for students; $350 USD for non-students). All registrants are invited to attend the networking dinner (no guests please). Attendees who register for a second or third events get a discount on each subsequent event ($50 USD for students; $100 USD for non-students). For example, early registration for all three events is $375 USD for students and $750 USD for non-students. Early registration will open in early May and close on 30 May 2019. Afterwards, fees double. Attendance is limited.

For more information, visit www.iahpr.org or email contact@iahpr.org

DRAFT PROGRAM

Joint IAHPR-PREFER Workshop, Saturday, 13 July 2019 from 8:00 to 12:00
Good Research Practices in Health Preference Research, **Axel C. Mühlbacher** ᵅ

8:00-8:15	**Arrival and Light Breakfast**
8:15-9:45	**Session 1**
9:45-10:00	**Coffee Break**
10:00-12:00	**Session 2**
12:00-13:00	**Workshop Lunch** (Workshop attendees only)

Joint IAHPR-PREFER Symposium, Saturday, 13 July 2019 from 13:00 to 17:30

13:00-13:10   Welcome
Meeting Chairs: **Esther W. de Bekker-Grob**ᵅ and **Jennifer A. Whitty** ᵅ

13:10-14:40   Session 1

Patient preference studies to inform decision-making early in the product lifecycle: industry experiences, Nigel Cook
Should health technology assessments be more patient-centric? If so, how? Michael Drummond
TBD – University of Aberdeen, Mandy Ryanᵅ

14:40-15:00   Coffee Break

15:00-16:00   Session 2

TBD – Belgian Health Care Knowledge Centre (KCE), Irina Cleemput (Tentative)
TBD – European Medicines Agency, Francesco Pignatti (Tentative)

16:00-17:30   Session 3 – Panel Discussion (Topics to be distributed in advance)

The panel includes the five symposium speakers as well as a patient advocate, Rocco Falchetto

17:30-18:00   Concluding Remarks

Joint IAHPR-PREFER Networking Dinner, Saturday, 13 October 2018 from 18:00 to 22:00

IAHPR Scientific Meeting, Saturday, 13 October 2018 from 08:00 to 17:30

8:00-8:15   Arrival and Light Breakfast

8:15-8:45   Welcome and Acknowledgement of Sponsors
Meeting Chairs: **Esther W. de Bekker-Grob**ᵅ and **Jennifer A. Whitty** ᵅ

8:45-10:15	**Session 1** (four podium presentations)
10:15-10:30	**Coffee Break**
10:30-11:15	**Session 2** (two podium presentations)
11:15-12:30	**Elevator Talks** (up to eight elevator talks)
12:30-13:30	**Lunch and Poster Session**
13:30-15:00	**Session 3** (Four podium presentations)
15:00-15:15	**Coffee Break**
15:15-16:00	**Session 4** (two podium presentations)
16:00-16:15	**Concluding Remarks**
16:15-17:30	**Business Session** (All attendees are welcome)

ᵅ indicates an IAHPR member

Amsterdam, 2014

Brisbane, 2015

IAHPR
International Academy of
Health Preference Research

Hamburg, 2016

Singapore, 2016

St Louis, 2015

Welcome To

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Boston, 2017

Glasgow, 2017

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