

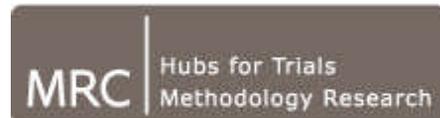
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Resource-use data collection methods based on patient recall

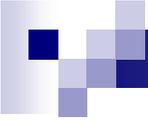
Professor Dyfrig Hughes
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North West Hub



Trial-based economic evaluations

- Clinical trials important for capturing data on healthcare resource use
- Methods typically rely on:
 - Patient (or carer) recall (e.g. questionnaires, diaries or interviews)
 - Prospective forms completed by trial researchers or healthcare professional
 - Routinely available data (e.g. hospital and GP records, hospital episode statistics)
 - Expert panels



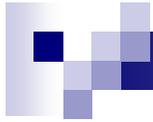
Review of HTA-funded trials

- 85/95 studies collected patient-level data
- 61 used at least 2 methods
- Diaries used in 20 studies
- 63 studies used questionnaires / forms / interviews
 - Median recall period 4.5 mo (IQR 2-6 mo)

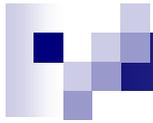


Instrument testing

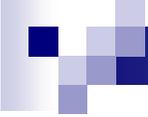
- Evidence of resource identification at the planning stage
 - n=22 out of 95
- Piloting
 - n=21 out of 63
- Validation of data collection methods
 - n=28 out of 85



Practice	Comment
Perspective	Aligned with that of the decision maker (NHS +/- Personal Social Services, Societal)
Identify resources for measurement	Items for costing should be identified <i>a priori</i> from consultation with health care professionals, pilot studies or literature searches
Data collection & analysis plan	A plan detailing how cost and resource use data will be obtained is essential (e.g. frequency, sources, time horizon, statistical analysis, methods)
Resource use data collection	Choice depends on: reliability of patient recall, burden on the researcher/ healthcare practitioner, completeness and appropriateness of routinely collected data, information technology systems, cost of acquiring the data. The method selected, and frequency of data capture, should be informed by previous studies or pilot studies



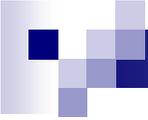
Practice	Comment
Piloting	Patient / carer completed forms should be piloted to test clarity, ease of use and completion rates
Validation	Alternative methods of resource use data collection should be employed to test for validity
Non trial estimates of resource use	Documented and systematic approach to their selection
Method of costing	Top-down micro-costing, applying national costs to patient-level units of resource use where they exist
Standardised reporting format	To improve transparency and enhance benchmarking between similar studies



DIRUM - Database of Instruments for Resource Use Measurement

■ Purpose:

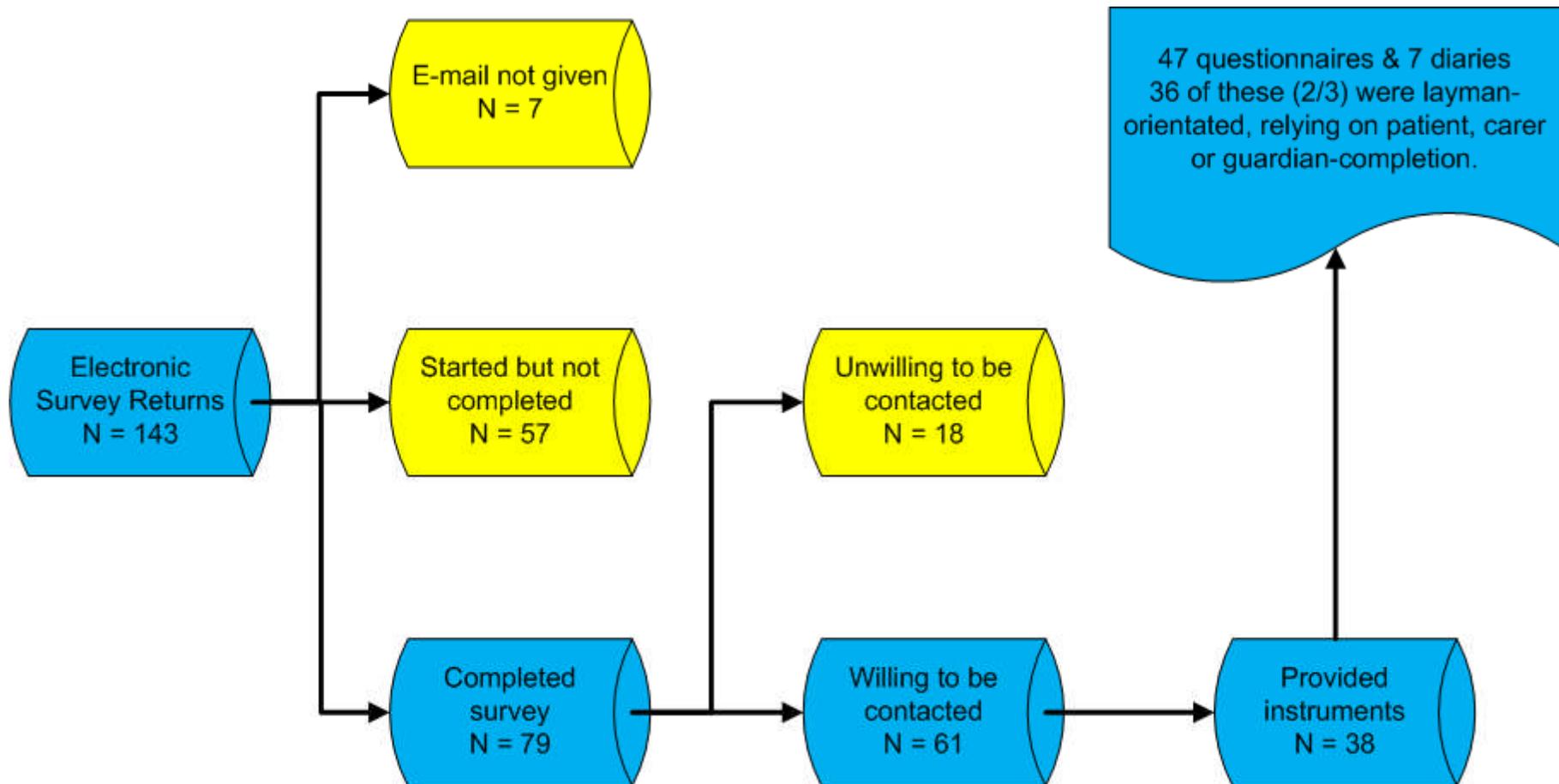
- To support health economists involved in trial-based evaluations
- To help improve future design and development of instruments
- To establish a research agenda on issues of content validity, construct validity, responsiveness and reliability of resource-use instruments

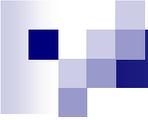


Collecting instruments for database

- Contacted authors of all primary research HTA studies
- Contacted authors of all full UK economic evaluations listed in NHS EED (2008-10)
- E-mailed health economists subscribing to the health economics mailing list
- Invited to completed on-line survey

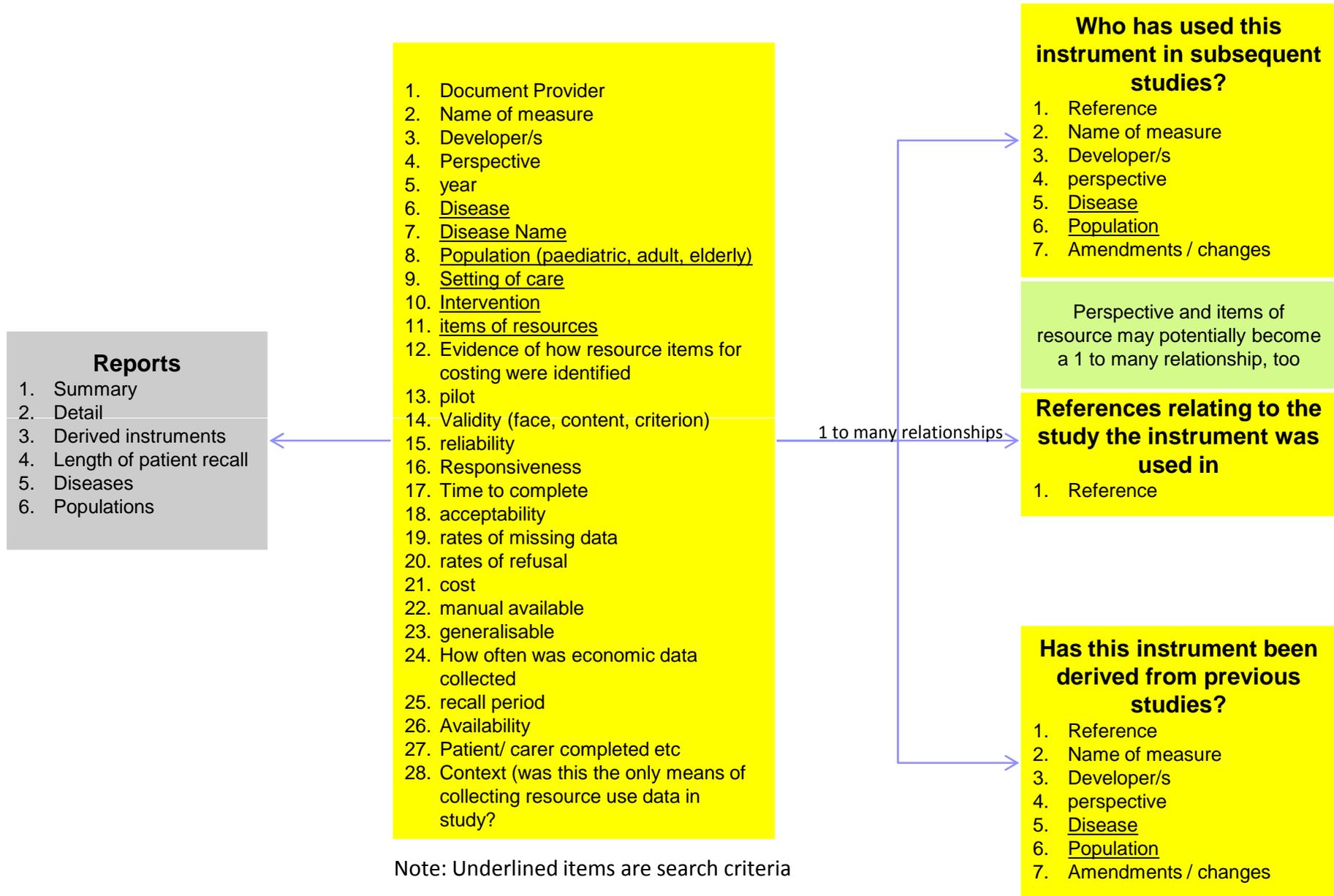
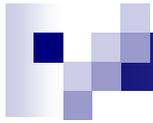
Results

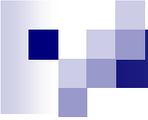




DIRUM - online database

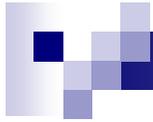
- Support data navigation, sorting, searching, advanced filtering, record addition, modification, deletion and file uploads
- Full access to questionnaire, access to review copy of questionnaire or description of questionnaire only





Research collaboration for DIRUM (cross-Hub funding)

- Dr Colin Ridyard, NWHTMR
- Dr William Hollingworth, ConDuCT
- Dr Sian Noble, ConDuCT
- Joanna Thorn, ConDuCT
- Professor Joanna Coast, MHTMR
- David Whitehurst
- Professor Martin Knapp



- Send us your resource use instrument for inclusion in DIRUM!
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