PLEASE DO NOT REPRODUCE

Resource-use data collection methods based on patient recall

Professor Dyfrig Hughes Bangor University







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

M



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:

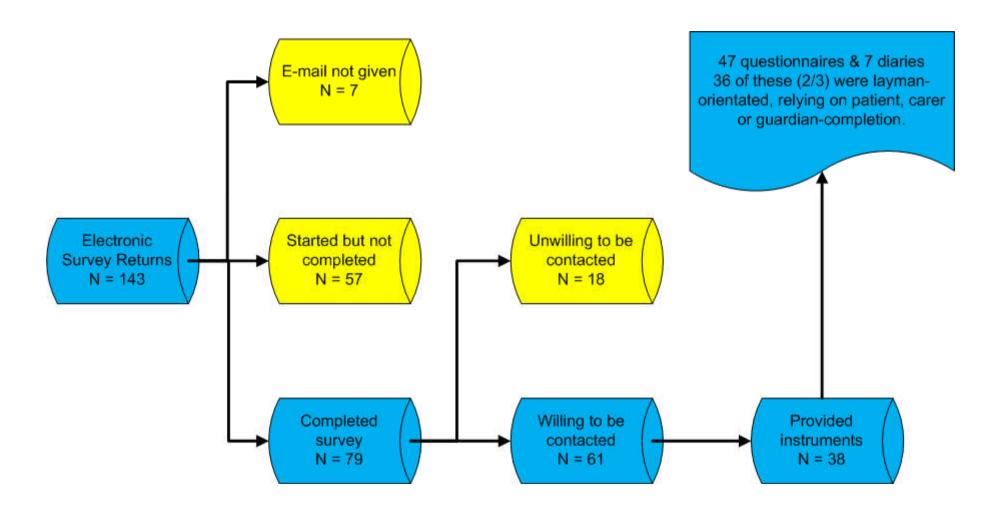
- To support health economists involved in trialbased evaluations
- □ To help improve future design and development of instruments
- □ To establish a research agenda on issues of content validity, construct validity, responsiveness and reliability of resource-use instruments



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

2. Name of measure 3. Developer/s

1. Document Provider

- 4. Perspective
- 5. year
- 6. Disease
- 7. Disease Name
- 8. Population (paediatric, adult, elderly)
- 9. Setting of care
- 10. Intervention
- 11. items of resources
- 12. Evidence of how resource items for costing were identified
- 13. pilot
- 14. Validity (face, content, criterion)
- 15. reliability
- 16. Responsiveness
- 17. Time to complete
- 18. acceptability
- 19. rates of missing data
- 20, rates of refusal
- 21. cost
- 22. manual available
- 23. generalisable
- 24. How often was economic data collected
- 25. recall period
- 26. Availability
- 27. Patient/ carer completed etc
- 28. Context (was this the only means of collecting resource use data in study?

Note: Underlined items are search criteria

Who has used this instrument in subsequent studies?

- 1. Reference
- 2. Name of measure
- Developer/s
- 4. perspective
- Disease
- Population
- 7. Amendments / changes

Perspective and items of resource may potentially become a 1 to many relationship, too

References relating to the study the instrument was used in

1. Reference

1 to many relationships

Has this instrument been derived from previous studies?

- 1. Reference
- 2. Name of measure
- Developer/s
- 4. perspective
- Disease
- Population
- 7. Amendments / changes

Reports

- 1. Summary
- 2. Detail
- 3. Derived instruments
- 4. Length of patient recall
- 5. Diseases
- 6. Populations



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!

d.a.hughes@bangor.ac.uk