

Summary of discussion on “Estimating a value of a QALY” project

Venue: NECA, Seoul, Korea

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Participants:

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Summary

1. Health states to be used in the survey are described below

Mild (>0.7)	11121
	11212
Moderate (0.35-0.7)	11323
	22222
Severe (<0.35)	21333
	23322 (Japan & Korea)
Extended life	21333
	23322 (Japan & Korea)
Immediate death	Severe disease

These above health states will be used for all countries. In addition, this will be confirmed by Dr. Asrul whether these health states are consistent for Malaysia.

2. Bidding schedule

The following bidding schedule will be used across countries. The GDP per capita will be derived from IMF world economic workbook

Level	1st bidding	response	2nd bidding
1	0.05	No	0.025
		Yes	0.10
2	0.10	No	0.05
		Yes	0.20
3	0.20	No	0.10
		Yes	0.40
4	0.40	No	0.20
		Yes	0.80
5	0.80	No	0.40
		Yes	1.20
6	1.20	No	0.80
		Yes	1.50

Dichotomous bidding will be employed. Open-ended question will also be used after the bidding. For payment, the respondent will be asked to pay lump-sum within 6 months.

3. For life extended for terminal illness, 1 month lead time in the terminal state will be used.

4. For immediate death, the scenario was similar to that of Shirowa et al. However, 1 month lead time will also be used. It was described as “you have a serious illness and are going to die after 1 month. If you pay, you can stay 1 month in the serious illness condition + 2 months (or 5 months) in perfect health and then die.

5. VAS for death will not be determined by the respondent.

6. EQ-5D and VAS will be used to determine current health state of the respondents

7. For prevention, a prevention program can reduce the risk from 15% to 5% (same as previous version). The picture used to describe 15% and 5% risk will be slightly modified.

8. Eligible respondents should be 20 to 60 years old. Only the students who do not earn by themselves will be excluded.

9. Analysis plan will be similar to that of Dr. Shirowa pretest. However, it is need to be check whether the turnbull analysis includes all respondents or not. We agreed that all respondents should be analyzed instead of only those who are willing to pay. Also, as turnbull analysis does not include WTP from open ended, Dr. Ahn suggested that we might need another statistical method, as well. The statistical plan should also be written up so it is consistent across countries.

10. The questionnaire (as well as the health states and bidding value) used in each country will be translated into English and share with the team in order to check for the final consistency before the survey by the end of April.

11. Every country will prepare for 10 minutes presentation for our next meeting at Petchaburi, Thailand in May.