

iMPACT HTA

Improved methods and actionable tools for enhancing HTA

Report on comparison of EQ-5D-5L value sets from different disease areas in two countries (D5.2)

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Methodological details:

EQ-5D-5L health state preferences were obtained from discrete choice experiments (DCEs) with two different patient groups in Germany and Spain. Rheumatic and diabetic patient populations were chosen for inclusion in this study as these were identified as highly prevalent diseases in the countries. Additionally, these diseases were also assumed to effect different health dimensions and therefore we wanted to know whether these different disease experiences influence health state valuation.

An online panel of a market research agency in Germany and Spain was used to recruit participants for the online surveys. Only participants who had already indicated to have a rheumatic disease or diabetes were invited to the survey. Further, in the beginning of the survey, the patients got questions about their current diagnosis, ensuring that only those two patient groups answered the survey questions. Participants valued health states described by EQ-5D-5L for themselves. For the analysis and comparison, EQ-5D-5L general population preferences were available from established national value sets in Germany and Spain and used for comparison (Ludwig K, Graf von der Schulenburg JM, Greiner W. German Value Set for the EQ-5D-5L. *Pharmacoeconomics* 2018. doi:10.1007/s40273-018-0615-8; Ramos-Goñi JM, Craig BM, Oppe M et al. Handling data quality issues to estimate the Spanish EQ-5D-5L value set using a hybrid interval regression approach. *Value in Health*. 2018;21:596–604. doi:10.1016/j.jval.2017.10.023). Modelling of DCE data was based on a conditional logit framework and latent values of the patient populations were anchored using the national value sets to compare these to the general population preferences.

Results:

The final sample contained n=1,700 patients, n=937 in Germany split to n=453 rheumatic patients and n=484 diabetic patients as well as n=763 in Spain, split to n=341 rheumatic patients and n=422 diabetic patients. Their health state preferences were compared to EQ-5D-5L general population preferences of established national value sets in Germany and Spain. In both countries, patients gave more importance to the dimensions mobility, self-care, or usual activities and less importance to pain/discomfort and anxiety/depression than the general population. The size of differences was larger in Germany than in Spain. In both countries, the differences between utility decrements of diabetic patients and the general population were larger than those of rheumatic patients compared to the general population. In Germany, preferences reported by both patient groups were more

similar to each other than this was observed for the Spanish patient groups. An approach combining patient preferences obtained by DCE and the utility scale from national values sets was developed.

Methodological details as well as the detailed results of the comparison of two EQ-5D-5L value sets based on health state preferences from the two different patient populations are available in the already published paper. **IMPORTANT: For citing purpose, please also refer to that paper:**

Ludwig K, Ramos-Goñi JM, Oppe M, Kreimeier K, Greiner W. (2021): To what extent do patient preferences differ from general population preferences? Value in Health, 24(9): 1343-1349; <https://doi.org/10.1016/j.jval.2021.02.012>.