

# Learnings from consumer research for patient preference research

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## BACKGROUND

- Preference research originated in consumer field
- Increasing attention & application in healthcare
- Patients' perceptions and trade-offs can inform medical decision-making in different stages of the medicinal product life cycle
- Extent to which patients can be compared to consumers is still unclear
- Consumer concepts can be valuable in healthcare

Can we improve preference elicitation in healthcare by applying consumer concepts?

## OBJECTIVE

- Identify innovative preference elicitation concepts from consumer research that could be applied in healthcare

## METHODS

- Analyze methods of current healthcare guidelines
- Acquire overview of how DCEs were conceived in consumer field by analyzing key papers in the field
- Literature review to identify preference elicitation concepts from consumer research that have not yet been applied in healthcare
- Assess applicability of identified concepts in healthcare

DCE: Discrete Choice Experiment

## RESULTS: Identified preference elicitation concepts & applicability assessment in healthcare

5 Concepts identified that may have value in healthcare Applicability of the concepts within healthcare guidelines

**Simulating alternatives:** Visualizing alternatives to clarify the options and promote discussions

Improves understanding ✓

**Self-reflection:** Simulate real decisions by taking different decision steps and time to reflect upon each step

Realistic decision process ✓

**Separated Adaptive Dual Response:** Separating all free and forced choice questions + adaptive profile mechanism

Context effects ↓ ✓

**Feedback-driven exploration:** Gather & implement continuous feedback from all stakeholders in iterative process

Stakeholder involvement ↑ ✓

**Arranging profiles:** in subsets of two profiles as the second step of adaptive conjoint analysis experiments

Statistical benefits ✓

SADR: Separated Adaptive Dual Response FDE: Feedback-driven exploration

| Simulating alternatives | Self-reflection | SADR | FDE | Arranging profiles | Described steps in healthcare guidelines                                     |
|-------------------------|-----------------|------|-----|--------------------|------------------------------------------------------------------------------|
|                         |                 |      |     |                    | <b>ISPOR guideline</b>                                                       |
|                         |                 |      | x   |                    | Research question                                                            |
|                         |                 |      | x   |                    | Attributes and levels                                                        |
|                         | x               | x    | x   | x                  | Construction of tasks                                                        |
|                         | x               | x    | x   |                    | Experimental design                                                          |
|                         | x               |      | x   |                    | Preference elicitation                                                       |
| x                       |                 |      | x   |                    | Instrument design                                                            |
| x                       |                 |      | x   |                    | Data collection                                                              |
|                         |                 |      | x   | x                  | Statistical analysis                                                         |
|                         |                 |      | x   |                    | Results and conclusions                                                      |
|                         |                 |      |     |                    | Study presentation                                                           |
|                         |                 |      |     |                    | <b>FDA guideline</b>                                                         |
|                         |                 |      |     |                    | Patient centeredness                                                         |
|                         |                 |      |     |                    | Representativeness of the sample and generalizability of results             |
|                         |                 |      |     |                    | Capturing heterogeneity of patients' preferences                             |
|                         |                 |      |     |                    | Established good research practices by recognized professional organizations |
| x                       |                 |      |     |                    | Effective communication of benefit, harm, risk and uncertainty               |
|                         |                 | x    |     |                    | Minimal cognitive bias                                                       |
|                         |                 |      | x   |                    | Logical soundness                                                            |
|                         |                 |      | x   |                    | Relevance                                                                    |
|                         |                 |      |     |                    | Robustness of analysis of results                                            |
|                         |                 |      |     |                    | Study conduct                                                                |
| x                       |                 |      |     |                    | Comprehension by study participants                                          |
|                         |                 |      |     |                    | <b>MDIC guideline: CA and DCEs review</b>                                    |
| x                       | x               | x    | x   | x                  | Methodology criteria                                                         |
| x                       |                 |      |     |                    | Sample criteria                                                              |
|                         |                 |      |     | x                  | Analysis criteria                                                            |
|                         |                 |      | x   |                    | Output criteria                                                              |

## Remaining challenges

- Higher decision impact in healthcare versus consumer
- Preference experiments in healthcare require more complex and more personal information
- Introduction to decision-making is different in healthcare versus consumer
- More stakeholders involved in healthcare research
- Preference information has multiple purposes in healthcare

## CONCLUSION: Consumer preference elicitation concepts more accurately reflect real-life contexts

Concepts from consumer research:

- Simulating alternatives • SADR •  
Self-reflection • FDE •  
Arranging profiles •

Potential benefit:

Methods help **resembling** the **real-life decision context**  
→ Validation in healthcare required

Future implications:

**Respondents' choices reflect "real decisions"**