

HOW CAN DISCRETE CHOICE EXPERIMENT METHOD IMPROVE PATIENT CARE AND **ENGAGEMENT? AN EXAMPLE IN THE FIELD OF FERTILITY**

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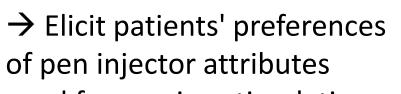


- □ The Discrete Choice Experiment (DCE) is a quantitative method increasingly used in healthcare to elicit patient preferences without directly asking them to state their preferred options. These methods help inform public decision-making, in a context of healthcare democracy and shared-decision making.
- □ Patient preferences are not often explored and documented in the literature, especially in the field of fertility. Patients' preferences often differ from those of their care providers
- □ It is important to know the value that patients attribute to different management options. The patient-physician relationship is evolving, with a growing complementarity between the expertise of healthcare professionals and the experience of the patient.
- □ Patients are now seen as active participants in their health care. Healthcare decisionmakers increasingly use patient-centered criteria in the HTA process.



The objective of this study is to elicit patients' preferences using a DCE in the field of Assisted Reproductive Technology with the example of pen injector used for ovarian stimulation.







 \rightarrow Quantify the relative importance of each of these attributes

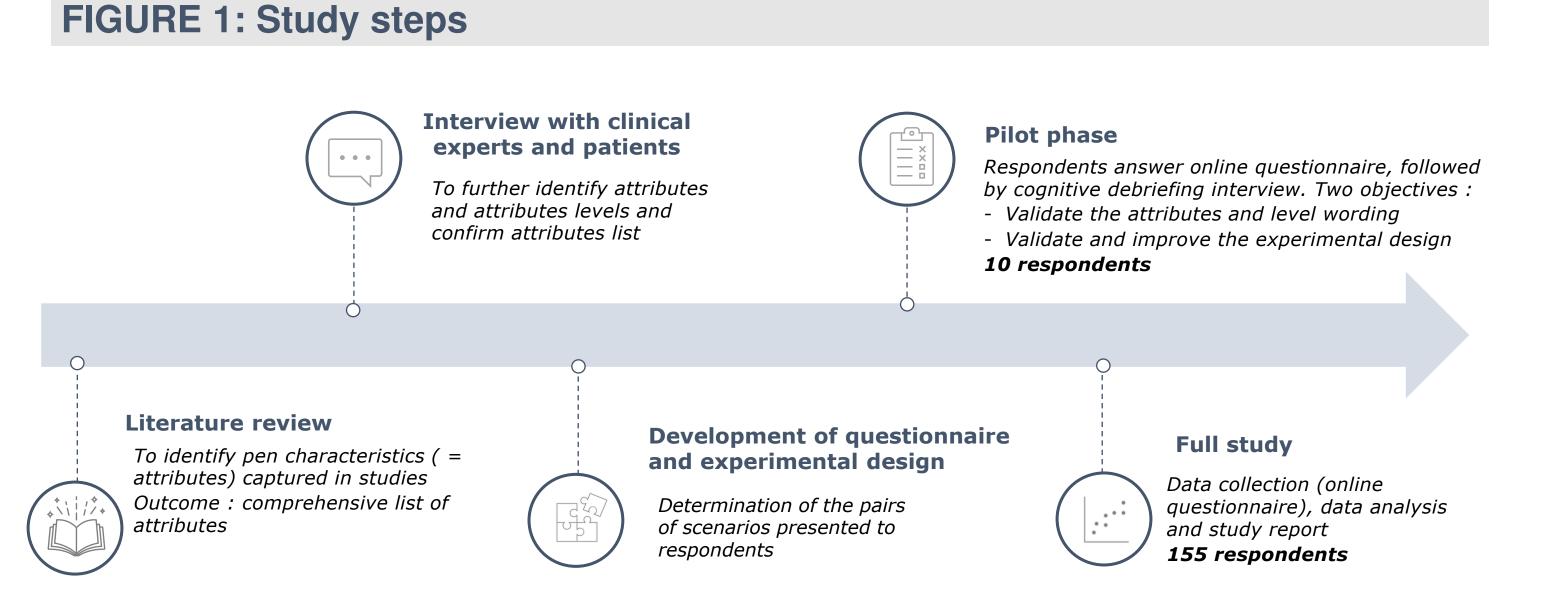
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 \rightarrow Generate utility scores for the different pen injectors



used for ovarian stimulation in ART

- □ The DCE¹ is a stated preferences method which requires respondents to make trade-offs for various pen injector characteristics (called attributes).
- Participants were presented with a series of 2 hypothetical scenarios described by several characteristics ("attributes"), each of which can take on different values ("levels"). They had to choose between two pen injectors, each pen defined by a set of hypothetical characteristics.
- A DCE questionnaire with **12 choice sets** was developed to measure the preferences for six pen characteristics.
- □ The online survey was sent to patients from **3 French patient associations**.
- Given For data analysis, several models were tested in accordance with ISPOR recommandations². The **mixed logistic model with uncorrelated effects** was selected, based on the AIC and BIC statistical metrics and because it was the least constrained model. It was applied to identify preference ranks and compute a utility score for each pen injector





□ The study involved 155 women who had previous experience with the use of injector pens for ovarian stimulation with an average age of 34.1 years at the time of their last ovarian stimulation. □ Their ART course length was 2.3 years, and respondents had undergone an average of 1.4 IUI cycles and 2 IVF cycles during the course of ART.



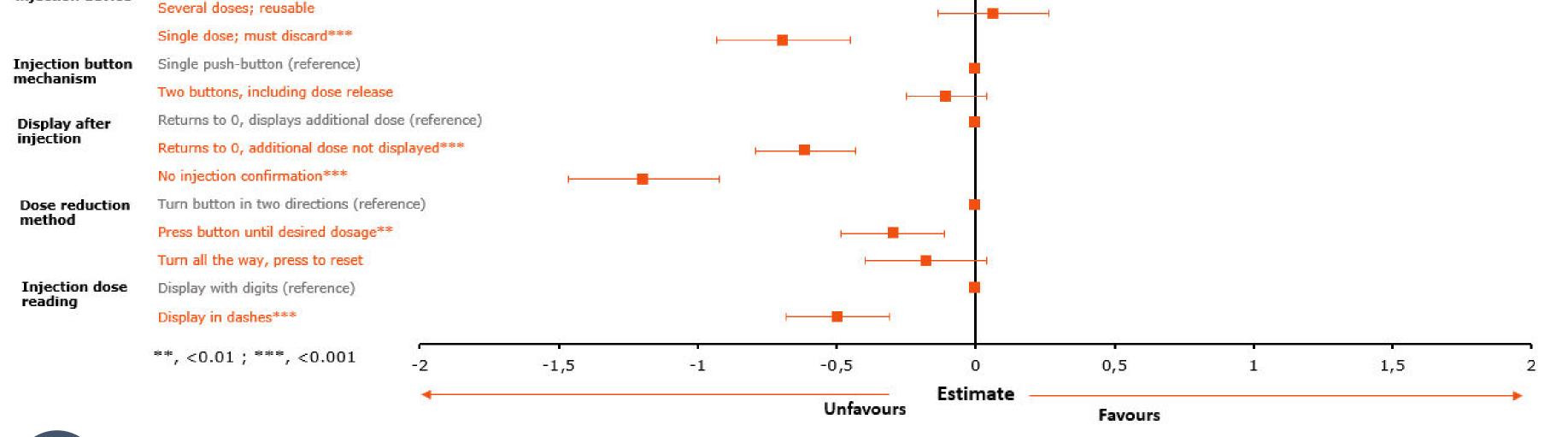
The influence of different attributes on respondents' preferences is assessed through a relative importance score (Figure 3).

FIGURE 3: Attribute preference ranking

- Display after injection (1.19)
 - Model of injection device (0.76)
 - Injection dose reading (0.50)
 - Injection button mechanism (0.50)
 - Dose reduction method (0.30)
- Pre-injection steps (0.10)

Key points

- \checkmark Respondents preferred pens that are ready to use (p<0.0001), can be used multiple times (p<0.0001), have dose injection confirmation (p<0.0001), and display the dose with digits (p<0.0001) (Figure 2)
- \checkmark The two most important attributes for respondents were the dose display after injection and the model of the injection device. The



DISCUSSION

The preferred attributes are those relating to the performance of the injection device, reflecting a reassuring aspect and a notion of effectiveness for women.

Our study population result in over-representation of upper socio-economic categories when compared to general population. While infertility affects all socio-professional categories, access to ART is less accessible to the less privileged. This selection is emphasized for 2 reasons : the recruitment of patients by patient associations (better informed and involved) and the complex cognitive exercise involved in the DCE methodology.

This study highlights the discrepancy in preferences between patients and physicians. Physicians tend to prefer pens with better handling rather than (perceived) efficacy. The outcomes of this study could be used in the development of any new injection pen to favour the accurate daily administration of the prescribed dose.

There are many application contexts for DCE studies :

injection button mechanism and the dose reduction method were of little importance to women who use pen injectors. (Figure 3)

- Guidance for decision-makers: using patient-centered criteria to assess healthcare technologies
- Estimate patients'/decision-makers' willingness to pay for an innovation
- Setting priorities for resource allocation in a constrained economic context



This patient preference study based on DCE methodology enables the determination of patient preference regarding pen injector. Respondents preferred pen that are ready to use, can be used multiple times and have dose injection confirmation, reflecting a reassuring about the fact that the accurate dose has been administered. The patient's place in healthcare decision-making is evolving. This type of study helps to improve patients' engagement by making them active participants in their own care.



REFERENCES

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