PRE-TESTING WITH COGNITIVE INTERVIEWING HIGHLIGHTS UNANTICIPATED DECISION MAKING IN A DCE

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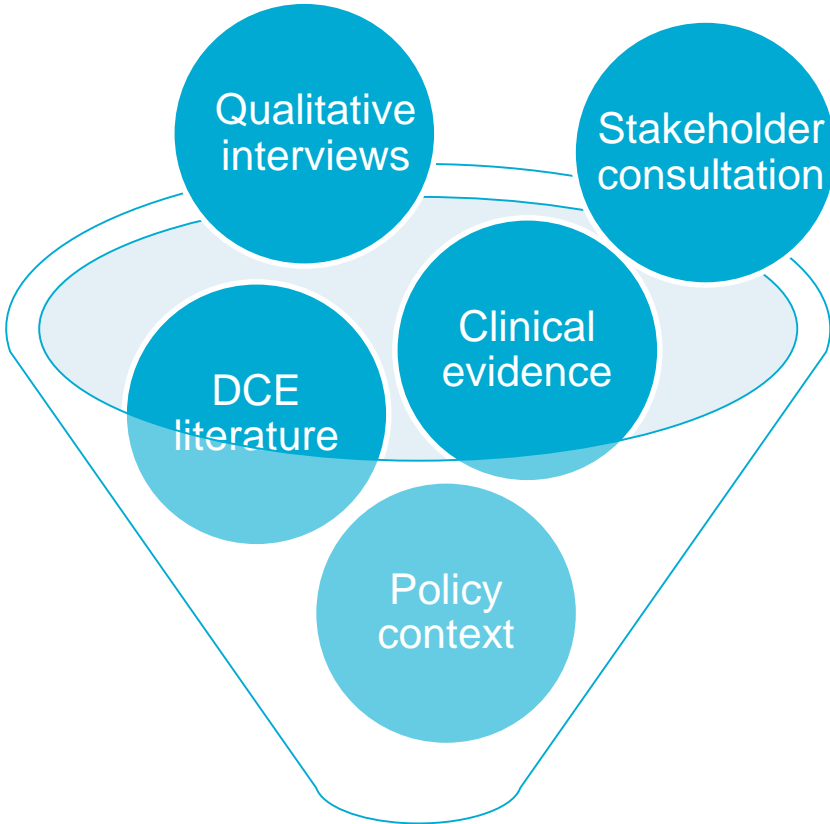
IAHPR 2016 SINGAPORE

UTS BUSINESS SCHOOL

CANCER FOLLOW-UP

- After finishing cancer treatment patients have ongoing follow-up

- Follow-up services are moving to GP or nurse led care, which is effective & efficient

- Previous DCE's suggest that patients strongly prefer the status quo

DCE DEVELOPMENT

Qualitative interviews

Stakeholder consultation

Clinical evidence

DCE literature

Policy context

Prostate and colon cancer survivor preferences for follow-up services

ATTRIBUTES & LEVELS

Attribute	Level 1	Level 2	Level 3	Level 4
Provider & location	Local GP practice	Specialist nurse by phone	Specialist nurse in the hospital	Specialist clinician in the hospital
Continuity	Same person each time	Different person		
Emotional support	Not asked	Asked	-	-
Practical issues	Not asked	Asked	-	-
Healthy living info	Not asked	Asked	-	-
Cost	€20	€50	€100	€150

OMEP with shifted design – 4 or 8 choice sets per respondent
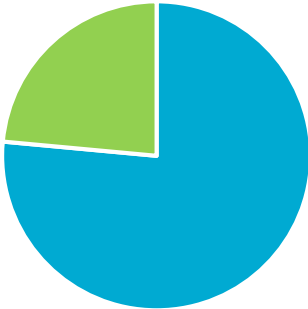
PRE-TESTING

- Testing survey instrument for:
  - Wording, formatting
  - General task comprehension
  - Usefulness of debriefing questions
    - comprehension, engagement and attribute non-attendance
  - Cheap talk script & opt out – *not discussed today*

- Face to face "think aloud" interviews with 17 prostate and colorectal cancer survivors

PARTICIPANT DEMOGRAPHICS

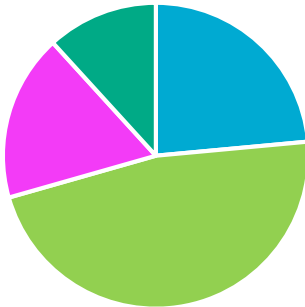## Gender

■ Males ■ Females
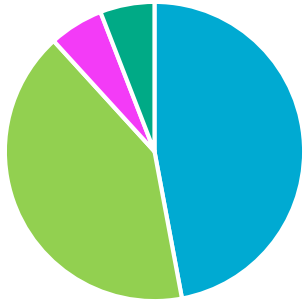
Age

■ <50 ■ 50-59 ■ 60-69 ■ 70+

Education

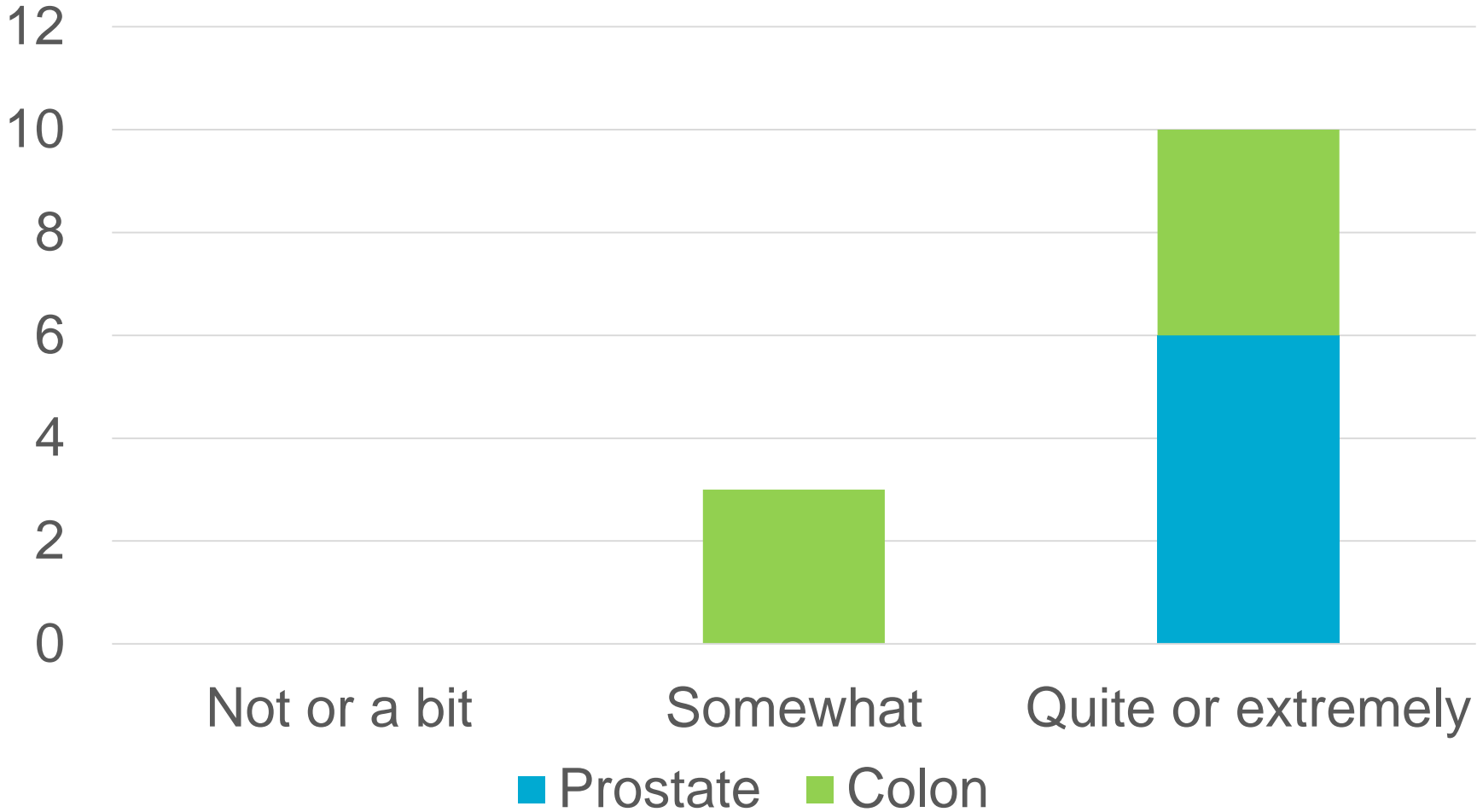■ Primary ■ Secondary
■ Third level ■ Post grad

Health insurance

■ Private insurance ■ Health care card
■ Both ■ Neither

HEALTH LITERACY

Confidence filling out medical forms

RESULTS

- Cognitively challenging

- Responses inconsistent with utility maximizing assumptions

- Many would not return the survey

- Coded transcripts using an iterative process to assess decision making within and across participants (framework approach)

Group A: Dominated choices

Group B: Reported facts

Group C: Task unclear

GROUP A: DOMINATED CHOICES

- Compared the packages and made trade offs

- Strong status quo bias, with choices dominated by provider

- Often recoded 'unrealistic' attributes / levels (hypothetical bias)

- Confusion: choice sets look the same if only comparing one or two attributes…

Well the packages are ok, but… mmm… they seem to be the same questions in the whole lot. [CI14]

GROUP B: REPORTED FACTS

- Appeared to misunderstand the choice task

- Thought we were asking them to report the facts of their follow-up

- Appeared strongly influenced by the biomedical model – difficult to imagine they might have a choice of treatment

…Well after three years now I won't have any follow-up so that will be the option I'll be taking… Mmm the others won't apply to me… [CI01]

GROUP C: TASK UNCLEAR

- Task was unclear

- Skipped choice sets, selected multiple options in each choice set, or wrote long-form answers next to choice sets

…If you want my honest reaction… I find, and maybe I'm not that bright, but I would find that mind boggling. Because, I'm trying to, I'm trying to… I'm sure that could be simplified a lot… [CI01]

COST ATTRIBUTE

- Almost everyone ignored the cost attribute to some extent

  - o "You can't put a price on health"

  - o "I won't have to pay"

  - o "You'd never have to pay that"

  - o "It's not a lot of money"

- Social norm not to admit inability to pay?

IMPLICATIONS FOR ANALYSIS

- **Group A:** Status quo would appear to be their preference

- **Group B:** Fact based choices would look like hypothetical choices, with preference for status quo

- **Group C:** 'incorrect' completion would usually lead to removal

- **All groups:** cost would appear insignificant

CAN WE IDENTIFY THESE GROUPS?

- Debriefing questions couldn't discriminated between groups

Example debriefing questions	Aspect of decision making
Did you find making a choice between the different options confusing?	Understanding & preferences completeness
Did you find that the more questions you answered the easier it was to make a choice?	Using simplifying heuristics; Learning
Do you believe your choices will have an impact on [topic] in the future?	Consequentiality and task engagement
Did you consider all of the different factors that varied between the options?	Attribute non-attendance; Monotonicity of preference

DISCUSSION

- Cancer survivors appear to find it difficult to think hypothetically about their care

  - Issues of agency

  - Status quo bias resulting from labelling effect, hypothetical bias, endowment effect (Salkeld, 2000)

- Previous DCEs of cancer follow-up may have been effected by these same issues

- There is a need to develop and test debriefing questions that address the assumptions of decision making

CONCLUSIONS

- Cognitive interviews are a useful and appropriate way to explore decision making within the DCE context

- Pre-testing DCE survey instruments prior to implementation is essential

QUESTIONS