Participant reinterpretation of health states: A think-aloud study of decision-making strategies in discrete choice experiments with the SF-6Dv2

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Abstract

Objective

Each pair of health state profiles was presented to participants in an order determined by the DCE method. Participants were asked to complete 4 DCEs, each containing 4 alternatives. The strategies used by participants aligned with previous research and while the findings are not unexpected, they underscore the importance of conducting the think-aloud study prior to the deployment of the ICSI study.

Methods

To minimize participant burden, participants were divided into groups of 5 by their order of entry into the study. Participants were asked to complete 4 choice tasks evaluating pairs of SF-6Dv2 health state profiles (A and B) and select in which they would prefer to live.

Results

Each participant completed 4 ICSI tasks, and each of the 5 groups completed all tasks. The results are interpreted accurately as the strategies used by participants aligned with previous research and while the findings are not unexpected, they underscore the importance of conducting the think-aloud study prior to the deployment of the ICSI study.

Discussion

Evaluating the decision-making processes participants use in DCEs allows researchers to evaluate whether the tasks and attributes are interpreted accurately. The strategies used by participants aligned with previous research and while the findings are not unexpected, they underscore the importance of conducting the think-aloud study prior to the deployment of the ICSI study.

Limitations

Study conducted with English-speaking participants in the US only. It is not always clear comments made when thinking aloud actually occur during the process of making decisions. It is not always clear comments made when thinking aloud actually occur during the process of making decisions. It is not always clear comments made when thinking aloud actually occur during the process of making decisions. It is not always clear comments made when thinking aloud actually occur during the process of making decisions.

The findings further suggest the methodology described in this study can and should be carried forth to the valuation of other health utility measures.