

## Introduction

- Discrete Choice Experiments used for eliciting stated preferences of many populations (general public, patients, at-risk populations, clinicians, caregivers, etc.)
- Expected to play increasing role in health technology assessment in Asia-Pacific to value clinical & non-clinical factors
- DCE studies also used for outcome measurement in economic evaluation, including health state valuation for preference measures
  - Typically measured by quality adjusted life years (QALYs)
- Priority trade-offs within DCE (monetary, time, risk) are also increasingly popular for quantifying the benefits of health care policies.



## Today's session

- Debate the application of DCE to health and care policies, with a focus on policies affecting informal care providers within health and care systems.
- Speakers:
  - Stephen Goodall Using DCE methods to estimate the value of informal care: the case of children with intellectual disability
  - Ruoyan Gai A public sector perspective on undertaking a DCE
  - Timothy Bolt Practical and methodological advantages and the limitations of DCEs in health and care service planning
- Panel discussion and audience questions



## Panel discussion questions

- What further methodological developments are required to improve the DCE methods currently used in practice?
- How should we incorporate the preferences of multiple populations (public, patients, etc) into the design, analysis and interpretation of DCE data?
- Which areas of the health and care system are a priority to elicit preferences for?
- How can DCE practitioners facilitate wider use of study results by policy makers?
- How can DCE's be used alongside other methods?