


Volume 13, 23 October 2013

Publisher: Igitur publishing

URL: <http://www.ijic.org>

Cite this as: Int J Integr Care 2013; Annual Conf Suppl; [URN:NBN:NL:UI:10-1-114701](https://nbn-resolving.org/urn:nbn:nl:ui:10-1-114701)

Copyright: 

Poster Abstract

People needing overweight and obesity therapy want care co-ordination: Results of a Discrete-Choice Experiment.

Axel C Mühlbacher, Professor for Health Economics and Healthcare Management, Hochschule Neubrandenburg, Institute Health Economics and Healthcare Management; Germany, Hochschule Neubrandenburg

Susanne Bethge, Research Fellow, Hochschule Neubrandenburg, Institute Health Economics and Healthcare Management; Germany, Hochschule Neubrandenburg

Christin Juhnke, Research Fellow, Hochschule Neubrandenburg, Institute Health Economics and Healthcare Management; Germany, Hochschule Neubrandenburg

Correspondence to: **Susanne Bethge**, Institute Health Economics and Healthcare Management; Germany, Hochschule Neubrandenburg, E-mail: bethge@hs-nb.de

Abstract:

Background: Obesity is associated with increased risk of morbidity, mortality and appears to adversely affect health-related quality of life. Preference-based therapies may lead to higher patient compliance and adherence. The aim of the study was to identify key attributes of weight loss programs and to elicit patients' preferences for overweight and obesity therapy.

Method: Based on a subsequent qualitative study a self-administered survey, measuring attitudes and preferences, was conducted in Germany in 2009. Discrete-choice-experiment scenarios including 8 binary attributes were developed using a fractional factorial design and results analysed using random-effects-logit-model.

Results: N=110 patients answered the questionnaire (51,82% male, mean age 53,05 years, mean BMI 33,54 kg/m² (SD 7,73). From highest relevance for the respondents' selection were care coordination (Coefficient 1.473; SE 0.185, OR 4,365) and individual therapy (Coefficient 1.446; SE 0.188, OR 4,2499). The aspect of infrastructure of care was less relevant.

Conclusion: Patients value coordination of care and individual therapy as most important. Weight reduction therapy should enable patients to receive a structured, coordinated and interpersonal therapy that is individualized on their personal needs, behaviour and circumstances. Patients are willing to abandon infrastructural quality for getting better coordination and structure in their therapy.

Keywords

Overweight and obesity, Patient preferences, Discrete Choice Experiment

Presentation available at <http://www.integratedcarefoundation.org/content/guided-poster-walks-2>

13th international Conference on Integrated Care, Berlin, Germany, April 11-12, 2013