CONFERENCE ABSTRACT

How much does the communicator matter in the choice for an integrated care program: A labelled discrete choice experiment.

16th International Conference on Integrated Care, Barcelona 23-25 May 2016

Susanne Bethge¹, Axel Mühlbacher¹, Volker Amelung²

¹: Hochschule Neubrandenburg, Germany; ²: Medizinische Hochschule Hannover, Germany.

Background: Integrated Care (IC) aims to optimise the processes of healthcare delivery. Thereby the people and their needs should be in the centre of all efforts. So far the needs and preferences for integrated care programs are not well understood. What do people value on integrated care programs? What is important? Which factors do influence the decisions for or against IC? It is assumed that not only the properties of an IC program, but also the context factor of the communicator represents a utility component for the decision makers. This assumption formed the basis of the present study.

Objective: The main focus of this empirical research study was to analyse public preferences using a discrete choice experiment (DCE). The study evaluated the relationships between different communicators (general practitioner, health insurance or state) of IC programs and the related information recipients (patient, insurant, public). Specifically, it was examined if the communicator of an integrated care program has a significant impact on the hypothetical choice of the respondents when choosing an IC program.

Method: The discrete choice experiment is a choice based method to analyse stated preferences. It is theoretically grounded in utility theory. In the survey participants have to choose between hypothetical IC-programs and were asked to state the one they prefer most. DCEs thereby allow estimating part-worths (in form of coefficients) for each included attribute or level. The estimated coefficients give information about the degree of influence of each variable within the decision. Furthermore the special form of labelled DCEs allows estimating the influence of a context factor. In the case of the present study the ‘communicator’ was defined as label and integrated into the experimental design of the DCE. The communicator can thus be included in the utility function and the effect can be analysed. In parallel, a control group survey without the communicator was applied to be able to compare the results of the labelled DCE.

Results: Finally, N=790 German participants took part in the two study arms (N=548 in the labelled DCE; N=242 in the control group) from November 2014 till February 2015. Participants’ recruitment was accomplished by a panel. The estimations of a conditional-logit and an alternative specific parameter model (which predicts alternative specific constants (ASC) for the labels) showed that the communicator had significant impact on the choice of a
IC-program in the labelled DCE. The most important attributes (considering the level difference (LD) based on the best and the worst level coefficient and CI 95%) were "medical devices and furnishing" (LD: 1.0108) and the "travel time" (LD: 0.8312). The second most important items were "additional costs" (LD: 0.5399) and the "waiting time for an appointment" (LD: 0.4408). The "exchange of clinical information" (LD: 0.4333) and the "experience of care provider" (LD: 0.2950) were the least considered attributes. Moreover, the general practitioner increased the probability of the selection of an IC-program significantly. On the contrary, the health insurance (ASC: -0.5417) as well as the state (ASC: -0.8984) as communicator had a negative influence. Differences in the rank order between the control group and the labelled DCE could be estimated and the effect of the communicator underpinned.

**Conclusion:** The DCEs could show that apart from the relevant properties of an IC-program the communicators also have a significant impact on the hypothetical choices of respondents. Therefore the initial hypothesis can be confirmed: not only the properties of an IC-program, but also the context factor of the communicator represents a utility component for the decision maker.

The results obtained can be used in the context of health services research to adjust the direction of the communication and information strategy for integrated care programs. Furthermore the knowledge of the significant impact should be considered when fostering the design, implementation and communication of integrated care programs.

**Keywords:** public preferences; labelled discrete choice experiment