

## CONFERENCE ABSTRACT

### **Developing a discrete choice experiment to understand preferences for self-management support from the perspective of adults with asthma**

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#### ***Introduction***

Interventions to support people in managing their asthma have had a positive impact on their wellbeing. However, it is not clear what components of interventions lead to positive outcomes. Understanding what attributes of asthma support services are important from the perspective of people with asthma can help deliver system-wide interventions that meet their needs. Discrete choice experiments (DCEs) provide information on the relative importance of service attributes from the perspective of service users as well as information on trade-offs between attributes. This paper describes the development of a DCE which aims to measure the support preferences of people with asthma.

#### ***Methods***

The DCE was developed using best practice guidance (1). Attribute identification and selection followed by level selection were informed by (a) a review of policy documents, (b) a synthesis of qualitative studies from the perspective of people with asthma and (c) a qualitative descriptive study using content analysis of interviews and focus groups to understand support preferences and (d) reflection by the research team aided by feedback from experts in respiratory care and DCE development. The DCE instrument will be further refined through pretest interviews and pilot testing.

#### ***Results***

Studies from the perspective of people with asthma indicated the importance of support in managing asthma exacerbations and this became the focus of the DCE. While many features were identified as relevant, six attributes were selected for pretesting: possession of a written plan for managing changes; waiting time for consultation; specialization of the consulting healthcare professional; method of communication (e.g. face-to-face, telephone); healthcare professional's knowledge of the patient (ranging from no background to having a medical record and having met in previous consultations); and response to patient's concerns (extent to which the healthcare professional listens to

concerns). The levels of attributes formed choice scenarios for participants between two unlabeled service alternatives.

### ***Discussions***

The many attributes of support eligible for inclusion presented a challenge for DCE development. Attributes were refined to six through considering relevance to the research question and research context as well as relationships between attributes (1).

### ***Conclusions***

A DCE instrument is being developed, according to best practice, to quantify the preferences of people with asthma for support in managing symptom changes. This can inform decisions about the service features which should be prioritized for implementation.

### ***Lessons learned***

Developing a DCE requires careful balance of considerations including a choice context that participants can relate to; the cognitive burden of the survey; inclusion of enough attributes/attribute levels and questions on participant characteristics to represent the important influences on preferences.

### ***Limitations***

This DCE has been developed in the Irish context. Thus attributes and wording may not be appropriate for other contexts.

Suggestions for future research: The DCE must undergo pretesting and piloting before the main survey is administered.

1. Bridges JF, Hauber AB, Marshall D, Lloyd A, Prosser LA, Regier DA, et al. Conjoint analysis applications in health--a checklist: a report of the ISPOR Good Research Practices for Conjoint Analysis Task Force. *Value Health*. 2011;14(4):403-13.