

DIRUM workshop

Introduction & Objectives

MRC | Hubs for Trials
Methodology Research

Why DIRUM?

- Patient-reported resource use measures (RUMs) are with us for the foreseeable.
- Well-respected tools available, but not suitable for every circumstance.
- A lot of modifications / reinventing of wheels going on.
- No open-access repository.



🌟 How did DIRUM happen?



The screenshot shows the DIRUM website homepage. At the top left is the DIRUM logo, with 'D' in green and 'IRUM' in blue. Below the logo is a navigation bar with four links: 'Home', 'About DIRUM', 'Submissions', and 'Search Instruments'. Below the navigation bar is a 'Welcome to DIRUM' section. On the left of this section is a small image of a computer keyboard. To the right of the image is a paragraph of text describing the project.

DIRUM

Home About DIRUM Submissions Search Instruments

Welcome to DIRUM



DIRUM is a project funded by the Medical Research Council Network of Hubs for Trial Methodology Research (MRC HTMR) to compile a Database of Instruments for Resource Use Measurement. Led by Bangor University, and in collaboration with the Universities of Bristol, Birmingham, Vancouver Coastal Health Research Institute, and London School of Economics and Political Science, the aim is to create a practical, open-access database of resource-use questionnaires for use by trial health economists.

<http://www.dirum.org/>

Map of the HTMR Network



🌟 Why this workshop?

- RUM is the Cinderella of health economics
 - Outcomes (n=7)
 - Policy/NICE (n=4)
 - Models/Analysis (n=2)
 - RU/Costs (n=0)



- BUT, it is the most time consuming and 'easiest to mess up' part of EE alongside RCTs
- RUM is also a moving target

Potential topics for discussion

Strengths and weaknesses of existing resource use instruments

- What do we know about the feasibility of existing RUMs
- What do we know about the validity of existing RUMs
- Do we need 'short-form' versions of existing RUMs?
- Do we need new 'generic' RUMs? (what are the gaps with existing RUMs)?



Potential topics for discussion

Methods of validation

- Best practice to measure the validity
 - Face validity
 - Reliability
 - Convergent / Discriminant validity
 - Criterion validity?
- Is there evidence that administration mode (face to face / telephone) matters?
- Is there evidence that the type of RUM (e.g. diary / questionnaire) matters?
- Do we know what the maximum optimal recall period is?



Potential topics for discussion

Generic, modular and disease-specific resource use instruments

- Involving patients in developing new questionnaires
- When is study modification of existing RUMs to fit the disease/study OK?
- Should we be developing condition-specific RUMs or modules (as with PROMS)?
- Do we need new age-specific RUMs?
- Do we need new perspective/setting-specific RUMs?



Potential topics for discussion

Other issues

- Preventing / dealing with missing RU data
- Do we need to sample all patients at all centres at all timepoints?
- Can RUMs ever be transferrable between countries?
- Etc.



Outputs

- Chance to meet and discuss the issues
- Hear about ongoing research
- Produce a report on the workshop proceedings
- Develop a research agenda



Assessing the costs of healthcare technologies in clinical trials

K Johnston
MJ Buxton
DR Jones
R Fitzpatrick

Data collection

- determining appropriate recall periods for data collection.
- determining the validity and reliability of resource-use data collection instruments.
- development of standard questionnaires for patient costs.

Research funders

- *assist in the process by the establishment of an archive of data collection instruments and of empirical data sets.*