DIRUM workshop

Introduction & Objectives
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?

http://www.dirum.org/
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.