Short Course

Health Economics Research Unit (HERU), University of Aberdeen and O’Brien Institute for Public Health, University of Calgary

Using Discrete Choice Experiments in Health Economics: Theoretical and Practical Issues

AIMS OF THE SHORT COURSE

1. Introduction to the theoretical basis for, and development and application of discrete choice experiments (DCEs) in health economics.

2. Hands on experience of the design of DCEs, questionnaire development, data input, analysis and interpretation.

3. An update on methodological issues raised in the application of DCEs.

February 20 - 23, 2022
Banff Conference Centre, Banff, Alberta

Registration Deadline: January 17, 2022
BACKGROUND
Finite public resources coupled with an increasing demand for health care means that decisions must be made about how to most efficiently allocate the scarce health care budget. This requires information about costs and benefits of health care. Health economists have developed techniques that can provide values for health care benefits. A technique that is increasingly used for this purpose is the discrete choice experiment (DCE) method.

DCEs are now widely applied to value health and health care. Furthermore, DCEs are a potential method to recognise the importance of patient centred care, and to value patient experiences in the delivery of health care. DCEs are also applied more widely to consider population and health care professionals’ preferences in many areas of health policy.

WHO SHOULD ATTEND
This short course is aimed at those interested in the application of DCEs in health economics and will focus on the practical and theoretical issues raised when applying the technique. The workshop will include group work sessions. No knowledge of economics or DCEs is assumed. Prior experience with regression analysis may be an advantage.

LEADERS AND PRESENTERS

Professor Mandy Ryan
Mandy is the Director of the Health Economics Research Unit. Her research has focused on developing methods of valuation in health economics, with a focus on discrete choice experiments and contingent valuation. Mandy has worked with academics, government and the pharmaceutical industry. Mandy has published widely in the field of health economics generally, and monetary valuation more specifically.

Dr Deborah Marshall
Deborah is a Professor at University of Calgary, who is actively engaged in advancing the methods and applying stated preferences research. She is a member of the Stated Preferences Methods Task Forces of the International Society for Pharmacoeconomics and Outcomes Research to develop good research practice methods for discrete choice experiments in health applications. She has worked in academia, government agencies, and industry in North America and Europe and has published widely in the field.

Dr Verity Watson
Verity is a senior research fellow at HERU and theme leader for the Methods of Benefit Valuation research theme. Dr Watson’s expertise is non-market valuation using contingent valuation and discrete choice experiments. Her research focusses on testing the validity of non-market valuation methods and how study context can influence responses. Dr Watson has applied these methods to inform a range of policy issues. In doing so she has worked with academics from a number of different fields, the government and the pharmaceutical industry.

Dr Luis Loria Rebolloedo
Luis is a Research Fellow at HERU. Dr. Loria has a PhD in Economics with research focus in preference elicitation using stated preference. His research also includes the development of Decision Aid Tools using DCEs. Luis has an interest in the use of reference-dependent choice models and has taken part in the design of discrete choice experiments that apply these in the environmental economics field.

Dr Gillian Currie
Gillian is a health economist and an Adjunct Associate Professor at the University of Calgary. She has research experience applying stated preference methods, including discrete choice experiments. A key focus of Gillian’s current research is measuring the preferences of physicians and families for biologic treatment initiation and tapering strategies among children with juvenile idiopathic arthritis (JIA).

Karen MacDonald
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