Catalogue of EQ-5D Scores for Chronic Conditions in Denmark (poster)

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**BACKGROUND:**

Chronic patients consume about 70-80% of all healthcare costs in Denmark equivalent to almost $30 billion a year. According to the Danish National Board of Health the numbers are growing (1) – as for many other countries. Even without the on-going economic crisis, the growth in expenditures is not durable in the long term. Thus, there is a need for prioritization if public universal healthcare is to be obtained in the future. American and English authorities recommend use of standardized methods such as EQ-5D in healthcare evaluations (2,3). Hence, researchers have developed tools for healthcare evaluation in theUS and UK - among this the so called EQ-5D score catalogues containing HRQoL for various chronic conditions (3,4).

In Denmark the EQ-5D lack a systematic – or even widespread – use despite the fact that there already has been estimated national Danish preference-based index scores for EQ-5D in 2006 (6) as well as population norms for gender, education and age (7).

A Danish catalogue of EQ-5D scores for chronic conditions is expected to be of great value to Danish regions, municipalities, researchers and other professionals in pursuit of ensuring quality, prioritization and optimization of resources in health care.

**OBJECTIVES:** EQ-5D catalogues have been developed and tested in US and UK (3,4). The current study aims to develop a Danish preference-based EQ-5D 3L scores catalogue for approximately a hundred of the most commonly monitored chronic conditions. The development is based on experiences from the US and UK, but adding new factors of importance such as health habits, BMI, social networks and stress.

**METHODS:** The marginal disutility estimates will be calculated using OLS and CLAD regression on a single source population from a random sample: the National Danish Health Survey from 2010. The survey is a self-administered survey with approx. 38.557 respondents age ≥16. The survey data is combined with data from national registers containing individual health data e.g. diagnosed chronic conditions during hospitalization, medication, use of hospitals as well as socio-economic data. The catalogue differs from UK and US catalogues’ by adding health habits information and by using ICD-10 classifications from registers as well as it is based on Danish EQ-5D tariffs. The marginal disutility – as well as unadjusted mean and medians – is calculated for each chronic condition controlling for age, gender, ethnicity, family income, education and comorbidity etc.

**RESULTS:** Marginal disutility estimates (EQ-5D) for approximately a hundred ICD-10 chronic conditions are planned to be estimated and compared (however, 21 selected conditions are illustrated here). It is expected that this new knowledge will contribute and qualify prioritization debate, when results are published and combined with knowledge of for example factors of importance and burden of disease in costs.

**REFERENCES:**