

#HEJC transcript

Healthcare Social Media Transcript

From: Fri Oct 24 4:40:00 PDT 2014
To: Fri Oct 24 6:15:00 PDT 2014
change time period

What is **#HEJC**? Who were the influencers during this time period? **#HEJC analytics**

Healthcare Conference - Healthcare Tweet Chats - Healthcare Analytics

aheblog

#HEJC begins in 15 minutes. For more info visit: <http://t.co/rxq5gYpLxy>
Fri Oct 24 4:45:39 PDT 2014

aheblog

@drol007 We don't want the **#HEJC** to be an echo chamber for health economists. Your views will be welcome!
Fri Oct 24 4:48:38 PDT 2014

paul_m_mitchell

#healthconomics journal club starting now on social values for end of life care. Paper available at **@aheblog**. Join in by following **#HEJC**
Fri Oct 24 4:55:08 PDT 2014

chrissampson87

I'm following the **#HEJC** hashtag using **@twubs** at <http://t.co/PjsPmfvQxj>
Fri Oct 24 4:57:22 PDT 2014

aheblog

Welcome to the latest **#HEJC**. For links to the paper and some possible discussion points visit <http://t.co/rxq5gYpLxy>
Fri Oct 24 5:02:50 PDT 2014

chrissampson87

Hello! **#HEJC**
Fri Oct 24 5:04:10 PDT 2014

nmch9

hi chris **#HEJC**
Fri Oct 24 5:04:23 PDT 2014

chrissampson87

Great to have the author(s?) here **#HEJC**
Fri Oct 24 5:04:57 PDT 2014

nmch9

Marissa Collins is here as well **#HEJC**
Fri Oct 24 5:05:03 PDT 2014

paul_m_mitchell

1. Note of warning. Tweets coming from tweetdeck, as I'm not about to tweet live. Will clarify any follow ups when I can #HEJC

Fri Oct 24 5:05:05 PDT 2014

rachmb25

Hi all, thanks for choosing our paper #HEJC

Fri Oct 24 5:05:11 PDT 2014

aheblog

Feel free to introduce yourself and let us know what you thought of the paper. #HEJC

Fri Oct 24 5:05:35 PDT 2014

chrissampson87

@Paul_M_Mitchell Good work! #HEJC

Fri Oct 24 5:05:58 PDT 2014

paul_m_mitchell

2. Fascinating paper on Q methodology and how it can be used to gather values...#HEJC

Fri Oct 24 5:06:02 PDT 2014

chrissampson87

I especially enjoyed this paper because it reinforced my prior-held beliefs #HEJC

Fri Oct 24 5:06:45 PDT 2014

captain_canaway

Alastair here - saw Rachel's presentation on this in Dublin - love the methodology - really interesting work #HEJC

Fri Oct 24 5:06:47 PDT 2014

nmch9

what were your prior beliefs? @ChrisSampson87 #HEJC

Fri Oct 24 5:07:50 PDT 2014

chrissampson87

I had never come across Q-methodology before, but it's clearly very useful in economics #HEJC

Fri Oct 24 5:07:50 PDT 2014

chrissampson87

@nmch9 That probably there was no good reason to support this type of QALY-weighting! #HEJC

Fri Oct 24 5:08:25 PDT 2014

chrissampson87

@ChrisSampson87 I found no specific support for it in your paper #HEJC

Fri Oct 24 5:08:40 PDT 2014

rachmb25

We wonder about the third factor and whether they might support EoL QALY weighting in some specific circumstances #HEJC

Fri Oct 24 5:10:01 PDT 2014

paul_m_mitchell

3. While generally well written and a nice flow, the paper is not so user friendly to those less familiar with factor analysis...#HEJC

Fri Oct 24 5:10:11 PDT 2014

aheblog

A good way to track the conversation is via the #HEJC @Twubs page at <http://t.co/uf7M2dEqfC>

Fri Oct 24 5:10:28 PDT 2014

chrissampson87

I tend to think that the EoL/terminal illness issue is a red herring and that weighting should be based on more fundamental principles #HEJC

Fri Oct 24 5:10:30 PDT 2014

nmch9

what fundamental principles? @ChrisSampson87 #HEJC

Fri Oct 24 5:11:57 PDT 2014

chrissampson87

@nmch9 I'm not sure... #HEJC

Fri Oct 24 5:12:17 PDT 2014

chrissampson87

Maybe the preferences actually relate to burden of illness or increasing marginal utility of life (<http://t.co/YVewrLvnBP>) #HEJC

Fri Oct 24 5:12:29 PDT 2014

rachmb25

@Paul_M_Mitchell Apologies, it's always a challenge to write Q findings & explain enough but not start from scratch on factor analysis #HEJC

Fri Oct 24 5:12:50 PDT 2014

rachmb25

@ChrisSampson87 Are you arguing for a more normative (than empirical) approach to these things? #HEJC

Fri Oct 24 5:13:44 PDT 2014

chrissampson87

@Rachmb25 Maybe, yes. Or at least we need to figure out the normative side first! #HEJC

Fri Oct 24 5:14:39 PDT 2014

paul_m_mitchell

4. I think the paper would benefit from making it clearer what the 3 factors are earlier on. At least add to footnotes in tables #HEJC

Fri Oct 24 5:15:09 PDT 2014

rachmb25

Empirical ethics approaches would probably argue for a combination of both, back and forth between empirics and theory... #HEJC

Fri Oct 24 5:15:34 PDT 2014

nmch9

@Paul_M_Mitchell thanks we'll take a look at it #HEJC

Fri Oct 24 5:17:17 PDT 2014

chrissampson87

I almost always find the qualitative work in #healthconomics interesting. Easy to get lost in the numbers sometimes. #HEJC

Fri Oct 24 5:17:57 PDT 2014

rachmb25

Interested to know whether you think that factor 2 people are simply wrong, as per your discussion point? #HEJC

Fri Oct 24 5:18:14 PDT 2014

chrissampson87

Though like @Paul_M_Mitchell says, I do find it a little confusing at times #HEJC

Fri Oct 24 5:18:21 PDT 2014

chrissampson87

I have some sympathy with the CEA-rejecters. It's easy to conceive of a NHS budget that could provide all current effective treatments #HEJC

Fri Oct 24 5:19:08 PDT 2014

paul_m_mitchell

5. How was it determined there would be 3 factors? Was it driven completely by

the data from the Q sorts? #HEJC

Fri Oct 24 5:20:09 PDT 2014

rachmb25

@Paul_M_Mitchell yes, in Q we examine as many factor solutions as are supported by the data #HEJC

Fri Oct 24 5:21:34 PDT 2014

rachmb25

@Paul_M_Mitchell then determine which have fewest 'mixed loaders' (people whose Q sorts sig associate with more than 1 factor) #HEJC

Fri Oct 24 5:22:21 PDT 2014

nmch9

@ChrisSampson87 there is recognition in factor2 that £ could be reallocated from other areas of gov spending #HEJC

Fri Oct 24 5:22:26 PDT 2014

rachmb25

@Paul_M_Mitchell And we look at their comments (qualitative data) they made after the Q sort to see if our factors are consistent #HEJC

Fri Oct 24 5:23:04 PDT 2014

captain_canaway

@ChrisSampson87 Suspect hard for some people to accept concept of limited health budget when other areas e.g. military could be used #HEJC

Fri Oct 24 5:23:50 PDT 2014

chrissampson87

@captain_canaway exactly! And like @nmch9 says, the study suggests this #HEJC

Fri Oct 24 5:24:36 PDT 2014

rachmb25

@captain_canaway yes, some factor 2 people also talked about drug pricing, bank bail outs etc #HEJC

Fri Oct 24 5:24:54 PDT 2014

paul_m_mitchell

6. What would happen if the meta-respondents went vice-versa into gen popn sample? Would same 3 factors emerge? #HEJC

Fri Oct 24 5:25:15 PDT 2014

rachmb25

@Paul_M_Mitchell the meta-respondents are the factors (represented as average Q sorts) from the gen pop, so only 2 factor from them #HEJC

Fri Oct 24 5:26:37 PDT 2014

captain_canaway

@chrissampson87 #HEJC Apologies - haven't read it in full! Does that make them 'wrong' though? How do we define wrong?

Fri Oct 24 5:26:37 PDT 2014

chrissampson87

@Rachmb25 could frame choices in context of respondent's ideal health budget #HEJC

Fri Oct 24 5:26:56 PDT 2014

chrissampson87

@captain_canaway they're wrong for the right reasons #HEJC

Fri Oct 24 5:27:21 PDT 2014

nmch9

@captain_canaway question relates to whether they rejected our premise i.e. limited health care budget #HEJC

Fri Oct 24 5:28:01 PDT 2014

rachmb25 @ChrisSampson87 interesting idea. We have always started from a position of scarcity/fixed budget in our work with public #HEJC
Fri Oct 24 5:28:36 PDT 2014

motteh I enjoyed Rachel's presentation on this in Newcastle. Given some of the comments from the Q study I wonder if the EOL Policy (1/2) #HEJC
Fri Oct 24 5:28:49 PDT 2014

rachmb25 @ChrisSampson87 How might it work? #HEJC
Fri Oct 24 5:28:54 PDT 2014

chrissampson87 @nmch9 but do they reject the premise of *any* limited budget, or the premise of *our* limited budget? #HEJC
Fri Oct 24 5:28:54 PDT 2014

motteh ...would be better off having a min. QoL improvement condition rather than a min. survival gain one (3 months)? (2/2) #HEJC
Fri Oct 24 5:28:57 PDT 2014

paul_m_mitchell 7. Paper was positively skewed in the word count. Perhaps some info in the intro could be reduced...#HEJC
Fri Oct 24 5:30:20 PDT 2014

chrissampson87 @Rachmb25 I'll have to consider that further! #HEJC
Fri Oct 24 5:30:43 PDT 2014

captain_canaway @motteh There seems to be more evidence (e.g. Shah etc as well) for that than current sole life extension focus #HEJC
Fri Oct 24 5:30:49 PDT 2014

nmch9 @ChrisSampson87 *any* in relation to the health budget? #HEJC
Fri Oct 24 5:31:08 PDT 2014

rachmb25 @motteh Hi David - i think that would be the view for factor 3 .. #HEJC
Fri Oct 24 5:32:33 PDT 2014

paul_m_mitchell 8. For eg. Description on Dakin paper on correlation of EconEval to decision-making makes an assumption of causality that is not true #HEJC
Fri Oct 24 5:33:01 PDT 2014

rachmb25 @motteh Interesting that the Scottish Medicines Consortium has new EoL procedures, not so focussed on life extension, I think #HEJC
Fri Oct 24 5:33:14 PDT 2014

rachmb25 @Paul_M_Mitchell thanks Paul, these are useful points for us. We will be more cautious about reference to that paper! #HEJC
Fri Oct 24 5:34:26 PDT 2014

chrissampson87 Hmm, I find it hard to believe that anybody would reject the very idea that resources are scarce #HEJC
Fri Oct 24 5:36:03 PDT 2014

paul_m_mitchell 9. I'm sure some health economists wished we had that much influence over

decision-making process! Don't think this para adds much #HEJC

Fri Oct 24 5:36:07 PDT 2014

nmch9

interested in views related to discussion point - should QALY-weighting be based on democratic processes? #HEJC

Fri Oct 24 5:36:17 PDT 2014

chrissampson87

I'm not wholly convinced that QALY-weighting should be democratic. #HEJC

Fri Oct 24 5:36:36 PDT 2014

chrissampson87

But if it's going to be then we really need to figure out what the questions should be. #HEJC

Fri Oct 24 5:36:46 PDT 2014

rachmb25

In phase 2 of this study we are looking at the distribution of these factors in a large, representative sample #HEJC

Fri Oct 24 5:38:28 PDT 2014

rachmb25

...so we can look at democratic 'outcome' (in terms of majoritarianism anyway) #HEJC

Fri Oct 24 5:39:09 PDT 2014

paul_m_mitchell

10. I was trying to work out how many health econ were in academic group! May be ethical issue of including sole politician in table 2 #HEJC

Fri Oct 24 5:40:09 PDT 2014

nmch9

@Paul_M_Mitchell why ethical issue? #HEJC

Fri Oct 24 5:41:59 PDT 2014

chrissampson87

@nmch9 could be identifiable? I suppose. #HEJC

Fri Oct 24 5:42:27 PDT 2014

nhspeterh

@ChrisSampson87 #HEJC not a proper health econ, but democratic weighting suffers from Simms 'espoused theories' v 'theories in use' gap.

Fri Oct 24 5:43:07 PDT 2014

rachmb25

@Paul_M_Mitchell sampling was to reach those who had strong views, although true we had a lot of health econs(1) #HEJC

Fri Oct 24 5:43:12 PDT 2014

chrissampson87

I look forward to reading about phase 2. I literally have no idea what the results will look like #HEJC

Fri Oct 24 5:43:25 PDT 2014

rachmb25

@Paul_M_Mitchell ..In Q that only serves to firm up defined accounts, rather than adding weight to accounts by numbers (2) #HEJC

Fri Oct 24 5:44:37 PDT 2014

paul_m_mitchell

11. In terms of taking this forward. could Q methods be used to weight factors found in a gen popn Q steps process?(step 3?) #HEJC

Fri Oct 24 5:45:14 PDT 2014

rachmb25

@NHSPeterH do you mean because of the hypothetical nature of questions? (1)... #HEJC

Fri Oct 24 5:46:11 PDT 2014

chrissampson87

[@NHSPeterH](#) I'll have to Google that later. Hopefully it will give me grounds for my concerns! #HEJC

Fri Oct 24 5:46:21 PDT 2014

rachmb25

[@NHSPeterH](#) ..or perhaps also the issue of 'whose values' i.e. patients versus citizens' views? #HEJC

Fri Oct 24 5:46:42 PDT 2014

chrissampson87

If the academic views reflect better understanding - rather than political difference - then should we just listen to the academics? #HEJC

Fri Oct 24 5:48:05 PDT 2014

nmch9

[@ChrisSampson87](#) very provocative! #HEJC

Fri Oct 24 5:49:53 PDT 2014

chrissampson87

[@nmch9](#) anything goes on Twitter #HEJC

Fri Oct 24 5:50:18 PDT 2014

rachmb25

on your second discussion point, in previous more general health priority studies we found... #HEJC

Fri Oct 24 5:52:54 PDT 2014

rachmb25

a strong 'entitlement' factor (a bit like EoL F2) and a health maximisation factor (likeF1 here).. #HEJC

Fri Oct 24 5:53:31 PDT 2014

chrissampson87

[@Rachmb25](#) They do seem like quite fundamental factors. Wonder whether they'd be found in relation to fair innings etc #HEJC

Fri Oct 24 5:54:37 PDT 2014

chrissampson87

[@Rachmb25](#) And whether it would be the same people! #HEJC

Fri Oct 24 5:55:02 PDT 2014

rachmb25

(Baker et al "Qing for Health.." Health Economics 2013 23, 3: 283–297 #HEJC

Fri Oct 24 5:55:21 PDT 2014

rachmb25

[@ChrisSampson87](#) that would be associated with the EoL factors and the more 'fundamental factors'? #HEJC

Fri Oct 24 5:56:06 PDT 2014

rachmb25

[@ChrisSampson87](#) that would be an interesting follow up study... #HEJC

Fri Oct 24 5:57:06 PDT 2014

chrissampson87

[@Rachmb25](#) I think it would be of concern if people switched factors depending on the weighting being considered #HEJC

Fri Oct 24 5:57:22 PDT 2014

chrissampson87

So far on the survey we have 70% factor 3.... though it's a small sample... #HEJC

Fri Oct 24 6:00:24 PDT 2014

nmch9

[@ChrisSampson87](#) very preliminary results from Phase 2 - factor 3 seems like the minority view in the general pop [#HEJC](#)

Fri Oct 24 6:02:02 PDT 2014

chrissampson87

[@nmch9](#) I guess there aren't enough health economists [#HEJC](#)

Fri Oct 24 6:02:42 PDT 2014

rachmb25

thanks for selecting the paper - very interesting discussion [#HEJC](#)

Fri Oct 24 6:03:42 PDT 2014

rachmb25

Happy for anybody to contact us and follow up if you like?
<http://t.co/8GeQKMBkT7> [#HEJC](#)

Fri Oct 24 6:04:55 PDT 2014

chrissampson87

Thanks everyone - including those who remained silent! [#HEJC](#)

Fri Oct 24 6:04:55 PDT 2014

nmch9

[@ChrisSampson87](#) Interesting chat - thanks for the invite! [#HEJC](#)

Fri Oct 24 6:05:46 PDT 2014

aheblog

That's all for [#HEJC](#) for now. Thanks for taking part. A transcript will be available shortly at <http://t.co/rxq5gYpLxy>

Fri Oct 24 6:08:40 PDT 2014