



**Title**      **Weighting and Valuing Quality-Adjusted Life-Years Using Stated Preference Methods: Preliminary Results from the Social Value of a QALY Project**

**Agency**      **NETSCC, HTA, NIHR Evaluation and Trials Coordinating Centre**  
Alpha House, University of Southampton Science Park, Southampton, SO16 7NS, United Kingdom;  
Tel: +44 2380 595 586, Fax: +44 2380 595 639; hta@soton.ac.uk, www.hta.ac.uk

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## Aim

To identify characteristics of beneficiaries of health care over which relative weights should be derived and to estimate relative weights to be attached to health gains according to characteristics of recipients of these gains (relativities study); and to assess the feasibility of estimating a willingness-to-pay (WTP)-based value of a quality-adjusted life-year (QALY) (valuation study).

## Conclusions and results

Regarding relative weights, more research is required to explore methodological differences with respect to age and severity weighting. On valuation, particular issues concern the extent to which 'noise' and 'error' in people's responses might generate extreme and unreliable figures. Methods of aggregation and measures of central tendency were issues in both weighting and valuation procedures and require further exploration. In the relativities study, discrete choice results showed age and severity variables did not have a strong impact on respondents' choices over and above the health (QALY) gains presented. In contrast, a matching procedure showed age and severity impacts to be strong: depending on method of aggregation, gains to some groups were weighted 3 to 4 times more highly than gains to others. In the valuation study, combining WTP and SG results in different ways led to values of a QALY varying from being in the vicinity of the current National Institute for Health and Clinical Excellence (NICE) threshold to extremely high values.

## Recommendations

The methodological nature of the research limits the implications for practice. Two main recommendations are: 1) On relativities: It might be premature to propose any particular set of QALY weights, but there is scope for further reconciliation and replication. However, it might equally be argued that there is no scope for reconciliation, and that we need to choose between the results in light of the caveats of the matching and discrete choice methods used. 2) On valuation: It was never

the intention to conduct a representative survey using a definitive method. Hence, any future national sample survey should be preceded by further extensive qualitative research and cognitive testing to resolve the main questions identified in the present study.

## Methods

See link [www.hta.ac.uk/project/1578.asp](http://www.hta.ac.uk/project/1578.asp).

## Further research/reviews required

1) Findings from the relativities study indicate that more work is required in the short term to reconcile the results obtained. 2) In the longer term, with respect to relativities, further methodological research should attempt to account for deficiencies in the methods. 3) Building on the results of the methods devised in this study to derive relative weights, further replication of these results is required to address this important policy issue. 4) With respect to valuation, shorter-term work is required on issues of aggregation, combining WTP and SG values, and the appropriateness of different measures of central tendency. In the longer term, more qualitative and cognitive research is required around two issues in particular: (a) the problem of identifying health states to present to respondents which are 'minor enough' for people to be able to express their WTP, but not so minor that respondents will accept only minuscule risks of death when responding to SG-type questions; and (b) the extent to which 'noise' and 'error' in people's responses might generate extreme and unreliable figures.