

Patient and Physician Willingness-to-Pay for Electronic Decision Support in Vascular Disease Management

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Abstract

Background

The success of new e-health products and services depends mainly on the users' willingness to pay for them. The COMPETE III (C3) program developed a Web-based, individualized vascular tracker providing current results, brief advice and best evidence related to 16 key vascular risk variables. The tracker system was shared by patient, physician and clinical care coordinator (CCC). Our objective in this sub-study was to evaluate the scalability and sustainability of a C3 program approach by specifically testing the willingness to pay for it by patients and physicians.

Methods

A sample of 70 EMR-using primary care physicians and 74 patients completed a Web-based discrete choice conjoint experiment (DCE). Respondents considered 18 choice screens and selected the best among three randomly selected C3 program options which varied on each screen. Respondents' preferences for the attributes, utilities for the levels of each attribute and the importance of each attribute to the choice decisions were estimated. Simulations were used to estimate the willingness-to-pay for several possible configurations of the next evolution of COMPETE.

Results

The presentation will describe the program set-up preferred by physicians and patients as well as the trade-offs they are willing to make. For example, physicians most value speed of access to patient data and low cost of CCC. Patients are highly sensitive to cost of the program with willingness to pay dropping markedly beyond \$50 per year.

Discussion

Patients and physicians are willing to pay for currently unavailable levels of decision support but only if costs are modest.