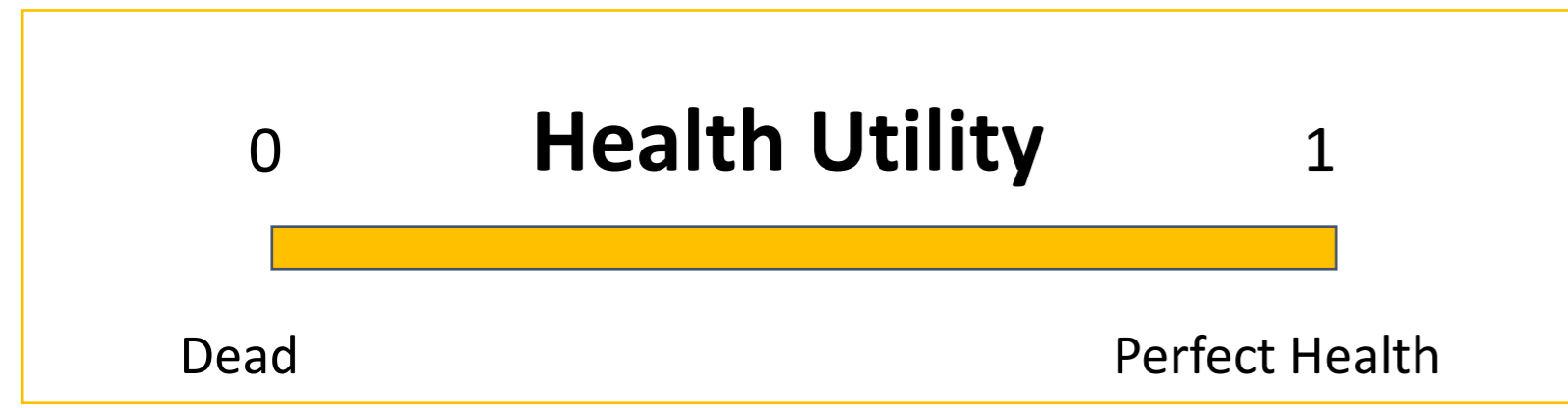


Generation and initial validation of the multi-attribute utility function for a novel Hearing attribute for the Health Utilities Index, Mark 3

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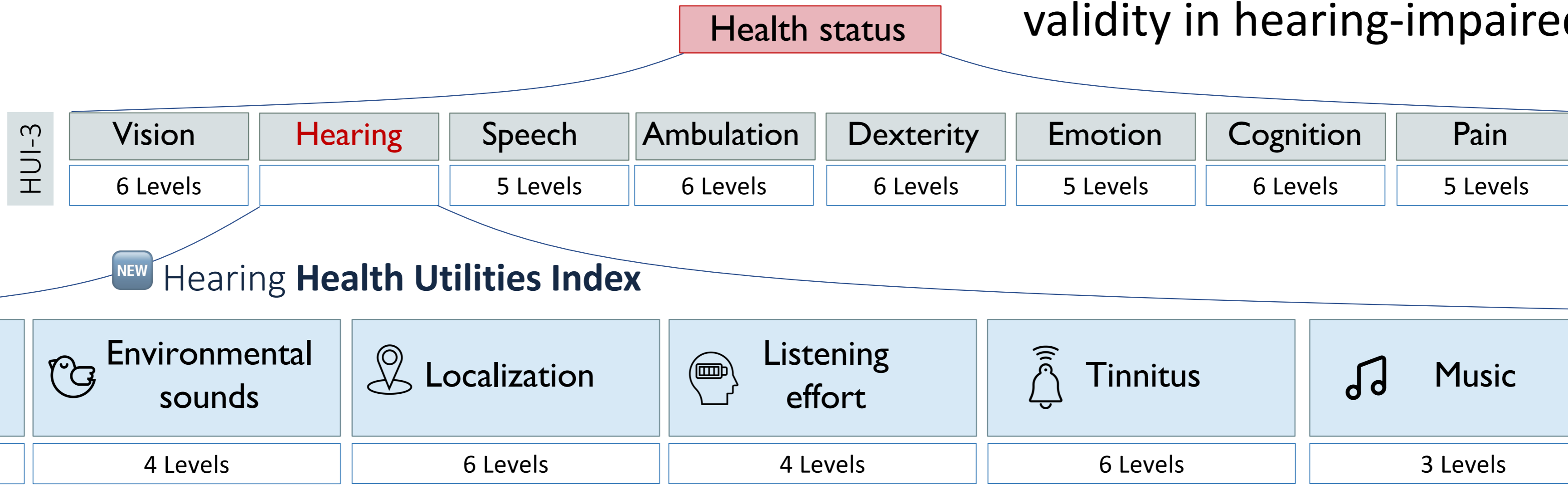
Introduction



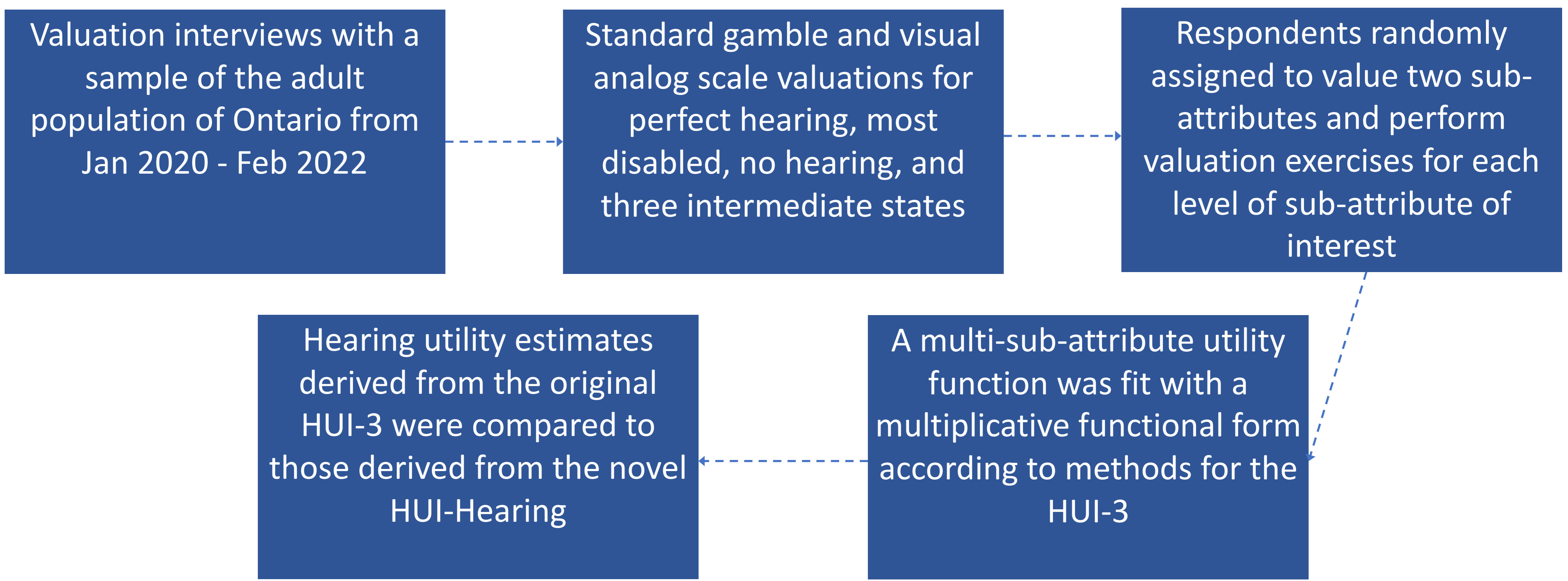
× years spent in health state
= Quality-Adjusted Life-Years

Clinical outcome measure Cost effectiveness analyses

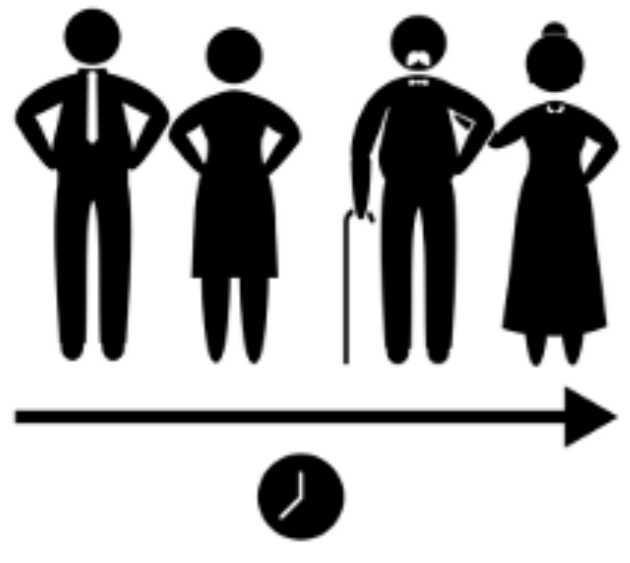
- Existing utility instruments are designed for generic use and fail to capture clinically important differences in hearing states
 - If real benefit is unmeasured, cost-effectiveness conclusions can result in inappropriate withholding of payment for beneficial interventions
 - We re-designed the HUI-3 'Hearing' attribute to improve responsiveness and validity in hearing-impaired populations



Methods



Results



n = 126
Mean age 39 (range 18-85 years)
56% female



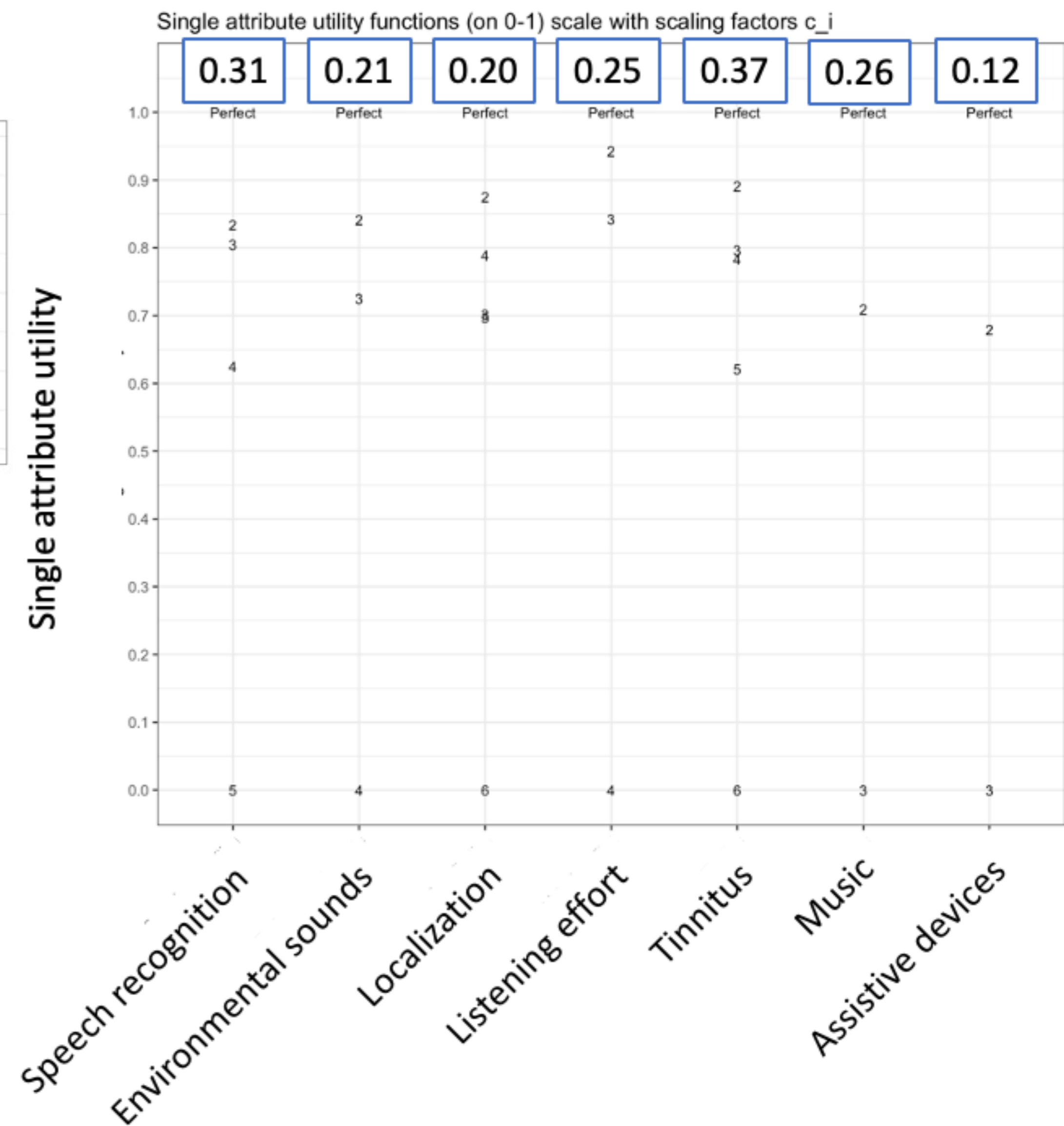
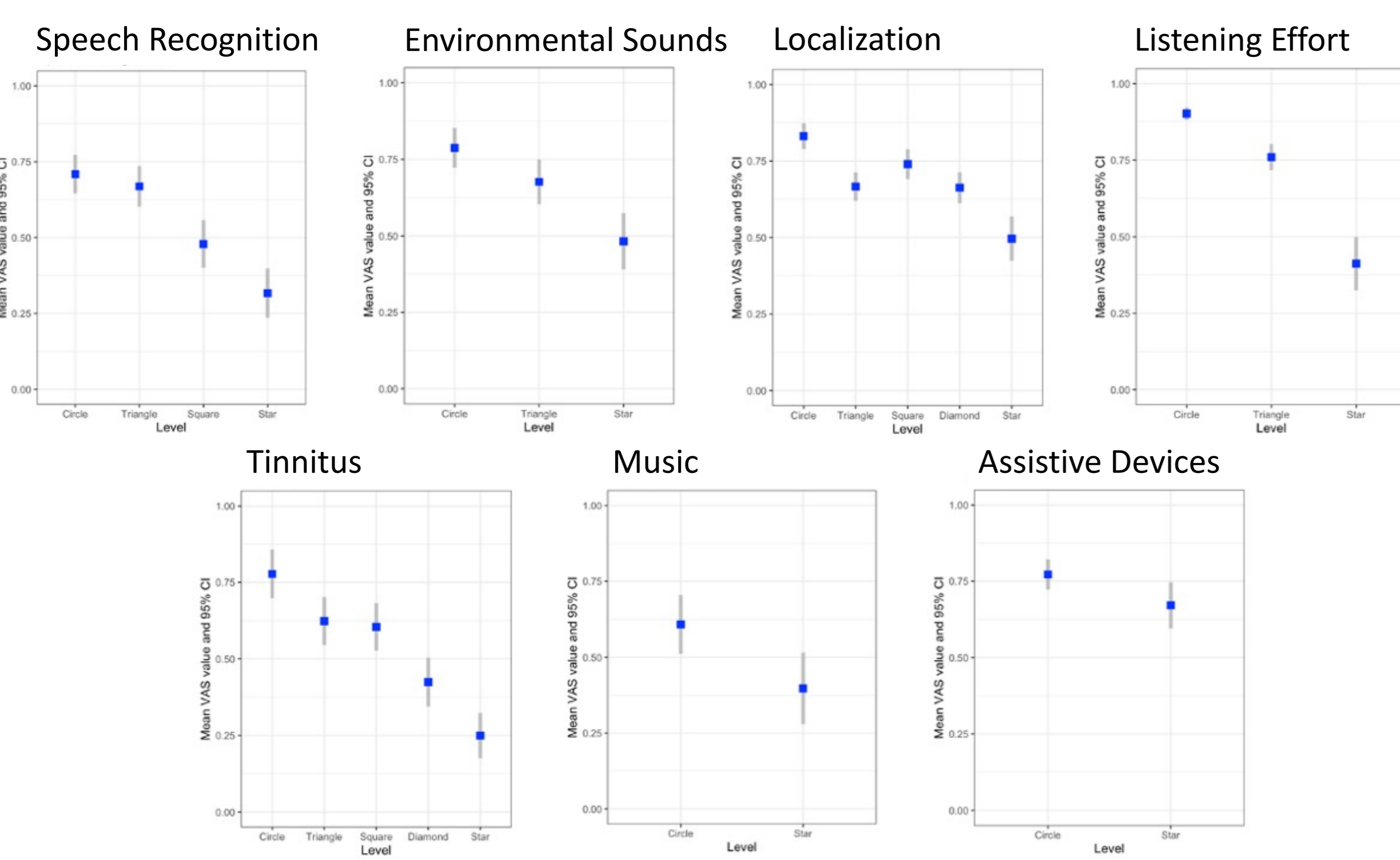
Overall health
Excellent → Good: 94%
Moderate → Poor: 6%



Hearing health
No hearing loss: 82%
Some hearing loss, no device: 11%
Regular use of assistive device: 7%

Among patients with HUI-3 derived single attribute hearing utility of 1.0 (no hearing disability measured), mean HUI-Hearing utility was 0.93 (range 0.50 - 1.00)...

Capturing hearing-related disability **not measured by the legacy instrument**



Conclusions

NEW Hearing Attribute for the Health Utilities Index

- Considers **7 domains**: Speech, Environmental Sounds, Localization, Listening effort, Tinnitus, Music, Assistive devices
- Classifies **25,920** unique hearing states (compared to 6 in the next most comprehensive health utility instrument, the HUI-3)

Improved discrimination and validity for utility measurement in patients with hearing impairment

- Cost-effectiveness studies
- Measuring hearing-related QoL changes in clinical research