

Experience Counts: Unveiling Patients' Willingness to Pay for Remote Monitoring and Patient Self-Measurement

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Pregnancy Remote Monitoring for women at risk of gestational hypertensive disorders

Pregnancy Remote Monitoring for women at risk of gestational hypertensive disorders

↳ High blood pressure during pregnancy



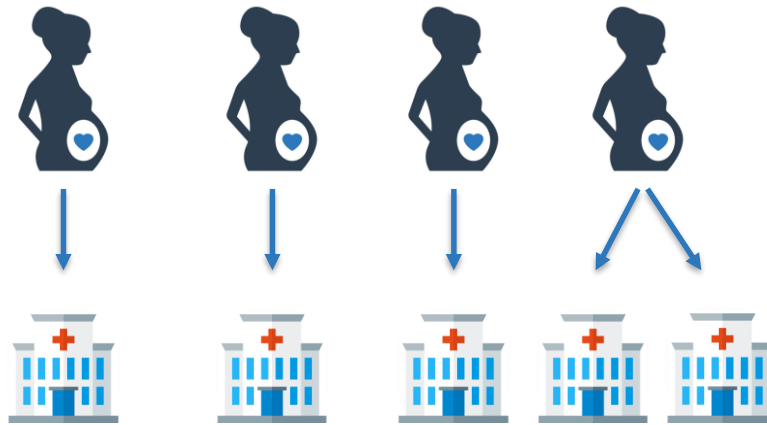
→ More intensive pregnancy follow-up



→ Added value

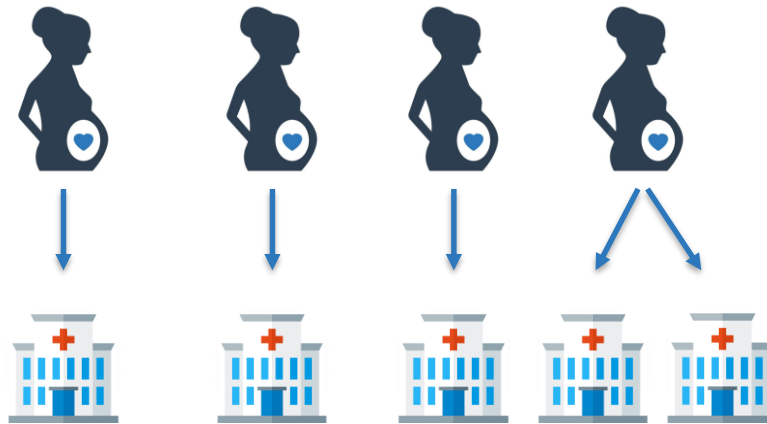
Multi-center, multi-arm randomized controlled trial

→ Multi-center:



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→ Multi-center:



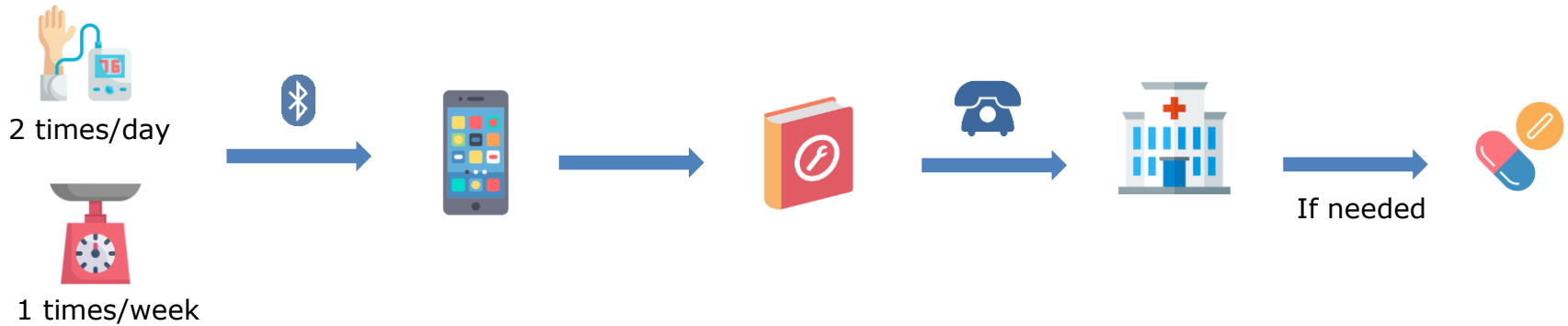
→ Multi-arm:

- Control group
- Patient self-measurement group
- Remote monitoring group

Control group



Patient self-measurement (PSM) group



Remote monitoring (RM) group





RM & PSM: Health-related advantages

BUT



...

→ Contingent valuation (CV)



Problem: Lack of experience



- (1) Estimate patients' WTP for RM and PSM of women at risk of GHD
- (2) Assess the impact of experience with RM and PSM on the WTP for these technologies

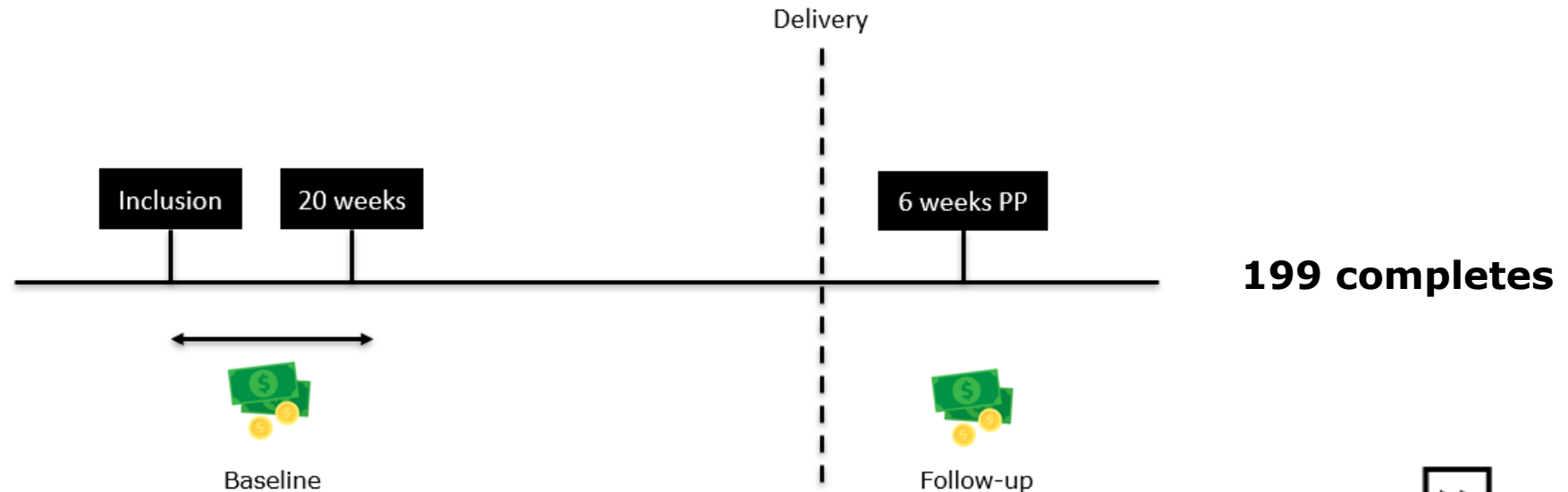
Study design

Payment card + open-ended follow-up

0	5	10	15	20	30	40	50	60	80
100	120	150	200	250	300	400	500	600	> 600

0	10	20	30	40	60	80	100	150	200
250	300	400	500	600	700	900	1100	1300	> 1300

Timing





Estimate patients' WTP for RM and PSM of women at risk of GHD

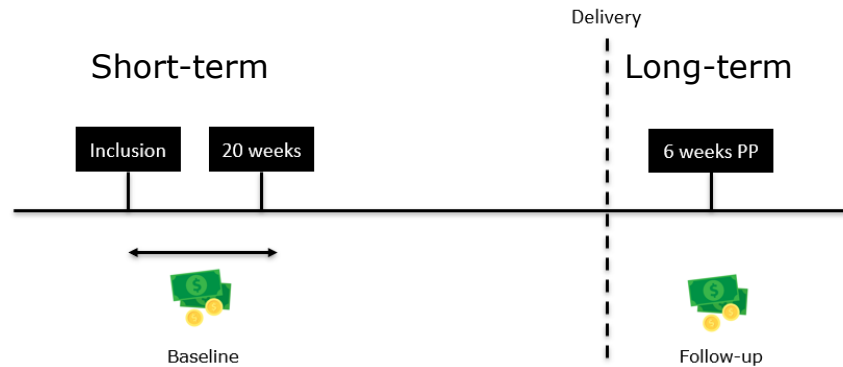
	Baseline	Follow-up
WTP RM		
Whole sample	117.99	122.19
RM group	111.48	137.68
PSM group	121.92	122.20
Control group	123.09	98.94
WTP PSM		
Whole sample	76.92	83.37
RM group	57.58	78.41
PSM group	91.84	86.03
Control group	88.26	87.65



Assess the impact of experience with RM and PSM on the WTP for these technologies

Different types of experience:

- Short-term vs. Long-term experience



- Exact vs. partial vs. no experience
 - Exact experience: RM group with RM, PSM group with PSM
 - Partial experience: RM group with PSM, PSM group with RM
 - No experience: Control group



Assess the impact of experience with RM and PSM on the WTP for these technologies

Analysis:

→ Separately for each measurement point

$$Y_i = \alpha + \beta_1 RM_i + \beta_2 PSM_i + \delta X_i + \varepsilon_i$$

→ Two-part models

1. Logistic regression
2. Generalized linear model



Assess the impact of experience with RM and PSM on the WTP for these technologies

Results:

Impact experience on **WTP RM**

		Short-term	Long-term
		↑	↑
		WTP RM	
		Baseline	Follow-up
Exact experience ←	RM group	-10.170 (20.393)	62.621*** (22.892)
Partial experience ←	PSM group	-12.083 (21.800)	38.278 (23.316)
Observations		199	199

→ Exact (RM group) or partial (PSM group) experience with RM does not significantly impact the corresponding WTP after a **short-term exposure**, compared to not experiencing any intervention.

→ The effect *is* significant after a **long-term exposure**. Compared to women in the control group, WTP is € 63 higher in case of **exact experience**. For a partial experience with RM this effect is also positive (€ 38), but marginally insignificant (p-value: 0.10).



Assess the impact of experience with RM and PSM on the WTP for these technologies

Results:

Impact experience on **WTP PSM**

		Short-term	Long-term
		↑	↑
		WTP PSM	WTP PSM
		Baseline	Follow-up
Partial experience ←	RM group	-26.269* (14.407)	-8.822 (68.967)
Exact experience ←	PSM group	-5.854 (16.050)	-13.243 (143.188)
Observations		199	199

→ Women with a **short-term partial experience** with PSM exhibited a € 26 lower WTP for PSM compared to women in the control group.

→ No significant impact of either **long-term partial experience or (long- or short-term) exact** experience with PSM on the corresponding WTP

CONCLUSION

1

Flemish pregnant women at risk of GHD had a reasonably high WTP to use RM or PSM during their pregnancy

→ RM: €120, PSM: €80

2

Experience can have a positive impact on WTP

→ Depends on...

- Length of exposure
- Type of technology

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