

2.3. Populations and Health Systems (PHS) Working Group

The Populations and Health Systems (PHS) Working Group (PHS WG) aims to promote and enhance the use of EuroQol instruments in health system applications (e.g. as a patient-reported outcome measure (PROM)), and for the measurement and valuation of population health. The WG is interested in innovative proposals for both methodological and applied research that contributes towards these aims. Applicants are encouraged to review the WG's full stated research interests and priorities as described in the WG aims document (appendix 1) and to contact members of the WG to establish that their proposal is within scope prior to application.

For this round of funding, the PHS WG is particularly interested in submissions that address the following topics:

2.3.1. The effect of long-COVID on HRQoL

We are interested in research that demonstrates the usefulness of EuroQol instruments in assessing HRQoL and wellbeing in patients who continue to experience symptoms after SARS-CoV-2 infection (sometimes called 'long-COVID patients' or 'long haulers'). For example, the UK Office for National Statistics has estimated that approximately 1 in 5 patients in the UK have lingering COVID-19 symptoms that persists after 5 weeks of acute infection, and 1 in 10 patients have symptoms lasting for 12 weeks or longer. The Dutch COVID registry reported abnormalities of the heart muscle and neurological sequelae in the brain in a substantial proportion of hospitalized COVID patients after discharge. Long-COVID patients may suffer severe complications that may result in persistent changes to their long-term HRQoL trajectories.

We encourage research to assess HRQoL in long-COVID patients, to illustrate the impact on population health, to assess inequalities in the HRQoL effect across population sub-groups or health systems (taking into account the role of taken measures). Inequalities may arise from unequal access to (chronic) health care and impact on work. Another topic may be the comparative performance of EuroQol instruments against other QoL instruments in this patient population.

2.3.2. Methods to present and report EuroQol data to health system stakeholders

The use of EuroQol instruments as PROMs in health system applications (e.g. to assess provider performance or to inform shared decision making) is growing rapidly. However, concerns remain about the best ways of summarising and presenting the information collected via EuroQol instruments to different end users such as patients (e.g. to track their own health relative to population norms), clinicians (e.g. in patient management) and policy stakeholders (benchmarking).

We encourage research to measure stakeholders' ability to discern information collected via EuroQol instruments and to establish their preferences over different presentational formats, or to develop new ways of presenting data e.g. in the form of clinical dashboards.

2.3.3. Methods to identify and adjust for response heterogeneity

Many applications of EuroQol instruments involve comparisons across groups of individuals with different distributions of characteristics (i.e. non-randomised comparisons). It is therefore pertinent to establish whether respondents use the EuroQol instruments in similar ways, or whether there are systematic differences in measuring and reporting ('reporting/response heterogeneity' or response style) that may undermine comparisons.

The PHS WG is interested in an extensive research program investigating these topics through various research methodologies, including quantitative, qualitative or mixed methods approaches. Reporting heterogeneity may result in differences related to features of the respondent such as avoiding extreme answers or interpreting the domain or label descriptions in a specific manner, which could affect the use of numbers on the EQ VAS or the labels in the EQ-5D domains. An example of a qualitative approach could be to perform cognitive debriefing after the respondents fill out the EQ-5D, inquiring what prompted him/her to provide their particular responses: e.g. did they respond in an "age-comparative" manner, did they "adjust" for coping with any present condition or disability (which could be especially relevant for e.g. usual activities).

The PHS WG encourages research that furthers our understanding of reporting heterogeneity in general or in specific population groups. We are also interested to see new methods being developed for capturing the impact of response heterogeneity or methods that permit adjusting existing datasets for systematic response heterogeneity, for example by means of response vignettes or other external reference datasets.