Reviewer’s report

Title: Investigating preferences for support with life after stroke: a discrete choice experiment.

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Reviewer: anne spencer

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Investigating preferences for support with Life After Stroke: a discrete choice experiment

The paper describes a DCE experiment that was used to infer the relative weights applied to community services post stroke. The paper is generally well written but more information is needed on the DCE design and analysis.

MAJOR/COMPULSORY REVISIONS

1) More information needed on design and analysis

The authors cite the recent review paper of DCEs in Health which classifies papers by the methods and analysis used (de Bekker-Grob 2012) but does not then give enough detail to allow their own work to be classified. I would strongly recommend that more detail is given in the paper to allow the paper to be appropriately classified in future reviews.

No information is given on the optimal design used, and the way the choice sets were constructed. Was the full factorial given? How was the optimal design spread amongst the sample of respondents? Were dominated choices excluded? How many questions did people have to complete? It may be helpful to link the paper back to the approaches recommended by the recent review of optimal DCE designs (Reed et al 2013).

I think that it would be also useful to see an example of the set of questions that people were asked. I think this is particularly important here, as the sample of patients is quite old (mean age 70), so I have concerned about how easy some of the questions might have been for people. Did they collect any information of ease of completion?

2) More information needed on analysis

More information again would be useful. What proportion of your sample were non-traders and had lexicographic preferences? What proportion of your sample failed consistency checks and so were removed from the analysis?

More information is needed on the type of analysis performed and what is meant by ‘restricted base case model’. It is not clear if this restricted base case model adds covariates for age, gender e.t.c.; reruns the model on these subgroups or uses a latent class approach. In table 3 they report statistically different
preferences for those with health related quality of lives greater or less than 0.69, but I am not clear how this was modelled. Overall the paper needs to better link to the methods currently recommended for this type of analysis, and the authors need to clearly discuss any limitations in their own analysis (like assumptions of constant error variance).

DISCRETIONARY REVISIONS

Attribute selection

The paper focuses a lot on stroke service provision and tries to show how this study will inform policy. The paper then sets out the research used to develop the attributes and levels (following a paper by Jo Coast). Most of these attributes seem appropriate, but preferences towards service providers (i.e. voluntary or stroke team e.t.c) surely depends upon prior exposure, and there may be less exposure to ‘voluntary organisations’. As the discussion points out they did not collect information on people use of these services so we are not able to check if usage changes people’s views of these providers. However, it woudl be good to see more discussion about how they might go about adding in such an attribute in future.

References


Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.