OBJECTIVES: In publicly funded health systems such as the United Kingdom (UK) there is a need to consider costs in decision-making so that non-economic aspects of cost treatment decisions, nor are they aware of the potential cost to the system. We investigated whether patient awareness of treatment costs, either to the system or to themselves, would affect treatment choices. METHODS: 344 represent- ative members of the general public participated in an online survey. Respondents were required to make treatment decisions in three different health conditions (rose throat, psoriasis and sciatica). Respondents were presented with three health states: 1) no cost information, 2) cost to the NHS (drug/ procedure tariff), 3) cost to patient (drug/ procedure tariff), and 4) access cost to patient (flat cost for all options). Differences in treatment choices were explored using ANOVA. Significant differences within each condition were further explored using t-test. RESULTS: A sig- nificant number of respondents switched choice to the cheapest intervention when tariff costs to either the system (p<0.05) or themselves (p<0.01) were considered versus consideration between only system costs. For all three health conditions, presenting flat access costs increased the likelihood (p<0.01) of respondents choosing the treatment option known to have the highest tariff price. CONCLUSIONS: Cost information influences treatment decisions. We found that awareness of cost to the system or to oneself influenced the choice of lower priced treatment options, whereas flat access charges encouraged the choice of treatment known to be more expensive. Provision of cost information may therefore be important for informing decision-making, and could also be a policy tool to generate cost savings for the health system.

OBJECTIVES: To describe health literacy (HL) in Uruguayan general population and US adults. METHODS: A cross-sectional descriptive study invit- ing Uruguayan people was conducted as part of an ongoing Uruguayan EQ-5D-5L valuation study. we included the Short Assessment of Health Literacy-Spanish questionnaire (SAHL-S), a previously validated instrument that evaluates HL through 18 items combining word recognition and comprehension. Low HL is defined by identifying ≤14 correct items. We included participants with valid SALTH-S responses, complete sociodemographic characteristics, self-reported health status with the EQ-5D-5L, and report of previous experience with illness. Tha study primary analysis described the association between self- reported health status and explores the independent association between EQ visual analogue scale (VAS) score and HL using standard linear regression. RESULTS: Of 773 participants 60.2% were women (mean age 42.02 years; SD 15.1); VAS mean was 79.34 (DS: 16.39). 52.9% participants had at least one limitation in any of the EQ-5D domains, 75.9% had experience with illness and 51% in caring others. Educational attainment (EA) distribution was 17.2% up to primary, 52.3% up to secondary and 30.5% up to tertiary or higher education. Low HL was present in 39.8% of the population. In bivariate analysis age and low HL were associated with poorer VAS scores (coef -0.276, p=0.000; coef -0.302, p=0.012). Higher VAS scores were observed with higher education (coef 2.832, p=0.000). Multiple regression shows HL is related to VAS independently of age, but this association loses its statistical significance -becom- ing borderline- after adjusting for EA and experience in caring others (coef -1.93, p=0.051). Further studies are needed to explore the potential value added to standard edu- cational level measurement.

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