Table 1 below presents the median estimates of the discounting-correction factors (CFs). These estimates are based on a first study by Attema and Brouwer (2012a). The CFs can straightforwardly be used to correct traditional TTO tariffs for discounting; one can simply add the estimate of the CF to the tariff. For example, if EQ-5D health state 21111 has received an uncorrected TTO tariff of 0.84, then according to the CF obtained by the Direct Method (DM), the corrected TTO tariff will become 0.84 + 0.04 = 0.88. According to the CF obtained by the Delay of Illness (DOI) method, the corrected TTO tariff will be 0.84 + 0.02 = 0.86.

Table 1. Median implied CFs without ranking violators

EQ-5D Health state	CF DM when using state 21111 as stimulus	CF DM when using state 22222 as stimulus	CF DM when using state 33333 as stimulus	CF DOI when using state 21111 as stimulus	CF DOI when using state 22222 as stimulus
21111	0.04			0.02	
22222		0.06			0
32211	0.14		0.16	0.04	
32313		0.01	0.01		0
33333			0.27	0	0

Previous research already found that the health state that is used as stimulus health state in the discounting elicitation task may have an impact on the amount of discounting found (Attema and Brouwer, 2012b). Similarly, in our study we found more discounting when using health state 33333 in the elicitation than when using state 21111. Therefore, the results of the discounting task for one particular stimulus health state could not automatically be taken as valid for the correction of all TTO tariffs. Consequently, when correcting the TTO tariff of a particular health state for discounting, a CF that has been elicited using that same health state in the discounting elicitation task is to be preferred. This is what we did for health states 11111, 22222, and 33333. For the states 32211 (Version A) and 32313 (Version B), these estimates were not available, however, so we had to approximate these using estimates that were obtained for stimulus health states as close as possible to the considered health state. Because it was not a priori clear which was the best approximation for states 32211 (either 21111 or 33333) and 32312 (either 22222 or 33333), we report the results of both approximations. It turns out that both give similar CFs.

Notice that, even when using the same discounting estimates for the correction of all TTO tariffs, the magnitude of the CF can be radically different for health states of different degrees of severity. This was also pointed out by Attema and Brouwer (2010), who showed that CFs tend to be highest for health states in the middle of the severity spectrum.

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