

ANNUAL REPORT 2005

UTS: CHERE

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UNIVERSITY OF
TECHNOLOGY SYDNEY

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ABOUT THE CENTRE

CHERE is a Key University Research Centre of the University of Technology, Sydney, and is affiliated with the Sydney South West Area Health Service (formally Central Sydney Area Health Service).

It is a centre of excellence which contributes to the development and application of health economics and health services research through research, policy support, education and capacity building. The Centre is committed to being a nationally and internationally recognised centre of excellence in health economics.

The Centre is a reference point at UTS for expertise, consultation and advice on issues and policy for health system financing and organisation, health services organisation and delivery, and applied welfare economics.

THE OBJECTIVES OF THE CENTRE ARE:

In research...
...to promote and conduct research projects for the development of the theory, methods and applications of health economics and health services research.

In education...
...to provide educational programs to increase the number of economists and other researchers attracted and appropriately skilled to work in public health and health services research.

In policy support...
...to contribute to policy analysis and evaluation, disseminate knowledge through publications, seminars and short courses and promote the application of health economics by researchers, clinicians, managers and policy analysts.

In capacity building...
...to increase the number of economists and other skilled researchers working in public health and health services research, to enhance the skills and expertise of researchers in public health and health services research, disseminate knowledge through publications, seminars and short courses, extend links with overseas scholars and institutions, and build health system capacity in producing and using health services research.



PROF. JANE HALL

DIRECTOR'S REPORT

There is increasing unrest about the state of the health system. No less than the Productivity Commission has called for more competitive reforms and restructuring, the media and its influential commentators are not short of advice on what should be done before all is ruined, and the Council of Australian Governments has turned its attention to improving the system's flexibility and co-ordination. But as our Adjunct Professor Alan Maynard wrote recently "Reform and research seldom march arm in arm." Health care reform is a topic which generates much opinion but as yet, scant research.

Why is this? Health systems are complex, and complex systems make behaviour more difficult to predict. Health outcomes, which we all care about, are influenced by many factors as well as health care and may be distant in time from the reform being evaluated. Nonetheless, there are several lessons to be taken from the body of research evidence. Health care providers respond to incentives; change the incentives in the system and their behaviour will change although not always as imagined. Consumers and patients respond to incentives also, but not always wisely as they lack the technical knowledge to make fully informed decisions. And there is increasing evidence that health care reforms can be bad for your health, even when measured in gross terms such as death rates.

All this makes research more important rather than less. Policy outcomes are the result of individual responses to incentives and constraints. Therefore, understanding how the health system works requires detailed knowledge of how individuals behave within that system, and what factors influence their decisions. This is the basis for the program of research underway at CHERE. Our research encompasses a series of important topics: health insurance, health service access and use, financing and funding models, quality of life measurement, participation in genetic testing, choice of cervical cancer and HPV testing modalities, choice of contraceptive, informal caregiving, and nurse retention. Methodological work includes studying the responsiveness of quality of life measures, developing new approaches to obtaining utility weights for quality of life instruments, the design of discrete choice experiments, estimation methods for discrete choice data, the importance of awareness in modelling choice data, and the theoretical basis for QALYs. The output from these endeavors is detailed in the succeeding pages.

This approach to research does not give an answer to the calls for radical reform, or a blueprint for the desired big bang. What it does is contribute to the body of evidence, small pieces of a growing big picture. How, then, are we to judge the impact of our research?

Certainly not by assessing each piece of output as to whether the findings were implemented, or the recommendations adopted. Assessing research impact is a challenge we face both in the implementation of the Research Quality Framework and meeting other accountability requirements of research funding.

At least research inputs remain easy to measure. CHERE earned \$1.6m in external competitive research funds in 2005 of which the National Health & Medical Research Council (NMHRC) Program Grant contributes the majority. However, other research project funding is increasing steadily. In 2005 (for funding commencing in 2006) CHERE staff have been awarded several new major projects: Rosalie Viney and Madeleine King, NHMRC Project Grant "New methods to measure and value health states" \$440,625 over three years; Madeleine King, with the NSW Cancer Council NHMRC Project Grant "Prostate cancer outcomes study" \$300,475 over three years; Rosalie Viney, Denzil Fiebig and Marion Haas, ARC Linkage Grant with FPA Health to investigate the factors which influence the preferences of GPs and women for contraceptive products, \$84,000 over two years; Kees van Gool, Marion Haas and Jane Hall with the Social Policy Research Centre at the University of NSW commissioned by the Department of Community Services to evaluate the Early Intervention Program.

The CHERE Advisory Board has continued to play a strong role in guiding the Centre's development. On behalf of all the staff at CHERE, I want to express warm appreciation of the time given by the external members, Dr Richard Madden, Dr Diana Horvath, Mr Philip Davies and Prof Denzil Fiebig. Congratulations are due to Prof Madden for completion of his term as Director of the Australian Institute of Health and Welfare and his new appointment as Professor and Director of the National Centre for Classification in Health at the University of Sydney; and to Dr Horvath for her appointment as Chief Executive of the Australian Commission on Safety and Quality in Health Care. Unfortunately, Dr Horvath's new position means she will be leaving the Board. She has been key to CHERE's growth and development since 1997 and we will miss her support. Thanks are due also to the Dean of the Faculty of the Business, Prof Rob Lynch, and the Dean of the Faculty of Nursing, Midwifery and Health, Prof Jill White, for their support through the Advisory Board and in their roles as Deans.

As Director, I want to thank the senior staff and members of the Centre's Management Committee – Rosalie Viney, Marion Haas, Madeleine King and Elizabeth Savage. Their support, efforts and teamwork are unfailing. And to close with congratulations to Rosalie on her promotion to Associate Professor.



DR RICHARD MADDEN

ADVISORY BOARD

Dr Richard Madden
(Chair of the Board)
Director, Australian Institute of Health and Welfare

Dr Diana Horvath
CEO, Sydney South West Area Health Service

Mr Philip Davies
Deputy Secretary, Australian Department of Health and Ageing

Prof Denzil G Fiebig
Head, School of Economics, University of New South Wales and Adjunct Professor, UTS

Prof Rob Lynch
Dean, Faculty of Business, UTS

Prof Jill White
Dean, Faculty of Nursing, Midwifery and Health, UTS

Prof Jane Hall
Director, CHERE

FROM THE CHAIRMAN

The Australian health care system is the subject of endless debate, much of it critical and much of it, inevitably, anecdotal. But we do hear good news stories, such as the coordinated response across Australia to the needs of the Bali bombing victims and, further back in time, the public health response to HIV and AIDS in Australia.

A glance at the statistics on the Australian system shows how well it performs, both in quantum and quality of services provided, its economic efficiency and its international rankings. Mortality rates are low and continuing to fall, without an increase in the proportion of people with disability. Smoking rates have come down, as have usage rates of most illicit drugs. The median waiting time for elective surgery in public hospitals is 28 days. 100% of the highest need (resuscitation) emergency department patients are seen on time.

But there are pressures. Ten percent of public hospital patients wait 193 days for elective surgery, and one third of emergency department patients overall are not seen within recommended times. The medical workforce, especially GPs, is not equitably distributed, and the medical and nursing workforces are ageing.

In response, there have been two broad categories of policy responses. Several well informed commentators call for major reform, with solutions like a single public funder (inevitably the Commonwealth) proposed in several quarters. The alternative view is that continuing reform of the Australian system is the best way to proceed. Ministers took that view when the Australian Health Care Agreements were last renegotiated in 2003. Given the overall high quality of the Australian health system, the Ministers preference is not hard to understand.

CHERE provides an invaluable resource for those who favour the second approach. CHERE is built on sound economic techniques to assess problems and compare alternative options with current performance. It is therefore not surprising, at least to an informed observer like me, that the NHMRC awarded CHERE a 5 year capacity building grant. That grant is being well used, as this report makes clear, to improve our understanding of a wide range of issues which will improve the efficient allocation of resources across the Australian health system.

The Advisory Board has encouraged CHERE not to be shy in bringing its results to public notice, so that there is a real impact on the public debate on health in Australia. At the same time, we have advised against a media response to passing issues: not only would that rapidly lose impact. But it would divert scarce expertise from genuine investigation and research.

With other members of the Board, I congratulate the Director and her team on their commitment and their continuing excellent output. The only limitation that emerges is the shortage of well trained staff to undertake economic analyses of the Australian health system. CHERE is playing its part in developing new people. Health economics is a rich and rewarding discipline, with no shortage of interesting and challenging problems. CHERE is in the right place at the right time.



L-R: DENISE DOIRON, MINH VU, ELIZABETH SAVAGE

CHERE RESEARCH 2005

CHERE's research combines the development and application of innovative methods in economics, health economics and health services research with policy relevance. Our research topics are selected for their capacity to contribute to current policy debate in the health sector, or to contribute to our understanding of how health services impact on health outcomes and the welfare of individuals in the health system.

A particular focus at the system level is analysis of the role of the incentives created by funding and delivery mechanisms, how these incentives influence the choices of consumers and providers and the resulting impacts on health services utilisation, expenditure and outcomes. Related to this is a developing research strength in health workforce. The overall aim is to identify critical policy levers in the health system to inform policy.

At the health care program level, CHERE's research is focused on understanding the value to consumers, patients and to society as a whole of alternative health care programs, and different ways of delivering health care.

At the clinical level, an important area of CHERE's research is measurement and valuation of quality of life. Understanding patients' perceptions of their own health status, and the outcomes of treatment is critical to the delivery of effective health care. This relies on valid and reliable quality of life instruments that capture patient relevant outcomes and that can be readily interpreted by clinicians, patients and other health service decision makers.

While these can be identified as separate areas of research, with a number of individual projects contributing to each, a feature of CHERE's research approach is to recognize the links between different levels of the system, and particularly, the contribution that can be made to understanding how the health system operates that can be made through examination of particular interventions, diseases or policy initiatives.



KEES VAN GOOL

PUBLIC AND PRIVATE INSURANCE

Funding source:
NHMRC Program Grant

CHERE staff:
Kees van Gool, Rosalie Viney,
Elizabeth Savage, Marion Haas,
Rob Anderson

The Medicare Safety Net

Key Objectives
To measure the distribution of Safety Net expenditure by profession, and identify key drivers of Medical Benefits Scheme (MBS)-related out-of-pocket costs and Safety Net expenditure by federal electorates.

The Medicare Safety Net, introduced in 2004, was designed to protect Australian families against high medical costs of outpatient care. Once a low income family spends \$300 on health services p.a. the Safety Net reimburses 80% of out-of-pocket health expenses for the remainder of the year (a \$700 p.a. threshold was set for middle to high income families). Initial government projections forecasted an expenditure of \$440 million in the first 4 years, although this was subsequently revised to \$1billion.

The research has found that Safety Net expenditure is not spread evenly across medical services, with a significant proportion of expenditure funding private obstetrics and IVF procedures. There is also evidence of greater use of the Safety Net in affluent electorates.

The outcomes of this study will offer valuable insights on the impact of the Safety Net on MBS fees, use of medical services and out-of-pocket costs.

Funding source:
NHMRC Program Grant

CHERE staff:
Elizabeth Savage

Collaborators:
Randall Ellis¹
1. Boston University,
Dept of Economics

‘Run For Cover’: Modelling the demand for private health insurance (PHI) in Australia

Key Objectives
To model the decision to enrol in private health insurance, to determine the impacts of the three government insurance incentives, and to simulate and decompose the effects of these reforms.

Using data from the 2001 National Health Survey, this study modelled individual decisions to enrol in PHI, simulating the impacts of the Government reforms across age and income distributions for singles and families.

The researchers found that the introduction of Life Time Health Cover (after which premiums would start to rise with age) was the reform that had the biggest impact on memberships. However, its effect may have been even greater amongst families had a 30% tax subsidy not already been in place.

Funding source:
NHMRC Program Grant

CHERE staff:
Elizabeth Savage

Collaborators:
Mingshan Lu¹
1. University of Calgary

Does supplementary private health insurance (PHI) reduce pressure on the public system?

Key Objectives
To examine the impact of increased PHI coverage on use of the hospital system, in particular on public and private admissions and lengths of stay.

This study models the probability of hospital admission and length of stay for public and private patients in Australia using ABS 2001 National Health Survey data.

The research found patients with shorter periods of insurance cover behave more like the uninsured than those insured more than 5 years. In particular, those patients who held private health insurance for less than 2 years were consistently more likely to use public hospitals as a Medicare patient, and stay in hospital longer than those insured more than 5 years. This research suggests the government’s incentives designed to encourage more people to adopt PHI and, in turn, relieve pressure on the public hospital system, have not been effective. This effect may change over time.

Funding source:
NHMRC Program Grant

CHERE staff:
Elizabeth Savage

Collaborators:
Mingshan Lu¹
1. University of Calgary, Canada

Funding source:
ARC Discovery Grant

CHERE staff:
Elizabeth Savage, Rosalie Viney

Collaborators:
Denzil Fiebig¹
1. University of NSW

Funding source:
NHMRC Program Grant

CHERE staff:
Elizabeth Savage

Collaborators:
Denise Doiron¹, Glenn Jones²
1. University of NSW
2. Macquarie University



L-R: MINGSHAN LU,
ELIZABETH SAVAGE

The Impact of quality on fund choice

Key Objectives
To understand the relationship between consumer choice of private health insurance fund and fund performance.

This study used data from the Private Health Insurance Advisory Committee and the Private Health Insurance Ombudsman, 1997 – 2004 on the performance of private health insurance funds. The research is investigating the relationship between a fund’s financial performance and its level of service to customers as measured by complaints.

Preliminary findings show that the number of customer complaints is not associated with fund membership. This suggests that higher levels of complaints do not discourage enrollment with that insurer.

Does the reason for buying private health insurance (PHI) influence behaviour?

Key Objectives
To identify ‘types’ or categories of insured people, to identify whether ‘person type’ influences use of health system and whether ‘type’ is associated with timing of purchase of health insurance.

The 2001 National Health Survey gathered information about Australians’ reasons for holding PHI. This study identified four different types of consumer. Those who buy PHI for:

- > security
- > increased choice
- > financial reasons
- > health reasons

After controlling for health and socio-economic factors, the researchers found insurance ‘type’ was significantly associated with hospital utilisation. Those consumers who were motivated to take-up PHI for financial reasons were more likely to use the public hospital system, whereas those consumers who held PHI for the reasons of security and increased choice were more likely to use the services of private hospitals.

The role of self-assessed-health-status (SAHS) in the demand for private health insurance (PHI) in Australia

Key Objectives
To investigate whether people with better SAHS are more likely to purchase private health insurance after controlling for demographic and socio-economic characteristics, risk-related behaviours, and objective health measures.

It is common to include a question on SAHS in household surveys and this information is often regarded as an objective measure of health status. However, there is evidence that SAHS can be affected by factors such as length of time since diagnosis of a serious condition, culture, education and income.

In this research the relationship between SAHS and the purchase of PHI is examined. Surprisingly the results show people who report they are in good health are more likely to hold PHI. This counterintuitive result has been seen in other studies despite controlling for socio-economic and personal factors. This research suggests that SAHS may be affected by factors that are not easily controlled for, such as personality traits.



ROSALIE VINEY

Funding source:

ARC Discovery Grant

CHERE staff:Elizabeth Savage, Rosalie Viney,
Bernard van den Berg**Collaborators:**Denzil Fiebig¹
1. University of NSW**Private health insurance discrete choice experiment****Key Objectives****Identify the attributes of insurance policies influencing choice of plan and quantify trade-offs between attributes. Examine the relationship between risk preferences and insurance choice.**

While existing data sources provide valuable information for analysis of factors determining insurance choice and the relationship between insurance and health services utilisation, they are limited because they rarely provide the full set of relevant data. Existing data often do not provide sufficient detail to identify how the attributes of policies, choices or individual characteristics contribute to decision-making, and hence how individuals value these attributes. Current survey data do not have information on the price of the policy or the extent of front end deductibles or co-payments, which are important determinants of insurance status, hospital and patient status choice and utilisation. Further, there is no information about the role of individual's expectations about future health status and utilisation, or about risk preferences. This study will supplement the existing data through a discrete choice experiment. The survey is currently being designed and will go to field in 2006.

Funding source:

Department of Health and Ageing

CHERE staff:Kees van Gool, Sandy Fowler,
Rosalie Viney, Marion Haas,
Jane Hall**Collaborators:**Randall Ellis¹
1. Boston University, USA**Funding cancer care in Australia: moving towards best practice****Key Objectives****To investigate variation in the use of cancer care services and the use of best practice guidelines.**

NHMRC best practice guidelines for cancer care were first introduced in Australia in the mid 1990s, however, there is evidence that these guidelines are not always implemented. This project examined the structural mechanism by which cancer care is funded and analysed how Australia's funding mechanisms may impede best practice in cancer care across a wide range of health care settings and regions.

Extensive interviews were conducted with patient groups and healthcare professionals involved in the provision of cancer care services. Administrative data from Australian state and territory governments were used to estimate cancer-related healthcare expenditures. As part of the project a comprehensive literature review of cancer care practice was conducted with particular emphasis on comparisons with best practice.

The research revealed pressure points within the system where patients were unable to find appropriate services, especially in follow-up care. Healthcare professionals expressed the need for individual patient care to be better co-ordinated across the wide range of cancer services on offer.

The Health Reform Agenda Working Group took delivery of the report in 2005.

L-R: YNON GABLINGER,
ELIZABETH SAVAGE**Funding source:**

NHMRC Program Grant

CHERE staff:

Jane Hall, Ynon Gablinger

USE OF HEALTH SERVICES**Practice Variations****Key Objectives****To explore variations in per-capita prescription rates and expenditure on PBS drugs across General Practice divisions.**

Evidence of variations in medical practice patterns unexplained by health need has been demonstrated across several countries and has remained over time. However, there has been little investigation of this in Australia. This study focuses on variations in PBS prescribing across Divisions of General Practice and the extent to which they can be explained by observable characteristics including age, sex and concession card status. Identifying unexplained variation provides an indication of how practice variations are contributing to health care costs, and where interventions for more cost-effective use of pharmaceuticals may be targeted.

Initial results were presented to a workshop on General Practice budget-holding for pharmaceuticals. Further analysis is underway and results should be complete by the end of 2006.

Variations in hospital admission rates in Australia**Key Objectives****To determine whether there are variations in hospital admittance rates across Australia, allowing for mediating factors.**

Using administrative data and data from the National Health Survey (2001) this study investigates hospital admission rates over time and by state to determine whether:

- > state variations remain after controlling for mediating factors such as private health insurance, demographics, medical conditions and income,
- > admission probabilities associated with specific conditions vary by state.

The study found that between 1996 and 2001 the number of overnight stay patients has remained fairly stable, whilst day surgery has grown rapidly in both private and public hospitals. The administrative data revealed marked variations between the states in terms of hospital admission rates, however. These variations evened out when controlled for population characteristics. WA was the exception with a far higher hospital admission rate (4%) than anywhere else in Australia. The reasons for this are not known but could be due to factors such as different medical practices or a greater supply of beds and, or medical workforce in WA.

Funding source:

NHMRC Program Grant

CHERE staff:

Elizabeth Savage

Collaborators:Glenn Jones¹, Denise Doiron²
1. School of Economics and Financial
Studies, Macquarie University
2. School of Economics, UNSW**Funding source:**

NHMRC Program Grant

CHERE staff:Jane Hall, Elizabeth Savage,
Ynon Gablinger**Private health insurance and the use of dental services****Key Objectives****To evaluate whether the increase in dental visits from 1995 to 2001 may be attributed to increased private health insurance membership, and the effect of this by income.**

The use of dental services has increased over time. During the period 1995 to 2001 there have been significant policy changes which altered the accessibility of dental services. Public dental programs have been contracted. Population take-up of ancillary private health insurance, which covers dental care, has also increased with government incentives. Low income earners, across all age groups were less likely to purchase ancillary health insurance, and to use dental care.



PATSY KENNY

Funding source:

Cooperative Research Centre for Asthma

CHERE staff:

Jane Hall, Patsy Kenny, Madeleine King, Meredyth Chaplin

Collaborators:

Guy Marks¹

1. Woolcock Institute of Medical Research

The economic burden of asthma: a longitudinal cohort study investigating costs and utilisation**Key Objectives**

To describe the utilisation of healthcare and non-healthcare services and products for asthma management and the costs to people with asthma and the health sector.

This longitudinal study aims to assess the individual and health sector costs of asthma, to describe how these change over time and to investigate whether cost or other factors affect access to health care for people with asthma. Two data sources are being used: administrative data from the government and six-monthly surveys with individuals covering their use of health services, out-of-pocket costs and quality of life.

This study is focusing on the characteristics of asthma patients who have high expenditure on health and are high users of health services. The outcomes of this research will contribute toward future asthma management strategies.

A cohort of people with asthma have been followed for three years, commencing in 2002. Data collection has been completed and the first paper was published in the Australian New Zealand Journal of Public Health in 2005. Analysis of the Health Related Quality of life (HRQOL) data and the longitudinal cost data is underway.

Is population ageing driving increases in health expenditure?**Key Objectives**

Determine the extent to which health expenditure growth is driven by population ageing or level of service provision

Health spending in Australia has grown from 8.1% GDP in 1991–92 to 9.5% in 2002–3. This research examined individual and aggregate data to determine the extent to which expenditure growth is driven by population ageing or by level of service provision. Aggregate data from the Australian Institute of Health & Welfare data were used to analyse age-related inequity in health expenditure. Total health expenditure as well as hospital, pharmaceutical and out-of-hospital care costs, were examined.

The aggregate analysis found the main factor driving the increases is expenditure per capita and not ageing. This is particularly pronounced for pharmaceuticals.

Funding source:

NHMRC Program Grant

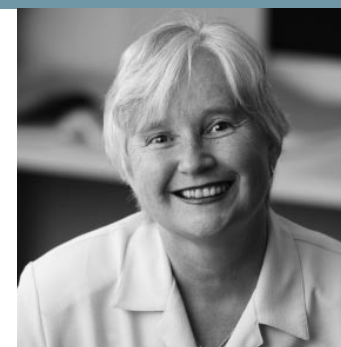
CHERE staff:

Elizabeth Savage, Jane Hall

Collaborators:

Glenn Jones¹, Joanne Epp²

1. Dept of Economics Macquarie University
2. Dept of Economics UNSW



SIGGI ZAPART

Funding source:

Department of Veteran's Affairs Project Grant

CHERE staff:

Madeleine King, Sandy Fowler, Sigi Zapart, Jane Hall, Rosalie Viney, Deborah Street

Collaborators:

Bruce Armstrong¹, David Smith², John Rogers³, Martin Berry⁴, Jeanette Ward⁵, Jordan Louviere⁶

1. Head of School of Population Health and Health Services Research, The University of Sydney
2. NSW Cancer Council
3. Royal Prince Alfred Hospital
4. Liverpool Health Service
5. Institute of Population Health, Ontario, Canada
6. Faculty of Business, UTS

Care and outcomes of care for prostate cancer in New South Wales**Key Objectives**

To describe the medium and long-term outcomes of treatment of prostate cancer in men less than 70 years of age.

CHERE is leading the economic evaluation component of the NSW Prostate Cancer Care and Outcomes Study (PCOS). The PCOS is following a group of men with prostate cancer from diagnosis for up to 5 years.

The economic component of the study has two parts:

- > investigating patient preferences and
- > describing the use of health services and the costs of care.

A Discrete Choice Experiment (DCE) is being used to elicit men's preferences for treatment options, based on the relative tolerability of different side-effects of treatment and how these are offset by expected survival gains.

In 2005 the DCE was designed and data were collected from 421 patients. The results will be analysed and a paper prepared in 2006.

The second arm of the study uses Medicare Australia and NSW Inpatient Statistics Collection (ISC) data to describe and quantify the use of, and costs to, the health sector of services for the current treatment options available for prostate cancer.

In 2005 negotiations were ongoing with the Federal Health Department to gain access to Medicare, Pharmaceutical Benefits Scheme and Department of Veterans Affairs data on health services utilisation and cost.



DENISE DOIRON

HEALTH WORKFORCE

Trends and Retention in the Nursing Workforce in New South Wales

Key Objectives

To examine nurse retention rates and identify factors which influence the workforce.

In this project administrative panel data on NSW nurses covering the 1990s have been used to address several trends in the nursing workforce: the attrition and ageing of nurses, the hours of work in nursing, the allocation of the nursing workforce across job premises, in particular across the public and private sectors, and the effects of personal, job and other characteristics on retention in nursing. The nursing workforce is ageing due to lower rates of entry to the profession and an increase in retention; a reduction in the proportion of full-time workers and an increase in the number of hours for part-timers resulting in no change in the average number of hours of work; an improvement in retention in all job premises especially nursing homes; and a substantial amount of year to year churning in and out of the workforce and across premises.

The youngest nurses are the most likely to leave although promotion at junior levels counteracts this effect. Generally, hours of work are positively related to retention. Hospital characteristics which positively affect retention include size, expenditures, emergency admissions and staffing levels. Negative conditions include workloads, complexity (Australian National Diagnosis Related Group weight), and Visiting Medical Officer expenditures. Surprisingly, we find no evidence of hospital specific effects over and above hospital characteristics.

A report was submitted to the NSW Department of Health and the Australian Institute of Health and Welfare in 2005.

Nursing workload, skill mix, models of care and patient outcomes in NSW

Key Objectives

To explore the impact of nursing workload, skill mix and models of care on patient outcomes and nurse satisfaction.

This research has been commissioned by the NSW Department of Health to examine the relationship between adverse events (medication errors/ patient falls), nurse satisfaction and workload levels in NSW. Previous research has found a relationship between increased nurse workload and poorer quality of care/ health outcomes.

Data were gathered from 80 wards in 19 hospitals in 12 different area health services, both rural and metropolitan. This information will be calibrated with 5 years of historical administrative data. Data analysis and preparation of a report for the NSW Department of Health will be prepared in 2006.

Funding source:

NHMRC Program Grant

CHERE staff:

Jane Hall

Collaborators:

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2. School of Economics, UNSW

Funding source:

NSW Department of Health

CHERE staff:

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1. UTS Faculty of Nursing, Midwifery and Health

2. Yale University School of Nursing

3. Faculty of Nursing, University of Toronto

4. LAETA P/L



MADELEINE KING

EVALUATION OF HEALTHCARE PROGRAMS

Dementia Care Mapping in residential aged care: Randomised Controlled Trial

Key Objectives

To assess the effects and costs of Dementia Care Mapping (DCM) and Person-Centred Care (PPC) vs conventional nursing practices in the care of dementia patients living in aged care units.

This study compares the care of dementia patients in 3 different scenarios:

> DCM involves detailed observations of patient's well-being and behavioural disturbances. Feedback is given to staff in a bid to improve patient care.

> PPC regards the patient as an equal partner with healthcare professionals. All treatment decisions are discussed and made with respect to the person's overall well-being. Patient care is monitored to ensure individuals receive the most appropriate treatment from all agencies.

> Usual care.

The study involving over 360 aged care residents with dementia aims to investigate the effect of DCM and PCC on:

> The quality of care for aged care residents with dementia

> Their levels of well-being and behavioural disturbance

> The use of chemical and physical restraint on patients

> The cost of care and hospitalisation rates

> staff levels of stress, job satisfaction, and turnover rates.

DCM is labour and time intensive. The researchers are interested in exploring the extent to which PPC may also lead to positive outcomes.

Baseline data were collected in 2005. The study will be conducted across 15 aged care units in 2006 with analysis completed and papers expected to be produced in 2007.

Home based rehabilitation program for survivors of a critical illness: Randomised Controlled Trial

Key Objectives

To evaluate whether a home-based, individually tailored physical rehabilitation program can improve physical and psychological recovery for survivors of a critical illness

Over 130,000 Australians per year suffer a critical illness requiring admission to an intensive care unit. Whilst the vast majority of these patients survive, research has shown that many patients take a long time to fully recover from the trauma, both physically and psychologically.

This is the first intervention study to investigate use of a home-based rehabilitation program to improve recovery from a critical illness.

200 patients who have spent at least 48-hours in intensive care will be enrolled in the study upon discharge from hospital. Half the group will complete an 8-week training program involving walking and specific strength building exercises. The control group will receive the care they would usually receive after hospital discharge. Physical function, endurance and psychological well-being for the two groups will be compared using well validated and commonly used Health Related Quality of life (HRQOL), physiological and psychological instruments.

It is hoped that the outcomes of this study will contribute toward an improved model of care that primary and community services can use to aid the recovery of survivors of a critical illness.

The study is due to be completed in 2007.

Funding source:

Australian Health Ministers' Advisory Council
Priority Driven Research Project

CHERE staff:

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3. Mental Health Professorial Unit, SE Health, Sydney

Funding source:

NHMRC Project Grant

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4. Trauma Registry UQLD



MARION HAAS

Funding source:
Motor Accidents Authority of NSW

CHERE staff:
Marion Haas

Collaborators:
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1. University of Sydney

Clinical trial of joint mobilisation after ankle fracture

Key Objectives

To provide an economic evaluation of a trial of passive joint mobilisation after ankle fracture.

The study will evaluate the costs and effectiveness of passive joint mobilisation for pain relief. Passive joint mobilisation involves the physiotherapist manually moving the joint surfaces – these are normally very small movements which cannot be done by the patient.

The 24-week assessor-blinded randomised controlled trial is being conducted on 90 patients drawn from three teaching hospitals in Sydney. By the end of 2005, 60 patients had been recruited to participate in the study.

The study will measure perceived disability, changes in quality of life, time to pain-free walking, functional measures and range of motion of the ankle joint. Hospital and ambulatory service costs and out-of-pocket costs incurred by patients will be assessed.

The results will determine the effectiveness and cost-effectiveness of physiotherapy treatment compared to exercise and stretching alone. In 2006 the trial will be completed and economic evaluation will commence. It is anticipated 4 papers describing clinical outcomes, costs and effects will be submitted for 2007.

Funding source:
NHMRC Program Grant

CHERE staff:
Jane Hall, Rob Anderson

Collaborators:
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1. Royal Children's Hospital, Melbourne

Economic evaluation of genetic screening for haemochromatosis

Key Objectives

To assess the cost-effectiveness of population screening for haemochromatosis.

Haemochromatosis is a condition which causes iron overload which, if untreated, leads to clinical symptoms and eventual organ damage. It is an interesting case study as the development of symptoms is linked to a reasonably frequent chromosomal abnormality. Early detection allows monitoring for the development of clinical symptoms, and the treatment, regular blood donation, is effective and non-invasive.

This study is an extension of CHERE's genetic testing research. The first component involves a cost-effectiveness analysis of population screening, based on the Victorian Haemscreen program which provides workplace based screening. Decision tree analysis is used to explore cases prevented and treatment costs.

Funding source:
NHMRC Project Grant

CHERE staff:
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Funding source:
NHMRC

CHERE staff:
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Fred Zmudzki.

Collaborators:
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1. Royal Prince Alfred Hospital

L-R: ROSALIE VINEY, JORDAN LOUVIERE,
MARION HAAS

Evaluation of the effectiveness of expanded newborn screening by tandem mass spectrometry

Key Objectives

Economic evaluation of the use of tandem mass spectrometry for newborn screening, including analysis of costs, utilisation and outcomes for children.

For over 25 years Australian babies have been tested for up to four treatable metabolic disorders at birth. Recent technological advances using tandem mass spectrometry have made it possible to inexpensively expand this screening to include 30 extremely rare genetic disorders.

In collaboration with geneticists and clinicians across Australia, CHERE is examining the costs and consequences of using tandem mass spectrometry to screen for a range of inherited metabolic conditions in newborns compared to detection of the disorders by clinical diagnosis (when symptoms appear). This is the first study of its type to be conducted anywhere in the world.

The hypothesis being tested is that early detection of disorders by tandem mass spectrometry will provide medical and cognitive benefits to affected babies not currently achieved by clinical detection, without significant harm. In 2005 data collection and partial analysis of costs, health service utilisation and clinical outcomes was completed.

Thirty-eight patients were identified with medium-chain acyl-CoA dehydrogenase deficiency (MCAD). Twenty-five of these patients had full neuropsychological testing, with no suggestions of significant differences in global cognitive outcome between the groups. Overall costs for the screened group were higher, mainly due to the cost of newborn screening testing. There are clear-cut trends for prevention of post-neonatal death and severe decompensation episodes for the screened group, but no evidence of intellectual deficit in survivors. The missing (undiagnosed) cases in the unscreened cohort and their uncertain outcome complicate assessment of benefit.

Positron Emission Tomography (PET): costs and treatment outcomes for patients with Stage I and II non-small cell lung cancer

Key Objective

To investigate the medium term impact of PET on the costs and outcomes for patients with NSCL

PET has been heralded by some as an essential part of cancer diagnosis and treatment. Despite its gradual introduction into health care practice, little Australian evidence has been reported on the cost and consequences of PET. This project measured the impact of PET in terms of cost, disease recurrence and survival over a two year follow-up period. The study was part of a randomised trial of the use of preoperative PET. The study demonstrates that the value of PET is sensitive to the management strategy for patients with Stage IIIA disease.



L-R: JORDAN LOUVIERE, ISHRAT HOSSAIN

INVESTIGATION OF CONSUMER PREFERENCES

Information provision and the valuation of social issues

Key Objectives

Investigate how social issues embedded in a product affect how consumers value a product.

This study will:

- > Look at the impact of information presentation and context on consumer preferences for the social and ethical attributes of products.
- > explore the degree to which the way that information is provided (verbal vs. visual) impacts on how consumers use the information to evaluate products and make decisions.
- > explore the potential role of culture and values on the above.

In 2005 the researchers designed and implemented a pilot study of organic food preferences and purchases to examine consumer trade-offs amongst ethical, social and economic issues.

This study is a continuation of earlier work investigating consumer choice.

Misperceptions of self-assessed body mass

Key Objectives

To identify factors associated with accuracy of adults' perceived body mass.

This study uses unit record data from the 1995 and 2001 ABS National Health Surveys to identify factors associated with the accuracy of adults' perceived body mass, and whether those factors change over time. Descriptive methods and logistic models are used to quantify the effects of a number of demographic, socio-economic, behavioural and health related variables on the accuracy of self-assessed body mass.

Approximately 40% of subjects who were overweight or obese considered themselves to be an acceptable weight. Males were significantly more likely than females to understate their self-assessed body mass. People born in south-east Asia were more likely to overstate their self-assessed body mass than those born in Australia.

Funding source:

ARC Discovery Grant

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2. Melbourne Business School,
University of Melbourne
3. Faculty of Business, UTS

Funding source:

NSW Biostatistical Training Program

CHERE staff:

Elizabeth Savage

Collaborators:

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1. NSW Biostatistical Placement
2. Boston University, Dept of Economics

Funding source:

Australian Technology Network of
Universities (2005 – 2010)

CHERE staff:

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Funding source:

NHMRC Program Grant

CHERE staff:

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Hossain

Collaborators:

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L-R: ELIZABETH SAVAGE, ROSALIE VINEY,
DENZIL FIEBIG

ATN Centre for Metabolic Fitness

Key Objectives

Investigating preferences for uptake of lifestyle changes in a group of people with obesity and associated health problems.

Alongside the "Whyalla Community Trial – Managing Obesity and Associated Health Issues", we are investigating the factors that motivate people to adopt lifestyle changes that will benefit their health. To do this, we are developing and applying Discrete Choice Experiments (DCE) to examine and understand the factors that motivate consumers in their decisions about lifestyle modifications. This will lead to more effective product (eg food) and program (eg marketing campaign, preventive intervention) design and, in turn will lead to improved health outcomes through optimising metabolic fitness and counteracting obesity and associated physical, social and psychological co-morbidities.

Decisions about cervical screening: What influences women and providers?

Key Objectives

To investigate factors that influence women's choices and GPs' recommendations in relation to cervical screening (including impact of new technologies, screening recommendations), using both NHS and choice experiment data.

This research is evaluating patient and GP preferences for proposed changes to policy recommendations and potential new technologies in relation to cervical screening. Specifically, the research will investigate:

- > Factors that motivate women to seek screening and doctors to recommend screening. Should incentives be aimed at women or doctors?
- > The impact of proposed changes to Pap smear screening intervals.
- > The value of new technologies such as liquid based cytology and human papilloma (HPV) virus testing.

The study surveyed a random sample of 282 women aged 20 – 69 and a sample of 221 general practitioners. Using the Discrete Choice Experiment method 32 potential screening scenarios were described and responses of participants recorded. Preliminary findings reveal GP recommendations do motivate women to have Pap smears, even those who have never been screened before. However, GPs do not take advantage of every opportunity to provide women with cervical screening. The study also found women are more likely to accept a recommendation for a Pap test from a GP they know, whereas, GPs are more likely to recommend Pap testing to new patients.

In 2005 data collection was completed and a paper on 'Awareness' and 'Choice' was published in the journal Health Economics. Conference papers were also presented on study design and preliminary findings. Further data analysis will be conducted in 2006 examining the decision to have HPV testing and the impact of socio-demographic and attitudinal influences on cervical screening.



L-R: PATSY KENNY, PAULINE DAVIS,
SIGGI ZAPART

Funding source:

Cooperative Research Centre for
Asthma
And NHMRC Program Grant

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2. Faculty of Business, UTS
3. Institute of Respiratory Medicine RPAH
4. University Business School
(Economics) and Centre for Health
Services Research,
University of Newcastle upon Tyne.

Evaluation of asthma medications

Key Objectives

To investigate patient preferences for preventive asthma medications with varying clinical effectiveness, side-effects and convenience. This information will help physicians make better treatment decisions and improve adherence to therapy.

This study uses a series of discrete choice experiments to study patient preferences and trade-offs across symptom control, daily activities, medication side-effects, convenience and costs. All respondents were patients with mild to moderate persistent asthma, enrolled in a randomised controlled cross-over trial of three medications. A discrete choice experiment was completed at entry to the trial, and at completion of each treatment phase. This design allows for testing of the stability of preferences over time, and the response of patients as their experience of medication and its outcome changes.

The first paper, based on the data collected at completion of the first treatment phase, has been submitted for publication in 2006. A further paper on the clinical implications of the results is being developed, and analysis of the series of DCEs is underway.

Funding source:

NHMRC Program Grant

CHERE staff:

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3. Faculty of Business, UTS
4. Central Sydney Community Nursing
Service

Incorporating the contribution of informal carers into the economic evaluation of community palliative care

Key Objectives

To assess the informal care provided to palliative care patients and the carers' preferences for alternative schemes of support. The study results will assist planners and palliative care providers to develop a range of effective, efficient services and support systems which best meet the needs of those caring for terminally ill patients at home.

This study will use a discrete choice experiment to identify the tasks informal carers would prefer to do themselves and those tasks for which outside assistance could be provided. The research will investigate how assistance with caring is provided and whether carers would prefer to receive support as cash or services.

A pilot study completed in 2005 provided preliminary descriptive data about the care provided by carers and their preferences. This will be used to develop the attributes and levels for the discrete choice experiment. Recruitment and data collection will continue in 2006, with anticipated completion in May 2007.

Funding source:

Cancer Research UK – Population
and Behavioural Sciences
Committee

CHERE staff:

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MEASUREMENT AND EVALUATION OF HEALTH RELATED QUALITY OF LIFE

Evidence-based interpretation guidelines for quality of life measures

Key Objectives

Review and synthesis of all available evidence about QLQ-C30, incorporating clinician and patient judgments, to produce interpretation guidelines for HRQOL scores yielded by the QLQ-C30.

Patients' perception of their quality of life is an important aspect of cancer treatment. Although it is now a common outcome in clinical trials and health services research, interpretation of the clinical significance of effects from quality of life scales is problematic. The units of measurement are unfamiliar to clinicians and patients alike. Substantial experience with quality of life instruments now provides a rich evidence base for estimating effect sizes and developing interpretation guidelines for quality of life measures

The QLQ-C30 is the core questionnaire of the European Organisation for Research and Treatment of Cancer's modular approach to Health Related Quality of life (HRQOL) assessment. It is the most widely used HRQOL instrument in cancer clinical trials.

A literature review will be used to identify sources containing results from different groups of patients or from patients over time using the QLQ-30. A panel of clinicians will be convened to review each study, agree on the clinical relevance of each comparison and predict the size of the effect on quality of life. The extracted data will be pooled using meta-analysis methods and the evidence used to publish interpretation guidelines.

The literature review commenced in 2005. Interpretation guidelines for QLQ-C30 will be presented in 2007.

NSW Psycho-oncology Cooperative Research Group (PoCoG)

Key Objectives

To investigate the impact of cancer and its treatments on the quality of life of people with cancer.

Holistic care of people with cancer includes effective physical and psychological care, through the full cancer journey (diagnosis and treatment, long-term survivorship, recurrence and death). We know that cancer impacts significantly on the emotional health of patients and on those who care for them. In 2005, the Cancer Institute NSW awarded a Research Infrastructure Grant to a multidisciplinary collaboration to develop and support high-quality research into the psychological and social aspects of the cancer experience.

The PoCoG will investigate the impact of cancer and its treatments on the quality of life of people with cancer, with particular reference to their preferences for different surgical, radiotherapy and medical treatments, and recruitment to clinical trials. Madeleine King, of CHERE, is a member of the PoCoG Scientific Advisory Committee, which includes psychologists, psychiatrists, oncologists, nurses, social workers and a consumer representative.

Funding source:

Cancer Institute NSW Research
Infrastructure Grant

CHERE staff:

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7. SouRCe, USYD & Central Sydney Area
Health Service
8. Cancer Trials, USYD
9. Cancer Medicine, USYD
10. Nursing Research, USYD



L-R: DENZIL FIEBIG, JANE HALL,
MADELEINE KING

Funding source:
NHMRC Project Grant and Program Grant

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1. Royal Prince Alfred Hospital

Quality of life in the two years after surgery for non-small cell lung cancer

Key Objectives
To describe the short and long term health related quality of life (HRQOL) effects of treatment for early stage non-small cell lung cancer.

This study describes the progress of patients after surgery and any subsequent therapy for early stage non-small cell lung cancer. The study was part of a randomised trial of the use of preoperative Positron Emission Tomography (PET). Health Related Quality of life (HRQOL) questionnaires were completed before and after surgery, one month after surgery and then four-monthly for two years. Surgery had a substantial impact on HRQOL, and only disease free survivors experienced recovery of HRQOL.

This research also tested the validity, reliability and responsiveness of EORTC QLQ-C30 and LC-13 questionnaires. These are instruments that measure the HRQOL of people with cancer. The LC-13 specifically designed for lung cancer patients. The information gathered by these surveys measures treatment outcomes from the patient's perspective, focusing on quality of life issues.

This study contributes to the evidence base for treatment decision making in early stage lung cancer where the probability of survival is traded against the short and long term impact on HRQOL.

Funding source:
UTS Incentive Grant

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Using discrete choice experiments to value multi-attribute health states

Key Objectives
To examine a new approach to valuing health states based on individual preferences for health outcomes.

Economic evaluation is used by health care decision makers to determine which health care programs provide the best value for money in terms of improving health and quality of life outcomes for the population.

Quality Adjusted Life Years (QALYs) are standard sets of questions used in health economics research. QALY surveys contain generic questions, for example about pain, mobility and emotional state, so the outcomes can be used to compare quality of life measures across many different disease states. However, obtaining this information from respondents is complex, and there is debate about which are the best QALY instruments, and the best methods to value health outcomes.

This project investigates the potential to use discrete choice experiments (DCE) as a basis for generating QALY weights and for testing the QALY theoretical framework. Discrete choice experiments (DCE) are relatively new to health economics, but are cognitively simpler for respondents, and provide a richer source of data for estimation of the underlying model of preferences.

This project compares the use of DCE to the existing methods 'Standard Gamble' and 'Time Trade Off'.

Economic valuation of informal care

Key Objectives
Investigating whether carer's sense of well being and quality of life is affected by income level.

Studies from other countries have shown that carers with higher incomes report a stronger sense of wellbeing. This study is exploring whether this finding holds in Australia. ABS data are used to examine reported well being and quality of life measures and household incomes of full time carers. The results will provide insight into the impact of financial support on the experience of those in carer roles. The study started in April 2005 and will produce interim results in March 2006.

Funding source:
NHMRC Program Grant

CHERE staff:
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ELIZABETH SAVAGE

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Lu M, Savage E.
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APRIL 2005 UTS Health Research Forum

Haas M
Cost-effectiveness analysis of the National Cervical Screening Program.

King M.
What influences participation in genetic carrier testing? Results from a discrete choice experiment.

Van Gool, K
Cancer funding in Australia: towards best practice.

MAY 2005 Sydney Institute of Palliative Medicine. 14th Annual Symposium Sydney

Zapart S, Kenny P, Hall J, Servis B, Wiley S
Home-based palliative care: How much help do informal carers provide and how does this impact on their lives?

JULY 2005 5th International Health Economics Association (iHEA) World Congress Barcelona, Spain

Doiron D, Jones G, Savage E.
Healthy, wealthy and insured? The role of self-assessed health in the demand for private health insurance.
Organised Session: "What is Self-Assessed Health"

Ellis R, Savage E
Where do you run after you run for cover? A model of the demand for private health insurance in Australia.
Organised Session: "Private health insurance incentives"

Fiebig D, Viney R, Haas M, Street D, Burgess L, Ward J.
Women's choices and providers' recommendations about cervical screening technologies: designing for the choice context.

Louviere J, Kenny P.
Understanding the preferences of informal caregivers providing palliative care at home.

Van Gool K, Viney R, Savage E, Haas M, Anderson R.
Catch us when we fall: an analysis of the Medicare Safety Net in Australia.

Van den Berg B, Ferrer-i-Carbonell A.
The well-being of informal caregivers: A monetary valuation of informal care.

AUGUST 2005 Health outcomes 2005: making a difference. 11th Annual National Health Outcomes Conference, Canberra

Chaplin M, Kenny P, Hall J, King MT.
A longitudinal study of the costs of asthma to individuals and the health service.

Kenny P, King M, Hall J, Chaplin C, Marks G.
The impact of asthma: a longitudinal study of quality of life.

King MT, Winstanley J, Kenny P, Viney R, Boyer M.
Invited Paper in the Measurement Issues Plenary.
Validity, reliability and responsiveness of the QLQ-C30 & LC-13 in Australians with lung cancer.

King, M.
Invited workshop
Interpreting Health-Related Quality of Life Outcomes.

Zapart S, Kenny P, Hall J, Servis B, Wiley S.
Home-based palliative care: How much help do informal carers provide and how does this impact on their lives?

Inaugural annual meeting of the the Australia New Zealand Health Assessment Methods Network (ANZHAMNet), Canberra, Australia

King MT.
A pragmatist's view of the definition and usage of the term "Health Related Quality of Life".
Contribution to a panel discussion: Is HRQOL really in need of reconstructive Surgery?
The Debate: Round 2.

The World Congress of Epidemiology, Bangkok

Smith DP, Supramaniam R, King MT, Armstrong BK.
The supportive care needs of Australian men with prostate cancer.

SEPTEMBER 2005 The 27th Australian Conference of Health Economists: Australian Health Economics Society, Auckland, New Zealand

Ayyar A, Savage E.
Misperceptions of self-assessed body mass: analysis of the 1995 and 2001 National Health Surveys.

Fiebig D.
Optimal recall length in survey design.

Hall J, Gafni A, Birch S.
Are health economics critiques of welfarism 'non-Sen's' approaches? An exploration of compatibility with Sen's capabilities approach.



L-R: ROSALIE VINEY, JANE HALL,
ELIZABETH SAVAGE, MARION HAAS,
MADELEINE KING

PROFESSIONAL ACTIVITIES

Hossain I, King M, Hall J, Fiebig D, Louviere J.

Patient preferences for managing asthma: results from a discrete choice experiment.

Jones G, Savage E, Epp J, Hall J.

Is population ageing driving increases in health expenditure? An analysis of aggregate and individual data.

Lu M, Savage E.

Do financial incentives for supplementary private insurance reduce pressure on the public system? Evidence from Australia.

Van den Berg B, Ferrer-i-Carbonell A.

The well-being of informal caregivers: a monetary valuation of informal care.

Van Gool K, Savage E, Viney R, Haas M, Anderson R.

Catch us when we fall: an analysis of the Medicare Safety Net.

Viney R, Savage E, Fiebig D.

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OCTOBER 2005

More strategic use of the health dollar? Australian Primary Health Care Research Institute Workshop, Melbourne

Hall J.

Fund-holding the pharmaceutical budget: a more strategic use of the health dollar?

43rd Annual Scientific Conference of the Australasian Association of Clinical Biochemists, Sydney

Van Gool, K.

How to introduce a new test: the health economics approach.

NOVEMBER 2005
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Chaplin M, Kenny P, Hall J, King MT, Lanscar E.

The cost of asthma to individuals and the health service: it may leave you breathless.

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Variations in hospital admission rates and patient status in Australia.

Fowler S, King MT, Smith D, Picker J, Viney R, Street D, Louviere J, Armstrong B, Stockler M, Kenny P.

Designing and piloting a discrete choice experiment to examine men's treatment preferences for prostate cancer.

Haas M, Fiebig D, Hossain I, Viney R.

Decisions about Pap smears: what influences women and providers?

Hall J.

Invited Plenary: What is evidence based policy?

Kenny P, King M, Hall J, Chaplin C, Marks G.

The impact of asthma: a longitudinal study of quality of life.

King MT, Winstanley J, Kenny P, Viney R, Boyer M.

Validity, reliability and responsiveness of the QLQ-C30 & LC-13 as measures of health-related quality of life in Australians with lung cancer.

Savage E. Invited Plenary:

Incentives and Health Care Financing.

Van den Berg B, Hassink W.H.J.

Moral hazard and cash benefits in long-term home care.

Viney R, King M, Kenny P, van Gool K, Zmudzki F, Pollicino C, Warren E, McCaughan B, Fulham M, McLean J, Boyer M.

The costs and outcomes of Positron Emission Tomography.

Zapart S, Kenny P, Hall J, Servis B, Wiley S.

Home-based palliative care: The contribution of informal carers and the impact it has on their lives?

Clinical Oncology Society of Australia Annual Scientific Meeting, Brisbane

King MT, Fowler S, Smith D, Picker J, Viney R, Street D, Louviere J, Armstrong B, Stockler M, Kenny P.

Men's preferences for treatment of early stage prostate cancer: developing and piloting a discrete choice experiment.

King MT, Winstanley J, Kenny P, Viney R, Boyer M.

The EORTC's QLQ-C30 and LC-13 are valid, reliable and responsive measures of health related quality of life in Australians with lung cancer.

Smith DP, Supramaniam R, King MT, Armstrong BK.

The supportive care needs of Australian men with prostate cancer.

DECEMBER 2005

16th Congress of the Modelling and Simtion Society of Australia and New Zealand, Melbourne

Belkar R, Fiebig D.

A Monte Carlo comparison of estimators for a bivariate probit model with selection.

JANE HALL

Memberships and Professional Appointments

Fellowship of the Academy of Social Sciences in Australia

President, Health Services Research Association of Australia and New Zealand

Member, Medical Services Advisory Committee

Member, International Health Economics Association, Conference Advisory Sub-Committee

Member, Academy Health International Committee

Australian representative and member of selection committee, Harkness Fellowships in Health Policy, Commonwealth Fund (New York)

Founding member, Co-ordinating Committee for the International Program in Health Policy, The Commonwealth Fund, New York

Member, Advisory Committee, Assessing the Benefits of Child Welfare Programs Department of Community Services

Member, National Breast Cancer Centre, Data Advisory Group

Editorial Boards

Journal of Health Services Research and Policy

Health Economics

Health and Social Care in the Community.

ELIZABETH SAVAGE

Memberships and Professional Appointments

President, Economic Society of Australia, NSW Branch

Scientific Committee Member, International Health Economics Association

Member of the Steering Committee, Economic Design Network

Public Officer, Australian Health Economics Society

Editorial Boards

Economic Record

Australian Journal of Labour Economics

MADELEINE KING

Memberships and Professional Appointments

Member, Cochrane Collaboration Health Related Quality of Life Methods Group

Corresponding member, European Organisation for Research and Treatment of Cancer (EORTC) Quality of Life Group

Founding Chair, Steering Committee of the Australia New Zealand Health Assessment Methods Network (ANZHAMNet)

Advisor on Statistics and Outcome Measurement for the Cochrane Consumers and Communication Review Group

Member of the Scientific Advisory Committee of the NSW Psycho-oncology Cooperative Research Group (PoCoG)

MARION HAAS

Memberships and Professional Appointments

Member, International Health Economics Association

Member, Australian Health Economics Society

Secretary, Health Services Research Association of Australia and New Zealand

ROSALIE VINEY

Memberships and Professional Appointments

Member, Pharmaceutical Benefits Advisory Committee

Member, Economics Sub-Committee, Pharmaceutical Benefits Advisory Committee

Committee Member, Australian Health Economics Society

Committee Member, Health Services Research Association of Australia and New Zealand

Editorial Boards

Journal of Clinical Oncology

INTERNATIONAL ACTIVITIES

Internationalisation is a major strategic direction for UTS. This is implemented through building international collaborations and partnerships; in research, aiming to generate outcomes with international impact; in teaching, seeking international students and international experiences for domestic students.

CHERE aims to be recognised internationally as a centre of excellence in health economics research and health services research. We build international links through research collaborations, visiting scholars and honorary appointments. We aim to present our research findings at the leading international conferences in our discipline. We contribute to policy development and discussion at the international level, particularly through the International Network for Health Policy and Reform and the Commonwealth Fund International Program for Health Policy and Practice. Our involvement is focused on developed country health systems as we believe that developing countries face particular challenges and we have no special expertise in this area. We provide some educational programs for international students but development of this activity is limited by staff availability.

INTERNATIONAL HEALTH ECONOMICS ASSOCIATION WORLD CONGRESS

The World Congress of the International Health Economics Association is held every two years. Organised sessions and proffered papers are peer reviewed, and the competition for places on the program is strong. CHERE was well represented at the 2005 World Congress. Jane Hall, Elizabeth Savage and Glenn Jones were members of the Scientific Committee for the conference. CHERE staff and research associates convened a number of organised sessions at the conference, including sessions on the design of discrete choice experiments, the measurement and interpretation of self-assessed health and its role in health policy, private health insurance incentives and informal care. These sessions included prominent international researchers, including Denise Doiron (UNSW), Karen Eggleston (Tufts), Randall Ellis (Boston), Denzil Fiebig (UNSW), Deborah Street (UTS), Glenn Jones (Macquarie), Mingshan Lu (Calgary), Martin Ravallion (World Bank), Elizabeth Savage (UTS), Michael Shields (Melbourne), Rhema Vaithianathan (Auckland), Billy Jack (Georgetown), Don Wright (Sydney), Charles Normand (Trinity College, Dublin), Hannah-Rose Douglas, (London School of Hygiene & Tropical Medicine), Jane Hall (UTS) and Bernard van den Berg (UTS).

Denzil Fiebig, Glenn Jones, Elizabeth Savage and Rosalie Viney were also invited discussants in organised sessions. In addition, Kees van Gool, Bernard van den Berg and Rob Anderson presented papers in the proffered paper sessions, and Jane Hall, Rosalie Viney chaired sessions at the Conference.

THE INTERNATIONAL NETWORK FOR HEALTH POLICY AND REFORM

The International Network for Health Policy and Reform is sponsored by the Bertelsmann Foundation of Germany. Since 2002, the Network has brought together health policy experts from 16 partner institutions to report on current health policy issues and health policy developments in their countries. The main purpose of the Network is to monitor health policy processes with the aim of providing up-to-date information on effective programs around the world.

CHERE is the partner institution chosen by the Bertelsmann Foundation to report on Australian health policy developments. In 2005, this involved completing two surveys covering the periods October 2004 - March 2005 and March 2005 - September 2005. For 2005, Australian surveys covered eight topics including Pharmaceutical Benefit Advisory Committee processes, pharmaceutical pricing, reforms to the NSW Area Health Services, access to dental health care in Australia, Health Connect (2 reports), telephone advisory service, and cancer services funding, research, and treatment developments.

All reports from all partner institutions can be found on the Network's website www.healthpolicymonitor.org

Marion Haas is CHERE's representative in the Network. She, Rob Anderson (until June 2005) and Kees van Gool share the task of preparing the bi-annual reports in March and September of each year and attending the annual meeting of the Network.



L-R: MADELEINE KING, JANE HALL

INTERNATIONAL PROGRAM IN HEALTH POLICY AND PRACTICE

The Commonwealth Fund is a New York based philanthropic foundation. The International Program aims to build international linkages in health policy and practice, and to promote innovative health policy thinking and high-level policy exchanges among industrialised countries. Jane Hall has been a member of the Co-ordinating Committee since its inception in 1998. The Program oversees the Harkness Fellowships and the International Symposium.

The International Symposium is held each year, bringing together Health Ministers, senior officials and a select group of researchers. Jane Hall attended the 2005 Symposium on "Patient Choice and Responsiveness: Moving towards a patient-centered health care system." Experiences from the UK, the Netherlands, Germany, Canada, and the US were reported.

Harkness Fellowships provide an opportunity for mid-career policy makers, researchers and clinicians to spend up to twelve months in the US, exploring US health policy and working alongside US experts in the field. Up to two Fellows are selected from Australia each year and join Fellows from the UK, New Zealand, Germany and Canada in an exciting Fellowship program of activities as well as conducting original research. More details on these can be found on www.cmfwf.org.

PROFESSIONAL LEADERSHIP

Election to a leading role in an international professional association is a mark of the respect and standing accorded by one's international peers.

Jane Hall, who has previously been an iHEA Board Member, was elected as President for the period 2006-2007 in December 2005.

CHERE Biostatistician, Madeleine King is President-Elect of the International Society for Quality of Life Research (ISOQOL). This is the first time an Australian has been elected to the Presidency. Previously Madeleine King served on the ISOQOL Board 2002-2004 and chaired the Scientific Program Committee for ISOQOL's 11th Annual Scientific Meeting in Hong Kong 2004.



RANDALL ELLIS

CHERE'S INTERNATIONAL COLLABORATORS

We work in an international community, sharing research and knowledge via conferences, journals and professional organisations. At CHERE we are enthusiastic about working with our overseas colleagues, forging new relationships and learning from each other's knowledge and experience.

The following list of researchers collaborated with CHERE in 2005:

Emily Lancsar

University Business School (Economics) and Centre for Health Services Research, University of Newcastle upon Tyne.

Project:

- > Evaluation of asthma medications

Jeanette Ward

Institute of Population Health, Ontario, Canada

Project:

- > Care and outcomes of care for prostate cancer in New South Wales

Randall Ellis

Dept of Economics, Boston University, USA

Projects:

- > Funding cancer care in Australia: moving towards best practice
- > Run For Cover: Modelling the demand for private health insurance
- > Misperceptions of self-assessed body mass

European Organisation for Research & Treatment of Cancer (EORTC), Brussels

Project:

- > Evidence-based interpretation guidelines for the EORTC* QOL-C30

Julia Brown & Kim Hawkins

Clinical Trials Research Unit, University of Leeds, UK

Project:

- > Evidence-based interpretation guidelines for the EORTC* QOL-C30

Peter Fayers

Dept of Public Health, University of Aberdeen, Scotland

Project:

- > Evidence-based interpretation guidelines for the EORTC* QOL-C30

Galina Velicova

Cancer Medicine Research Unit, St James Hospital, Leeds UK

Project:

- > Evidence-based interpretation guidelines for the EORTC* QOL-C30

Mingshan Lu

University of Calgary, Canada

Projects:

- > Does supplementary private health insurance reduce pressure on the public system?
- > The Impact of quality on health fund choice

Donna Diers

Yale University School of Nursing, Connecticut, USA

Project:

- > Nursing workload, skill mix, models of care and patient outcomes in NSW

Linda Pallas-O'Brien

Faculty of Nursing, University of Toronto

Project:

- > Evidence-based interpretation guidelines for the EORTC* QOL-C30



AMIRAM GAFNI

CHERE's Visiting Scholars program has brought several leading researchers to the Centre for varying periods of time. As well as presenting lectures and seminars, our visitors work with Centre staff, often developing ongoing collaborative research. During 2005 CHERE was honored to host Prof Amiram Gafni.

AMIRAM GAFNI, PH.D.

Professor of Economics

Centre for Health Economics and Policy Analysis, Department of Clinical Epidemiology and Biostatistics, McMaster University, Hamilton, Ontario, Canada.

Professor Amiram Gafni's research interests are in the areas of economic evaluation of health care programs (both methods development and empirical applications), modelling of consumers' health care behaviour, and models of patient physician decision making (e.g. shared decision making), policy analysis and risk and decision analysis in health. Among his methodological contributions is the development of the healthy years equivalent (HYE) preference based measure of outcome for program evaluation and the development of a bedside decision instrument, a method for helping patients to reveal their preferences regarding treatment. He has published widely in the field of management science and economics on topics related to health.

Prof Gafni presented a CHERE Distinguished Lecture in September 2005 titled:

Economic evaluations of health care interventions: The biggest bang for the buck or the bigger bucks for the bang?

Abstract: Concerns are often expressed about the failure of health care decision-makers at different levels of decision making to utilize the substantial literature on the cost-effectiveness of health care interventions. A recent survey of pharmacoeconomic assessment in 11 OECD countries reported that just under half of these countries use the technique of cost-effectiveness analysis (CEA) to determine the "value-for-money" of new pharmaceuticals. However, for several of these countries as well as others (including Australia and the province of Ontario, Canada) systems for integrating cost effectiveness information into reimbursement decisions have been in place for over a decade. On the other hand it has been argued that decision makers should maintain a healthy skepticism about the results of cost-effectiveness analysis and the usefulness of this information in purchasing and planning decisions.

Based on the experience to date in many jurisdictions it seems that one can determine if the perceived lack of usefulness of this methodology and literature is real. In other words, do we have evidence to demonstrate that the use of cost effectiveness analysis has helped those who used it to achieve their stated goals? If not, is this lack of usefulness due to flaws in the economic methods themselves or whether it is the result of the departure of the current CE methodology from the economics discipline as well as a failure to address the decision makers' problems?

CHERE DISTINGUISHED LECTURE & SEMINAR PROGRAM 2005

CHERE SEMINARS 2005

Throughout 2005 CHERE held a number of public seminars providing the opportunity for visiting academics to present their research to a wider audience. These lectures, attended by academics, students, health policy makers and members of the public are a means of CHERE stimulating interest in the study and application of health economics.

The 2005 seminar program included:

Chinese social security reform: funding and delivery changes in the health care system.

Ms Beatriz Carrillo Garcia, China Studies, Institute for International Studies, UTS.

Response shift in patient's reports of Quality of Life: What it is, why it matters, and how to assess it.

Peter Fayers, Professor of Medical Statistics, Department of Public Health, University of Aberdeen.

Estimating Spillovers in the Classroom with Panel Data

Dr Gigi Foster, School of Commerce, University of South Australia.

Child health and parental education: Semi-parametric and IV estimates of causal effects

Ian Walker, Professor of Economics, Department of Economics, University of Warwick, Coventry.

TRANSLATING RESEARCH INTO POLICY 2005

Research performance is increasingly judged by impact on policy and practice and not just the quality of research as assessed by other researchers. Undertaking policy focused research has always been part of CHERE's approach to setting its strategic directions. However, documenting the impact of research is more challenging.

It is naive to seek a direct relationship between research findings and policy recommendations. In our view, translating research findings into policy and/or practice outcomes is a much more complex process. Developing a policy and practice focus for us means developing collaborative links with clinicians, policy makers and funders which helps identify the important research questions. Dissemination processes are both direct and indirect. Indirect avenues include contributing to policy forums and committees, developing reports or briefing papers around specific issues, undertaking commissioned research, contributing to clinical and health management forums, and participating in the media debate on health policy.



L-R: JANE HALL, KEES VAN GOOL, MARION HAAS, ROSALIE VINEY

CONTRIBUTIONS AND REPRESENTATIONS

Jane Hall

Member, National Breast Cancer Centre, Data Advisory Committee

Member, Medical Services Advisory Committee

Member, Advisory Committee, Assessing the Benefits of Child Welfare Programs Department of Community Services

Rosalie Viney

Member Pharmaceutical Benefits Advisory Committee

Member, Economics Sub-Committee of the Pharmaceutical Benefits Advisory Committee

Marion Haas

Member, Advisory Panel for the Centre for Evidence-Based Physiotherapy, University of Sydney

Madeleine King

Advisor on Statistics and Outcome Measurement for the Cochrane Consumers and Communication Review Group

CHERE COMMISSIONED RESEARCH PROJECTS 2005

DEPARTMENT OF HEALTH AND AGEING

Funding cancer care in Australia: moving towards best practice

This study is investigating the management of cancer patients, looking at variations in the use of cancer care services and the use of 'best practice' guidelines by medical practitioners.

NSW DEPT OF HEALTH

Nursing workload, skill mix, models of care and patient outcomes in NSW

To explore the impact of nursing workload, skill mix and models of care on patient outcomes and nurse satisfaction

DEPARTMENT OF COMMUNITY SERVICES, NSW

Evaluation of Early Intervention Program

As part of a Consortium led by the Social Policy Research Unit, UNSW, to evaluate the effectiveness and efficiency of early intervention programs for children and families.

EDUCATION AND CAPACITY BUILDING 2005



L-R: DON WRIGHT, ROSALIE VINEY, ELIZABETH SAVAGE

Although CHERE has had no direct responsibility for teaching programs, we have a strong commitment to building capacity in the field of health economics and health services research. Over the last decade, interest in health economics and the demand for economists trained in health has increased. In addition to universities and research groups demand is driven by government policy makers and the pharmaceutical industry. Recruiting high quality staff with appropriate experience is a difficult task with the shortage of health economists felt worldwide.

CHERE's commitment to capacity building is effected primarily through a process of professional development and review for CHERE staff. Professional development activities include conference attendance, training workshops, and support for higher degrees.

In May 2005 CHERE Deputy Director, **Rosalie Viney** was awarded a Doctor of Philosophy, Discipline of Economics, Faculty of Economics and Business, University of Sydney. The topic of her PhD was 'Health Outcomes and Utility: Experimental Evidence on Quality Adjusted Life Years'. Her thesis was awarded the Walter Noel Gillies Prize for the Best PhD Thesis in the Faculty of Economics and Business, University of Sydney. Her supervisors were Associate Professor **Don Wright** and Associate Professor **Elizabeth Savage**.

Also in 2005, CHERE researchers, **Kees van Gool** and **Patsy Kenny** were awarded the UTS academic title of Honorary Research Fellow.

TEACHING

CHERE staff were involved in a varied range of teaching programs in 2005 both internal and external to UTS

Rosalie Viney was responsible for the coordination of "Health Funding Policy and Resource Management" a postgraduate course offered by the Faculty of Business, UTS. The course explored the conceptual and practical issues relating to health funding policy and resource management in Australia.

The four-day course, attended by around 50 postgraduate students, covered topics including health insurance, hospital and community health services, program budgeting and resource allocation.

Rosalie Viney was joined by CHERE colleagues **Jane Hall** and **Kees Van Gool** as course lecturers.

During 2005 **Ishrat Hossain** was involved in teaching two courses for the UTS Business Faculty's MBA program titled: 'Economics for Management' and 'Economics: Concepts and Applications'. He also conducted tutorials for "Business Information Analysis", a School of Marketing undergraduate course, at UTS.

FACULTY OF NURSING MIDWIFERY AND HEALTH

To better meet the increasing need for research skills within nursing, midwifery and health services, CHERE has been involved in the revision and teaching of research training subjects in the Faculty of Nursing Midwifery and Health (FNMH). 2005 was the second year that FNMH offered three courses aimed specifically at increasing research capacity: Master of Nursing (Honours), Master of Midwifery (Honours) and Master of Health Services (Honours). During 2005, 14 research students enrolled in these courses were taught in both intensive face-to-face mode and online flexible teaching mode. **Madeleine King** was the co-ordinator of 'Investigating Health Care Change', and lectured in 'Health Care Research Methodology' and 'Developing Health Care Theory'. These three subjects form the coursework component of the three Masters (Honours) courses.

In addition, **Marion Haas** was the co-ordinator of 'Planning and Evaluating Health Services', a 500-level, postgraduate subject in the FNMH. She lectured in the subject along with CHERE colleagues **Rob Anderson** and **Madeleine King** and Faculty of Nursing Midwifery and Health senior lecturer, **Ros Sorensen**. The subject had an enrolment of approximately 50 students and was taught in a 4-day-intensive mode.

TEACHING PROGRAMS EXTERNAL TO UTS

In October 2005 **Elizabeth Savage**, **Jane Hall** and **Rosalie Viney** were invited to lecture in 'The Economics of Health and Medical Care', course ECON5185, a PhD unit in the School of Economics, Faculty of Commerce and Economics, University of NSW. They provided lectures on 'Recent developments in private health insurance in Australia', 'Health care financing and incentives' and 'Measuring and valuing health outcomes'.



TRINE KJAER

RESEARCH INSTITUTE FOR ASIA AND THE PACIFIC

In November 2005 **Marion Haas**, **Jane Hall**, **Elizabeth Savage**, **Kees van Gool** and **Rosalie Viney** were invited to provide a series of lectures for representatives of the Chinese Ministry of Labour and Social Security designed to improve understanding of the Australian medical insurance system and social security structures. The course was administered by the Research Institute for Asia and the Pacific (RIAP), at the University of Sydney.

UNIVERSITY OF DELAWARE

Undergraduate students studying economics at the University of Delaware are offered a subject in health economics which includes a study tour to Australia and New Zealand for first hand experience and exposure to other health systems. Thirty students visited UTS and attended **Jane Hall's** lecture on the role of primary care in the Australian health care system.

VISITING STUDENTS AND FELLOWS

CHERE has become increasingly popular as a place for visiting students and fellows to study the Australian healthcare system and learn more about CHERE's specialised research methods including quality of life, discrete choice modelling and stated preference experiments.

In 2005 **Claire Finn** was awarded an Endeavour Australia Postgraduate and Postdoctoral Research Fellowship and chose to share her time between CHERE and at the Department of Economics at the University of Melbourne. **Elizabeth Savage** was her research mentor and collaborator at CHERE.

Danish PhD student, **Trine Kjaer**, spent January to August 2005 with CHERE furthering her understanding of different aspects of discrete choice experiments (DCEs). **Trine Kjaer**, was a student at the Department of Health Economics, at The University of Southern Denmark and **Rosalie Viney** was her mentor while at CHERE.

Kim Hawkins, head of Statistics at the Clinical Trials Research Unit (CTRU) at the University of Leeds, spent 4 weeks in March/April 2005 at CHERE, learning more about the methodology involved in the development of evidence-based interpretation guidelines for

health related quality of life questionnaires. Kim is undertaking a part-time PhD at the University of Leeds and **Madeleine King** is one of her supervisors. She won a fellowship from the International Union Against Cancer (UICC) in order to undertake the month's training at CHERE. Cancer Research UK has provided funding for the full project, which will develop the methodology and produce evidence-based interpretation guidelines for the QLQ-C30 questionnaire.

PACKER FELLOWSHIP

In 2003, the Australian Department of Health and Ageing established the Packer Policy Fellowships, an Australian-American Health Policy Fellowships Program to bring Americans to Australia to research the Australian health system. This program offers a unique opportunity for outstanding, mid-career U.S. health policy researchers and practitioners to spend up to 10-months in Australia conducting original research and working with leading Australian health policy experts on issues relevant to both countries. Two Fellowships are awarded each year.

2005 Packer Fellow, **Kristen Testa**, chose to undertake her research at CHERE. Her research examined recent Government reforms designed to make healthcare more affordable, such as the Medicare Safety Net and bulk-billing. She is preparing a paper titled: Australians' out-of-pocket spending: Is health care affordable across income levels? **Elizabeth Savage** was her CHERE mentor.

CHERE SUPERVISION OF RESEARCH STUDENTS

Marion Haas

Co-supervisor PhD

Julia Ting:

> Diabetic Retinopathy: economic evaluation and cellular function.

Faculty of Science, UTS

Co-supervisor PhD

Christine Lin:

> Investigation of the effectiveness and cost-effectiveness of passive mobilization following ankle fracture.

Faculty of Medicine, University of Sydney

Madeleine King

Co-supervisor Master of Science in Mathematics

Jane Ewing:

> Validating a set of instruments for assessing support services for young people diagnosed with cancer or a blood disease.

Faculty of Science, UTS

Co-supervisor PhD

Lynn Sinclair:

> RCT of incubator humidity to improve outcomes for preterm infants.

Faculty of Nursing, Midwifery and Health, UTS

Co-supervisor PhD

Manal Kasab:

> RCT of oral glucose to reduce pain in healthy infants undergoing 2 months Hib immunisation

Faculty of Nursing, Midwifery and Health, UTS

Co-supervisor PhD

Anne Senner:

> Development of an assessment tool to measure nausea in children between 4 and 7 years of age undergoing treatment for cancer.

Faculty of Nursing, Midwifery and Health, UTS

Statistical Advisory (panel supervision) Master of Nursing (Honours)

Renee Trotter:

> Nursing assessment of anxiety in coronary angioplasty and stent patients.

Faculty of Nursing, Midwifery and Health, UTS

Statistical Advisory (panel supervision) Master of Nursing (Honours),

Julia Smailes:

> Recognition of psychological distress in young male offenders by general nurses working within the correctional environment.

Faculty of Nursing, Midwifery and Health, UTS

Elizabeth Savage

CHERE Summer Research Students Program

Aarthi Ayyar:

> Misperceptions of self-assessed body mass: Analysis of the 1995 and 2001 Australian National Health Surveys.

Marianne Bruins:

> Risk selection and Adverse selection in Australia

Masters degree in Biostatistics

(placement at CHERE)



JANE HALL

Jane Hall is the founding Director of CHERE, and has served as Director since its inception. She is Professor of Health Economics in the Faculty of Business at UTS. She studied undergraduate economics at Macquarie University and holds a PhD from the University of Sydney. Her current research interests include the evaluation of informal (unpaid) care; the implications of genetic screening and health workforce issues. Prof Hall is a member of the Medical Services Advisory Committee which advises the Minister for Health and Ageing on the funding of new medical technologies by the Medicare Benefits Scheme. She is President of the Health Services Research Association of Australia & New Zealand and President elect of the International Health Economics Association (iHEA). In 2005 Jane was also elected as a Fellow of the Academy of Social Sciences in Australia.

Marion Haas is a Deputy Director of CHERE and an Associate Professor of Health Services Research at UTS. Formerly a physiotherapist, she has a Master of Public Health and a PhD from the School of Public Health at the University of Sydney and a Graduate Diploma of Applied Epidemiology. Her research interests include economic evaluation and its application to policy and practice, the application of discrete choice methods to consumer preferences in health and understanding the impact of health policy on access to, and utilisation of health care services. Her current research projects include two economic evaluations (expanding newborn screening by tandem mass spectrometry and the effectiveness and cost-effectiveness of passive mobilization following ankle fracture), three projects involving discrete choice experiments (cervical cancer screening, diet and lifestyle interventions and contraceptive products) and a number of policy analyses.

Madeleine King leads biostatistics and outcomes measurement at CHERE, and is a Senior Lecturer in Health Services Research at UTS. She holds a PhD in Medical Statistics from the University of Newcastle, NSW, Australia. Her current research interests include: the measurement, analysis and interpretation of health related quality of life (HRQOL) and other patient-reported outcomes (PROs); the impact of rehabilitation

and psycho-social interventions on HRQOL & PROs; multilevel modelling; and the use of discrete choice methods to elicit consumer preferences and utility for health states and health care. She is currently working on projects in cancer, asthma, dementia and rehabilitation. Madeleine is founding chair of the Australia & New Zealand Health Assessment Methods Network and President elect of the International Society for Quality of Life Research (ISOQOL).

Elizabeth Savage is an Associate Professor in Health Economics at CHERE. She is President of the NSW Branch of the Economic Society of Australia and is a member of the Scientific Committee of the International Health Economics Association. She is an elected board member of the ARC funded Economic Design Network and is on the Editorial Board of the Economic Record and the Australian Journal of Labour Economics. Her research focuses on behavioural modelling, welfare measurement and policy evaluation. She is currently researching private health insurance incentives, self assessed health status, the Medicare Safety Net, the impact of financial incentives on hospital use and dental visits, population ageing and health expenditures and misperceptions of self assessed body mass.

Rosalie Viney is an Associate Professor in Health Economics and a Deputy Director of CHERE. She holds an honorary Senior Lectureship in the Faculty of Medicine, University of Sydney and is a Research Associate of the Centre for Applied Economics Research at the University of New South Wales. She has a PhD in Economics from the University of Sydney. She is a member of the Pharmaceutical Benefits Advisory Committee's Economics Sub-Committee. She has extensive policy and research experience of health services funding and financing in Australia. Her current research interests include analysis of health insurance and utilisation of health services, valuation of health outcomes, the use of economic evaluation in resource allocation and measurement of individuals' preferences for health care services.

CHERE RESEARCH STAFF 2005



MEREDYTH CHAPLIN

Meredyth Chaplin

A Research Officer at CHERE, Meredyth is involved in two asthma CRC projects. The first is a longitudinal cohort study investigating the economic burden of asthma in Australia and the second is an economic evaluation of asthma medications. Alongside this asthma research Meredyth holds the position of project manager for all CRC projects undertaken at CHERE. Other research includes a study which will be examining the costs and consequences of detecting a range of inherited metabolic conditions by newborn screening using tandem mass spectrometry compared with detecting them by clinical diagnosis. This is the first study of its type to be conducted anywhere in the world. Meredyth has a Bachelor of Applied Science, Health Information Management from the University of Sydney.

Pauline Davis

Pauline is currently seconded to CHERE as a part-time research nurse, working on the study: "Incorporating the contribution of informal carers into the economic evaluation of community palliative care". Pauline has spent the past 18 years working as a palliative care nurse in both hospital and community settings, and is currently employed as a Nurse Practitioner in palliative care in Sydney South West Area Health Service, based in the community at Fairfield. She has a Bachelor of Arts (Syd Uni), a Graduate Diploma in Health Science (Palliative Care Nursing) (ACU), and a Master of Primary Health Care (Flinders University, Adelaide). Conference presentations include work on palliative care service delivery in a multicultural environment, and barriers to consumer participation in palliative care services among the Vietnamese community in South Western Sydney.

Sandy Fowler

Sandy is a Health Services Research Officer at CHERE. During 2005 Sandy worked on a number of projects including: The economic evaluation component of the NSW Cancer Council's Prostate Cancer Care and Outcomes Study: Funding Cancer Care in Australia; and a synthesis of qualitative research on cervical cancer screening behaviour.

She has an MSc in Health Policy, Planning and Financing from the London School of Economics and the London School of Hygiene & Tropical Medicine. Prior to joining CHERE Sandy was a Research Fellow at the Health Services Research Centre at Victoria University of Wellington in New Zealand. There she carried out a nationwide evaluation of mental health/primary care shared services as part of the NZ Mental Health Research and Development Strategy for the Ministry of Health and the Health Research Council; she also assisted on an ongoing evaluation of health sector reforms. Sandy has also worked as a volunteer at the Health Research Centre at Atma Jaya University in Jakarta where she worked on a WHO project examining urbanisation and risk factors for substance abuse amongst adolescents.

Ynon Gablinger

Ynon Gablinger is a Post Doctoral Research Fellow. He received his PhD in Economics from Columbia University in 2004, and was subsequently appointed a Visiting Assistant Professor in the Department of Economics at Hunter College, New York, and a Visiting Research Fellow at the Furman Center for Real Estate and Urban Policy, NYU. Ynon Gablinger joined CHERE in January 2005. He is currently working on estimating the effect of private health insurance on dental health and on a discrete choice asthma experiment to evaluate the effect of drug attributes on the choice of drug.

Ishrat Hossain

Ishrat is a Post Doctoral Research Fellow at CHERE. He has an undergraduate degree in Economics from Southeastern Oklahoma State University and completed his PhD in Agricultural Economics with a minor in Statistics from Oklahoma State University (USA) in 2003. Ishrat was a Graduate Research Assistant at Oklahoma State University where his work included econometric modelling and data analysis of wheat production, agricultural surveys on grain and livestock producers, and efficiency in land lease contracts. He was also involved in tutoring Mathematical Economics, Statistics and Economics during his time at Oklahoma State. After joining CHERE at the end of 2003, he has been mainly involved in analysing longitudinal stated preference discrete choice data related to the projects: genetic screening, cervical cancer screening and asthma. His work is primarily focused on modelling consumer preferences on different aspects of genetic screening and asthma medication. He is also part of a team investigating the interaction and policy implications of consumers' preferences and providers' recommendations in the context of cervical screening decisions. Ishrat teaches Economics in the MBA course and conducts tutorials for Business Statistics in the school of Marketing, Faculty of Business, UTS.

His research interests include stated preference discrete choice data; Application of Mixed Logit models; Consumer preferences and utility.

Patsy Kenny

A Senior Research Officer and Research Fellow at CHERE, Patsy has a Bachelor of Arts and Master of Public Health from the University of Sydney and has a clinical background in nursing. She has contributed to a range of projects including quality of life in early stage breast cancer, patient participation in treatment decision making, evaluation of midwifery care, parents' choices in childhood immunisation, evaluation of Positron Emission Tomography, costs of asthma and the incorporation of the work of unpaid carers into the evaluation of health services. Her research interests include the measurement of health related quality of life and consumer views in health care evaluation, in addition to approaches to combining qualitative and quantitative research methods.



CLOCKWISE FROM FRONT LEFT:
PATSY KENNY, ISHRAT HOSSAIN,
SIGGI ZAPART, YNON GABLINGER,
PAULINE DAVIS, KEES VAN GOOL

Bernard van den Berg

Bernard is a Post Doctoral Research Fellow at CHERE. He has an undergraduate degree in Social and Institutional Economics from Utrecht University, The Netherlands. His PhD from Erasmus University Rotterdam, The Netherlands, is titled Informal care: an economic approach. Bernard was involved in health economics teaching and supervision of both bachelor and master students at Erasmus. He also held positions in The Netherlands at the Foundation for Economic Research (SEO) of the University of Amsterdam; the Department for Prevention and Health Services Research of the National Institute for Public Health and the Environment (RIVM); and the Netherlands Institute of Applied Sciences (TNO). Bernard joined CHERE in 2005 and his research topics at CHERE are mainly about economic aspects of informal care, well-being and happiness and a discrete choice experiment on the demand for private health insurance.

Kees van Gool

Kees van Gool is a senior research officer and health economist at CHERE. He has a Bachelor of Economics and Arts (ANU) and a Master of Economics (USYD). Prior to his return to CHERE in 2004, Kees worked at the OECD where he was responsible for the project on health-related technologies, which focused on evidence-based policy and practice in relation to integrating new technologies into health care systems. At CHERE, Kees has contributed to and managed a variety of projects including work on cancer funding, public hospital financing, evaluation of hospital in the home services and public health interventions. In 2005, he worked on analysing the impact of the Medicare Safety Net. Kees completed the NSW Health Economics Trainee Program in 1999 and was a senior policy analyst with NSW Health and a Graduate Administrative Assistant with the Commonwealth Department of Health and Ageing.

His research interests include health care financing, economic evaluation and decision making.

Siggi Zapart

A Research Officer at CHERE, Siggi has a Bachelor of Psychology (First Class Honours) from Griffith University, Gold Coast. Siggi is currently working on a study investigating the preferences of informal carers of palliative care patients regarding assistance with caring tasks and the type of support they would like. She is also involved in the economic evaluation component of the NSW Cancer Council's Prostate Cancer Care and Outcomes Study, and on the validation of two cancer-specific health related quality of life (HRQOL) questionnaires, QLQ-C30 & QLQ-LC13 in Australians with lung cancer. Siggi's other contributions have included the development of economic evidence chapters for the ACN lymphoma and colorectal cancer guidelines and qualitative research on the impact of Positron Emission Tomography on patient expectations, treatment, decision making and wellbeing, and on decision making regarding participation in workplace genetic screening tests. Prior to joining CHERE, Siggi was involved in developing the Clinical Practice Guidelines for the psychosocial care of adults with cancer and in projects aimed at improving the care of women with breast cancer.

CHERE SUPPORT STAFF 2005



L-R: LIZ CHINCHIN, GRETCHEN TOGLE, KATHY SCOTT

Michelle Carfrae/ Kathy Scott

As CHERE's first Communications Manager, Michelle developed and implemented the Centre's communications strategy, supervised the publication of the annual report and research monograph series, and managed external events such as public lectures and invited seminars. She left CHERE in August 2005 to pursue a career in finance and investment.

Michelle was replaced by Kathy Scott in November 2005. Kathy has a Bachelor of Arts degree majoring in Mass Communications from Macquarie University and a professional background in journalism and public relations.

Kathy is interested in raising the profile of CHERE amongst key stakeholders including healthcare policy makers, other economics and health services researchers, and the wider health community.

Liz Chinchin

Employed as the Centre's Information Officer, Liz has a Bachelor of Applied Science (Information) from UTS. Liz is responsible for the management of the Centre's library, which consists of a large number of books, reports, discussion papers and journal articles. She works closely with the researchers at the Centre and is involved in all ongoing projects, providing a current awareness service, undertaking literature searches and locating and providing relevant information as required. Liz also maintains CHERE's web site.

Liz Justic

The initial point of contact at CHERE, Liz is the Centre's Administration Officer. Liz contributes to the day to day running of the Centre by providing administrative support to the management team, researchers and support staff. Her key responsibilities include assisting the Accountant, managing Kronos, the Centre's staff pay system, travel arrangements and the distribution and maintenance of CHERE's mailing list. Liz also assists the Communications Manager in the organisation of internal and external seminars and distinguished lectures.

Catherine Kinsella

With a Bachelor of Commerce degree and as a qualified Certified Practising Accountant (CPA), Catherine is CHERE's Accountant. She is responsible for the ongoing management of internal accounts and financial reporting systems. This involves liaising with the Finance Departments of the Sydney South West Area Health Service and UTS as well as organising the Centre's income and expenditure processing and compliance with GST and other legislation.

Gretchen Togle

As Executive Assistant to the Centre's Director, Jane Hall, Gretchen's role revolves around the Director's functions as well as providing administrative, organisational and secretarial support to other members of staff. She is the Program Assistant for the US-based Commonwealth Fund's Harkness Fellowship Program, which is officially represented in Australia by Jane Hall.

CHERE ADJUNCT PROFESSORS & VISITING APPOINTMENTS 2005



EDDY VAN DOORSLAER

ADJUNCT PROFESSORS

Patricia Apps, PhD (Cambridge University)

Professor in Public Economics, Faculty of Law, The University of Sydney.

Economics Program, Research School of Social Sciences, ANU.

President, European Society for Population Economics, 2006.

Research Fellow, Institute for the Study of Labour (IZA), Bonn.

Fellow of the Academy of the Social Sciences in Australia.

Research interests

Tax reform, social security, labour and health policy.

Stephen Birch DPhil (University of York)

Professor in the Department of Clinical Epidemiology and Biostatistics and the Centre for Health Economics and Policy Analysis (CHEPA) McMaster University, Hamilton, Ontario, Canada.

Senior Health Economics Editor, for *Social Science and Medicine*.

Research Interests

The use and application of economic evaluation, funding of health and medical services, and equity in access, use and outcomes of health care including nursing workforce planning and workload assessment.

Randall Ellis, B.A., Yale, M.Sc., London School of Economics, Ph.D. Massachusetts Institute of Technology.

Professor, Boston University, Boston USA.

Research interests

Health economics, with particular interests in risk adjustment, health care provider behaviour, and consumer choice.

Denzil G Fiebig BCom (Hons) and MCom (Hons), UNSW, PhD, University of Southern California.

Professor in School of Economics, University of New South Wales.

Fellow of the Academy of the Social Sciences in Australia.

Research Interests

Econometrics with emphasis on micro-econometrics, choice modelling and health economics.

Alan Maynard BA (first class honours), BPhil Hon DSc (Aberdeen)

Professor of Health Economics, University of York in England.

Founding Editor of the *Journal Health Economics*

President, International Health Economics Association (iHEA) 1999.

Research Interests

Primary care reform, the regulation of the pharmaceutical industry and consultant payment and productivity, international health policy.

Eddy K.A. van Doorslaer, PhD (University of Maastricht), MSc Economics (University of Antwerp), MSc Health Economics (University of York UK).

Professor of Health Economics, Department of Health Policy and Management, Erasmus Medical Centre, and Department of Applied Economics, Erasmus School of Economics and Business, the Netherlands.

Research Fellow Tinbergen Institute.

Associate Editor, *Journal of Health Economics* (Elsevier), *Health Economics* (Wiley) and *Journal of Health Services Research and Policy*.

Research Interests

International comparisons of equity in health and health care.

VISITING APPOINTMENTS

Leonie Burgess BA (University of Canberra formerly CCAE), BSc Hons (UNSW), PhD (UNSW).

Senior Research Fellow, Dept of Mathematical Sciences, University of Technology, Sydney.

Research Interests

Design of optimal choice experiments, computational algorithms for constructing fractional factorial designs.



JORDAN LOUVIERE

Denise Doiron BA, L'Universite de Moncton, PhD MA, University of British Columbia.
Senior Lecturer, School of Economics, University of New South Wales

Research Interests
Labour economics, social policy, and health economics. Recent papers involve the nursing workforce, private health insurance, income dispersion and the labour market mobility of young Australians.

Glenn Jones BSc (Arch) (Hons) (Syd), MSc (Econ) (LSE)
Senior Lecturer, School of Economic and Financial Studies, Macquarie University.

Research Interests
Public economics, with an emphasis on modelling the equity and efficiency effects of policy reforms, nursing labour supply and general practitioner pricing.

Jordan Louviere BA (ULL formerly USL), MA (Nebraska), Certificate in Urban Transportation Planning (Iowa), PhD (Iowa).

Professor of Marketing, Faculty of Business, University of Technology, Sydney and Co-Director of the Centre for the Study of Choice (CenSoC).

Research Interests
Human judgment, decision-making and choice behaviour.

Murray Smith BEc Monash (Hons), PhD Monash
Associate Professor in the Discipline of Econometrics and Business Statistics, Faculty of Economics and Business, The University of Sydney.

Research Interests
Statistical model construction and design, estimation procedures and statistical inference.

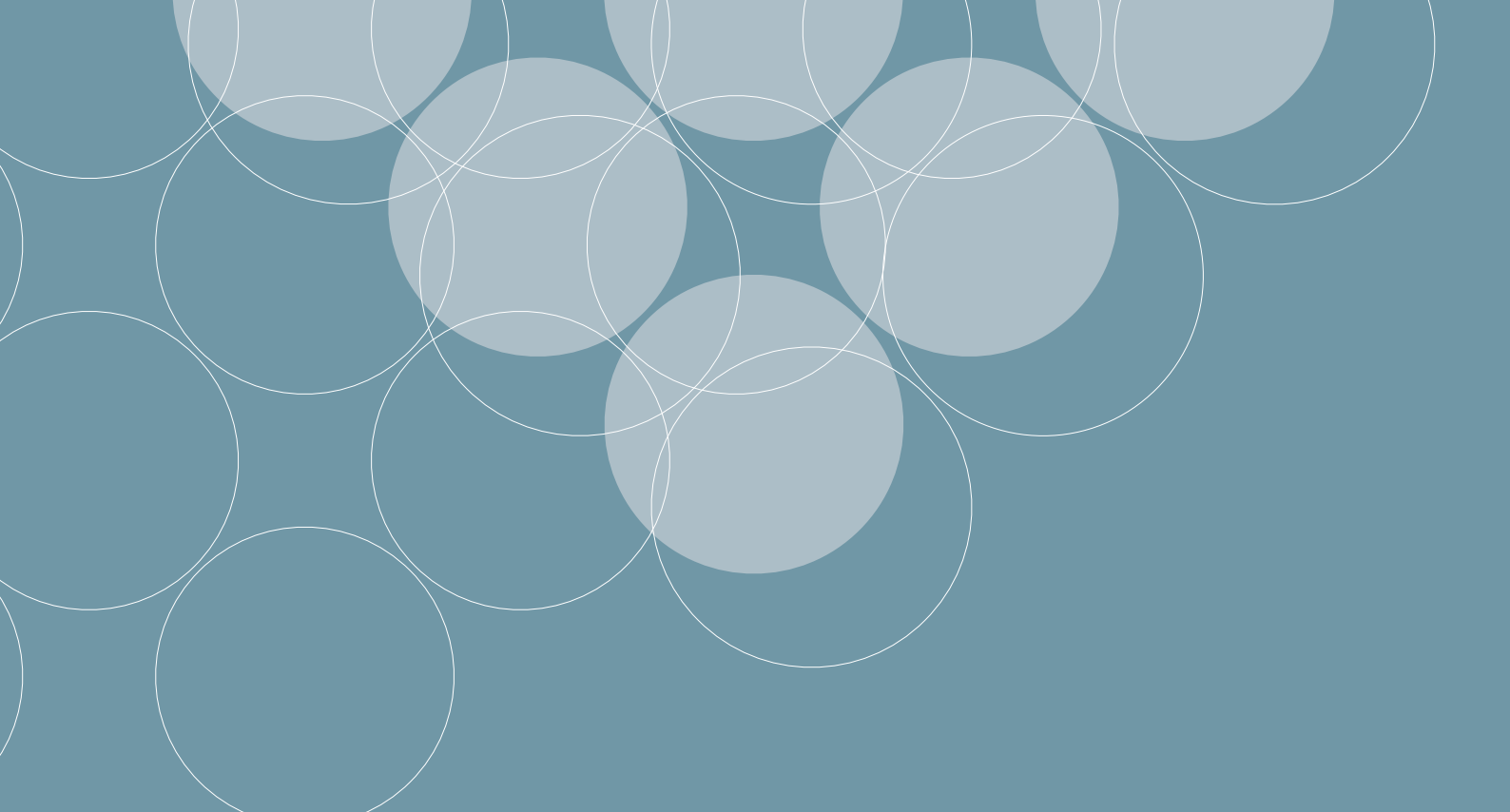
Deborah Street BSc (Hons) (Qld) PhD (USyd)
Professor of Statistics, Department of Mathematical Sciences, University of Technology Sydney.

Co-Director of the Centre for the Study of Choice (CenSoC).

Research Interests
Construction of optimal designs, particularly for discrete choice experiments. Randomised response questionnaire design.

Don Wright BEc Adel, MEc Monash, PhD UBC.
Associate Professor, Faculty of Economics and Business, The University of Sydney.

Research Interests
International trade, industrial organisation and health economics from an applied economics perspective.



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