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ANNUAL REPORT 2006

UTS:
CHERE

THINK.
CHANGE.
DO





DON WRIGHT

Denise Doiron BA, L'Universite de Moncton, PhD MA, University of British Columbia.

Associate Professor, 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.

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), University of Technology Sydney.

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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Director, CHERE

A/Prof Marion Haas
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A/Prof Rosalie Viney
Deputy Director, CHERE

FROM THE CHAIRMAN

CHERE is a centre of health economics expertise with growing recognition nationally and from its international peers. The Centre engaged in a wide range of activities in 2006, impressive in its depth of analysis as well as its scope, but all at the heart of the debate on health care resources. This report highlights its growing influence, and the specific contributions it makes to knowledge and debate about the Australian health system.

Australia's health system is world class, with quality services accessible to the whole population either free or at modest cost. It is one of the nation's largest industries, representing 9.8% of GDP, but not necessarily "consuming". Of course health is a major consumption item, but much health expenditure is an investment, either in bricks and mortar, technology or, too often overlooked, public health programs to improve health status far into the future. Determining the contribution these investments make to social welfare is a major challenge for health policy makers and funders. CHERE has a well established research program in quality of life measurement and valuation, and growing expertise in economic evaluation.

The industry is subject to many unusual economic drivers, both of demand and supply. Price is rarely met by the consumer, with

third party funders or payers meeting the bills. Consumers have far less knowledge than suppliers, who often recommend their own or their colleagues' services. Technology improves productivity, but it quickly results in increased community expectations and increased demand. The NH&MRC Program Grant has, over the past four years, supported research around consumer decision making in health care and has nurtured a new range of research collaborations which are now attracting their own funding, most notably the ARC Linkage Grant with Family Planning NSW. On the supply side, providers are subject to a complex array of incentives, expectations and an ever increasing array of information. Their decisions have a major impact on consumer satisfaction, health care utilisation, costs and outcomes. It is pleasing to see CHERE's success in the award of an NH&MRC Health Services Research Program Grant which will focus on economic analysis supporting clinical decision making.

There is much discussion, within universities of how to maximise research impact, and within healthcare policy circles of how to encourage research that will feed into policy making processes. CHERE's activities in using research to support policy are well described in this report. First, the Centre's various research programs are



L-R:
ROBYN GALLAGHER,
PHILIP DAVIES, ROSALIE VINEY,
RICHARD MADDEN, JANE HALL,
DENZIL FIEBIG, ROB LYNCH,
GLENN WITHERS, MARION HAAS

developed considering national research priority issues and health priority topics. But this will make research at best in line with current policy priorities, but often lagging behind it. So CHERE also attempts to identify emerging policy issues, and to focus research endeavour on these. Second, CHERE's expertise has directly contributed to policy making forums, often with senior staff participating in committees and working parties. Here, note that CHERE staff are members of the Pharmaceutical Benefits Advisory Committee and the Medical Services Advisory Committee, nation-wide the two most significant policy making committees which are required to use economic analysis.

Overlaying all the economic issues is politics, with community expectations constantly staring government leaders in the face. CHERE has an important role to play in contributing to public comment and debate, responsibly - independent and unaligned, and informed by research evidence. Of course, it cannot be too far from controversy if it is to fulfil this role. Last year it attracted critical political attention when it raised significant questions about the efficacy of the \$3 billion the Australian Government spent on health insurance rebates in 2004-05, commentary based on CHERE's research showing that people enticed into private health

insurance by government incentives were more likely to continue to use the public system. So a critical response is to be expected. From my vantage point, enthusiastic comment on CHERE's research has inspired extra efforts and new thinking to improve our understanding of our great health industry.

I congratulate Professor Jane Hall and her colleagues on all their achievements, the increasing formal and informal recognition they have received, the productive research partnerships they have developed, and the great capacity that this Centre now represents. And I also congratulate UTS on its innovative arrangements to ensure CHERE can thrive as a national centre of health economics expertise.

Prof Richard Madden



JANE HALL

DIRECTOR'S REPORT

2006 has been another year of strong achievements for CHERE with the award of two new program grants. Marion Haas has taken the leading role in developing a major initiative around the interface of economic analysis and clinical decision making. This project is a collaboration with clinicians in the South East Illawarra Area Health Service and the University of NSW. After two years work in building both the collaboration and the research plan, funding has been awarded through a five year NH&MRC Health Services Research Program Grant.

CHERE has also been awarded a three year contract to conduct the Costing for Health and Economic Evaluation Program (CHEEP) funded by NSW Health and the NSW Cancer Institute, through the Sax Institute. This represents a new approach to using research for policy decisions by building a partnership between policy agencies and the research organisation. It has been designed to provide better evidence for health investment decisions. Both these programs are internationally significant in that they represent innovative ways of bringing research and health policy and practice closer. They are also significant for CHERE, in bringing in substantial programmatic funding alongside the NH&MRC Program Grant. These, plus a number of other successful grant applications bring CHERE's competitive funding for 2006 to \$1.75 million with a budgeted income of \$2.1million for 2007.

CHERE has always been focussed on twin goals - research excellence of international standing, and impact through our contribution to health policy, health practice, and public debate. These remain the core of our strategic plan. This vision has given us a strong platform from which to respond to the implementation of the Research Quality Framework, currently a major focus for the higher education sector. Nonetheless, in 2006 a substantial amount of our time and effort was committed to preparing for the RQF and we can expect this to be more onerous in the year to come, as the details of the RQF metrics and funding formula become clear.

UTS, in preparation for the implementation of the RQF, has revised its research policy. This has included the change from the old tiered approach based on funding Institutes, Key University Research Centres, and Faculty Research Centres to a recognition of University Research Strengths which receive performance based funding. The University, in establishing University Research Strengths, required a two stage application process which focussed on group coherence, research quality and impact. CHERE is one of the 16 University Research Strengths.

CHERE also participated in a trial RQF assessment process under the auspices of the Australian Technology Network of Universities. This also required the development of a

substantial portfolio on research quality and impact which was reviewed by international assessors. Overall, CHERE was rated 4 out of 5 on quality, with the very positive endorsement that quality was clearly on an upward trajectory and beginning to have international impact; and, for research impact, we rated B on an A-D scale. While these results are satisfying in themselves, what is more valuable are the detailed comments provided by both anonymous assessors - our thanks to you if you happen to be reading this.

CHERE has been fortunate in recruiting a number of new, talented and experienced researchers. Welcome to Stephanie Knox, Gisselle Gallego, Stephen Goodall, Richard Norman and Paula Cronin. Although it is sad to farewell staff members, it is gratifying to report that Bernard van den Berg has returned to the Netherlands to take an appointment as Assistant Professor at the Free University of Amsterdam, while Ynon Gablinger has been recruited to London to join an international consulting firm. Our third post-doctoral fellow, Ishrat Hossain, has been promoted and is now leading our Discrete Choice Estimation team.

The senior staff and members of the Centre's Management Committee - Rosalie Viney, Marion Haas, Madeleine King and Elizabeth Savage have continued to steer the Centre and their support, efforts and teamwork make

my role as Director satisfying and rewarding. Professor Glenn Withers is a new member of the CHERE Advisory Board and brings his extensive experience in research, policy and university administration to bear on CHERE's behalf. He joins a very strong and supportive team of Directors in Prof Richard Madden, Mr Philip Davies, Prof Denzil Fiebig, and the Deans of Business, Prof Rob Lynch, and Nursing, Midwifery and Health, Prof Jill White. On behalf of all the staff at CHERE, I want to express warm appreciation of the time given by the external members, and to all Directors for their guidance and support.

Prof Jane Hall

ABOUT THE CENTRE

CHERE is a Research Strength of the University of Technology, Sydney and a reference point within the University 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 Centre is a joint initiative of the Faculty of Business and the Faculty of Nursing, Midwifery and Health; and it is affiliated with the Sydney South West Area Health Service. CHERE staff are appointed in the Faculty of Business, UTS, or through Sydney South West Area Health Service.

CHERE aims to contribute to the University Mission, and the strategic goals of the Faculty of Business and the Faculty of Nursing, Midwifery and Health through:

- > Achieving research excellence that is recognised nationally and internationally
- > Using research outcomes to contribute to the development of health policy and practice
- > Providing informed commentary to the community debate on the health system
- > Providing health sector relevant education which will facilitate the application of economic analysis to health policy and practice

CHERE is guided by 5 strategic directions

- > Achieving research quality through knowledge creation and dissemination
- > Achieving research impact through engagement with health policy and practice and community debate
- > Building capacity in the health sector through the provision of relevant high quality education
- > Providing leadership in health economics
- > Ensuring sustainability and further development of the Centre

The Centre is acknowledged for leading developments in policy evaluation, analytical methods, and industry engagement; in health economics and health services research.

It has strong collaborations with the University of NSW, School of Economics and Centre for Applied Economic Research; Macquarie University, School of Economic and Financial Studies; University of Sydney, Faculty of Business and Economics, School of Public Health and Medical Psychology Research Unit.



L - R
 (REAR) ISHRAT HOSSAIN,
 PATSY KENNY, KEES VAN GOOL, MINH YU
 (FRONT) MADELEINE KING,
 STEPHEN GOODALL, STEPHANIE KNOX

CHERE RESEARCH

CHERE aims to achieve research excellence that is recognised nationally and internationally. CHERE takes a team-based approach to research, building collaborations with other applied microeconomists to further strengthen the capacity of the group. It is our aim to develop and use advanced theory and methods in economics to achieve excellence and produce new knowledge.

It is our objective to contribute to the development of health policy and practice; and to provide the community with informed commentary about the operation of the health system.

Within CHERE, research teams are formed around projects to combine skills, expertise and a range of experience levels. This research environment encourages skill transfer and professional development. Within UTS, CHERE has established active collaborations with the School of Marketing and the Centre for the Study of Choice, the Faculty of Science (Maths), and the Faculty of Nursing, Midwifery and Health. CHERE has developed active collaborations across the economics disciplines at The University of NSW, Macquarie University, and The University of Sydney, in both research and education. CHERE also has ongoing collaborations with eminent international researchers in health economics.

Current CHERE research directions have been selected for their capacity to contribute to policy debate and to our understanding of how health services impact on health outcomes. We are interested in the efficiency of health sector resource allocation and how this relates to the welfare of individuals. A major focus of CHERE's research is to explore individual decision-making, investigating how this affects health service utilisation, costs and outcomes.

At the health system level, our developing focus is the 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. The overall aim is to identify critical policy levers in the health system to inform policy.

At the level of specific health care programs, 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 recognise the links between different levels of the system. Specifically, our approach acknowledges the contribution that can be made to understanding how the health system operates through examination of particular interventions, diseases or policy initiatives. Nonetheless, our current research can be grouped into these main areas:

- > Public and private health insurance
- > Use of health services
- > Health workforce
- > Evaluation of healthcare programs and policies
- > Investigation of consumer preferences
- > Measurement and evaluation of health related quality of life

The following pages report individual projects and the contribution to these major themes.



STEPHANIE KNOX

PUBLIC AND PRIVATE INSURANCE

Funding source:
NH&MRC Program Grant

CHERE staff:
Elizabeth Savage, Rosalie Viney

Collaborator:
Denzil Fiebig
1. School of Economics, UNSW

Does the reason for buying private health insurance influence behaviour?

Key Objectives

To determine whether the motivation for buying private health insurance affects hospital utilisation.

There is considerable evidence of unexplained diversity among the privately insured population. Heterogeneity of preferences is likely to be important not just in determining the uptake of private health insurance, but also the impact of changes in private health insurance on the use of private treatment. This study uses the 2001 ABS National Health Survey to identify 'types' among the insured population using their stated reasons for purchasing private health insurance. It is found that insurance type (choice, financial, security and health) is significantly associated with hospital utilisation, particularly the probability of being admitted as a public or private patient. For example those with shorter durations of insurance cover are far more likely to have joined for financial reasons; and 'financial types' are less likely to choose the private system when admitted to hospital than 'choice types' who are more likely to have joined before the recent insurance incentives.

The research shows the Government's insurance incentives were more attractive to particular types of the insured population. This has implications for the effectiveness of the insurance incentives and for the design of policies that aim to reduce pressure on the public hospital system. A CHERE Working Paper has been produced.

Turnover in private health insurance membership

Key Objectives

To identify the predictors of uptake and dropping of private health insurance in response to financial incentives and to develop profiles of those with different insurance behaviours.

Between 1997 and 2000 the Australian Government introduced a series of incentives to encourage private health insurance (PHI) membership including Lifetime Health Insurance Cover (LHC), an age related premium loading for those purchasing insurance after a certain deadline. Panel data from the Household Income and Labour Dynamics (HILDA) survey was used. The researchers estimated a multinomial logit model for six insurance choices including those who joined before the Government insurance incentives, those who joined because of LHC, and those who have never joined PHI.

The findings suggest that Government incentives are not effective in maintaining higher PHI coverage especially among the younger population. While the LHC deadline attracted younger members in 2000, the subsequent effect of the age penalty deters new joiners.

The role of self-assessed-health-status in the demand for private health insurance in Australia

Key Objectives

To investigate the relationship between ex ante risk and private health insurance using data from the 2001 Australian National Health Survey (NHS).

Both adverse selection and moral hazard models predict a positive relationship between risk and insurance; yet the most common finding in empirical studies of insurance is that of a negative correlation. This research investigates the relationship between ex ante risk and private health insurance using Australian data.

The findings show a strong positive association between self-assessed-health and private health cover. The study identifies the factors responsible for this result and recovers the conventional negative relationship predicted by adverse selection when using more objective indicators of health. The findings suggest that self-assessed-health captures individual traits not necessarily related to health risk, such as risk aversion. Specifically, those persons who engage in risk-taking behaviour are simultaneously less likely to be in good health and less likely to buy insurance.

A CHERE Working Paper has been produced.

Funding source:
NH&MRC Program Grant

CHERE staff:
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Collaborator:
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Funding source:
NH&MRC Program Grant

CHERE staff:
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1. School of Economics, UNSW
2. School of Economics and Financial Studies, Macquarie University

Funding source:
ARC Discovery Grant

CHERE staff:
Elizabeth Savage, Rosalie Viney,
Bernard van den Berg

Collaborator:
Denzil Fiebig
1. School of Economics, UNSW

Private health insurance: a discrete choice experiment

Key Objectives

To 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 has been designed and will go to field in 2007.

Funding source:
NH&MRC Program Grant

CHERE staff:
Vineta Salale, Elizabeth Savage

Collaborators:
Denise Doiron¹
Denzil Fiebig¹
1. School of Economics, UNSW

Family formation and the demand for private health insurance

Key Objectives

To model the demand for private health insurance surrounding pregnancy, birth and care for children among young women.

Existing studies of private health insurance (PHI) in Australia are based on the general population or on older age groups. Also, studies to date have used cross-section data and hence been unable to model the dynamics of insurance demand. This study uses a nationally representative, panel of young women from the Australian Longitudinal Study on Women's Health to look at demand for PHI. These data include information on actual and desired children, pregnancies, and other relevant variables for insurance such as income, health status and age. A dynamic discrete choice model of insurance choice with unobserved individual effects is estimated.

The findings show evidence of differential demand for insurance by young women based on actual and desired numbers of children. Women with and without children, who desire more children, are more likely to purchase insurance. Effects are quantitatively important. The effect is stronger for those with children and for those who are currently pregnant. The different effects on joining and leaving cover show the importance of modelling dynamics in insurance. A CHERE Working Paper has been produced.

Funding source:
NH&MRC Program Grant

CHERE staff:
Vineta Salale, Elizabeth Savage

Collaborator:
Denise Doiron¹
1. School of Economics, UNSW

The effect of private health insurance on healthcare utilisation

Key Objectives

To identify the causal relationship between insurance and utilisation using partner's health as an instrument for own insurance coverage.

This research takes the novel approach of using information on the partner's health as an instrument for one's insurance coverage on the assumption that a partner's health will affect one's insurance purchase but not directly influence one's own health care utilisation. Data from the Household, Income and Labour Dynamics in Australia (HILDA) survey are used. Results suggest that without correction for endogeneity, health insurance cover reduces utilisation as a public patient and increases utilisation as a private patient. Hence, substitution seems to be occurring from public to private treatment for those with insurance. After correction for endogeneity (using partner's health status as the identifying variable) the effect on public treatment becomes insignificant while the effect on private hospital treatment becomes stronger and remains strongly significant, after controlling for own health status, income, other socio-economic characteristics and demographics.

The findings show that insurance cover does not reduce the usage of public facilities but it raises usage of private treatment substantially.



L-R:
ROSALIE VINEY, ELIZABETH SAVAGE,
KEES VAN GOOL, MARION HAAS



BERNARD VAN DEN BERG

USE OF HEALTH SERVICES

Funding source:
NH&MRC Program Grant

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

Collaborator:
Rob Anderson
1. Peninsula Medical School,
Universities of Exeter and
Plymouth

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 was introduced in 2004 to provide financial relief for those Australians who face high out-of-pocket costs incurred through out-of-hospital medical services. This study examines variation in Safety Net benefits by Federal electorate and by type of medical service. The findings show significantly higher Safety Net benefits in electorates with relatively high median family income and lower health care needs. The study also shows that patients who use private obstetricians and assisted reproductive services are the greatest beneficiaries of the policy. Whilst the Safety Net was introduced to help reduce out-of-pocket medical costs, this analysis shows that it may be missing the intended policy target. Two CHERE Working Papers have been produced.

Funding source:
NH&MRC Program Grant

CHERE staff:
Elizabeth Savage, Kees van Gool

Collaborator:
Glenn Jones
1. School of Economics and Financial
Studies, Macquarie University

The distributional impact of out-of-pocket health expenditures in Australia

Key Objectives
To investigate the extent to which out-of-pocket costs have constrained access to health services and examine the level of protection offered by health care concession cards.

Out-of-pocket health expenditure in Australia is high by international standards and has been growing at a faster rate than most other health costs. Most out-of-pocket expenditure is spent on over-the-counter pharmaceuticals and dental services. It is well established that poorer sections of the community have a greater demand for healthcare than those on high incomes. Health systems that rely heavily on out-of-pocket payments expose low income individuals to higher levels of financial risk when they fall ill. The researchers model the relationship between specific health expenditures and total expenditure using semi-parametric estimation of Engel curves using data from the ABS Household Expenditure Survey 2003.

Preliminary results suggest health concession cards do not provide out-of-pocket protection and doctors may not be bulk-billing card holders. A paper was presented at the Australian Conference of Health Economists, Perth, in September 2006.

Funding source:
NH&MRC Program Grant

CHERE staff:
Elizabeth Savage, Ynon Gablinger

Dental utilisation and the widening of the inequity gap in Australia

Key Objectives
To examine how utilisation of dental services in Australia has been impacted by policy changes in the late 1990s.

In the late 1990s the discontinuation of the Commonwealth Dental Health Program and various private health insurance incentive schemes had the potential to affect access to dental treatment. Using the National Health Surveys of 1995 and 2001 researchers used a decomposition technique to examine differences in utilisation between the upper and lower halves of the income distribution in the periods before and after the policy changes. The findings show overall utilisation of dental services has increased. However, it would appear the policy changes have increased the inequity in dental utilisation. The increase in use of dental services was large and significant amongst high income earners and small and insignificant among low income earners. Papers were presented at The Australasian Meeting of the Econometric Society, Alice Springs, in July, and The Australian Conference of Health Economists, Perth, in September 2006.

Funding source:
Cooperative Research Centre for
Asthma

CHERE staff:
Jane Hall, Patsy Kenny, Madeleine
King

Collaborator:
Guy Marks
1. Woolcock Institute of Medical Research

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

Key Objectives
To describe costs and utilisation over time for asthma management (individual and health sector); and investigate the characteristics which predict individual and health sector costs and different types of utilisation.

This longitudinal study examines the cost of asthma to the individual and the health sector. Researchers are investigating the relationship between different factors (such as health status and residential area) and the use and cost of health care for people with asthma. The study also examines health related quality of life in people with asthma and investigates how this is related to asthma control. The study uses administrative data from the Federal and State governments and participants complete six-monthly surveys covering their use of health services, out-of-pocket costs and quality of life. The data collection phase of the study was completed in 2006.

Analysis of the quality of life data found that individual changes in quality of life over time were mainly associated with sleep disturbance and the use of reliever medication, while differences in quality of life between individuals were mainly associated with activity limitations. The analysis of the cost data is on-going.

Funding source:
NH&MRC Project Grant

CHERE staff:
Madeleine King, Rosalie Viney,
Ishrat Hossain, Siggie Zapart, Sandy
Fowler, Elizabeth Savage

Collaborators:
Bruce Armstrong¹, David Smith²,
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Jeanette Ward⁵, Deborah Street,
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1. School of Population Health and
Health Services Research, USyd
2. NSW Cancer Council
3. Royal Prince Alfred Hospital
4. Liverpool Health Service
5. Institute of Population Health,
Ontario, Canada
6. CenSoc, 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.

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

Preliminary analyses have been completed. 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 2006, after lengthy negotiations, the Federal Health Department granted access to Medicare, Pharmaceutical Benefits Scheme and Department of Veteran's Affairs data on health services utilisation and cost. These data will be analysed in 2007. A CHERE Working Paper has been produced.

Funding source:
NH&MRC Project Grant

CHERE staff:
Bernard van den Berg, Jane Hall

Collaborators:
Denzil Fiebig
1. School of Economics, UNSW

Well-being and informal care

Key Objectives
To investigate the impact of providing informal care on self reported well-being.

This project used Household Income and Labour Dynamics in Australia (HILDA) data to investigate the impact of care giving on self reported well-being. The HILDA survey of a national representative sample of Australians was conducted in 2001. As part of the survey respondents were asked about their well-being and informal care. The econometric estimates show that providing informal care has a clear negative effect on well-being, when care is provided to someone of 18 years and older within the same household. Providing informal care to somebody outside of one's household does not result in well-being losses. The results of this study provide useful new data on informal caregiving in Australia and add to the literature as it compares both caregivers and non-caregivers across a range of dimensions. A paper was presented at the Australian Conference of Health Economists, Perth, in 2006.



JANE HALL, MADELEINE KING

HEALTH WORKFORCE

Funding source:

NH&MRC Program Grant

CHERE staff:

Jane Hall

Collaborators:

Glenn Jones, Denise Doiron

1. School of Economics and Financial Studies, Macquarie University
2. School of Economics, UNSW

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.

Trends are an ageing workforce 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; 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. In this project administrative panel data on NSW nurses was used to examine several issues affecting the nursing.

The findings show 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 (ANDRG weight), and VMO expenditures. A paper was published in *Economic Record* in 2006.

Nurses' retention and hospital characteristics in New South Wales

Key Objectives

To examine the effect of hospital characteristics on the retention of nursing staff.

This research matches individual data on registered nurses (RNs) working in the public sector in NSW in 1996 to the hospital in which they worked.

The results suggest that the effects of nurse characteristics and hospital attributes on retention rates are complex. For example, complexity of the work as measured by admissions from emergency, increase retention, while high cost procedures and large Diagnosis Related Group (DRG) weights reduce retention. The type of hospital per se does not help explain the retention probability of the nurses employed in the premise but the hospital characteristics do.

The findings show that simply increasing staffing levels is unlikely to achieve much impact on nurses' retention levels unless problem areas of the job are also addressed. A paper was published in the journal *Economic Record* in 2006.

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, commissioned by the NSW Department of Health, examined the relationship between adverse events (medication errors/ patient falls), nurse satisfaction and workload levels in NSW.

Factors found to improve patient outcomes included a higher proportion of Registered Nurses per ward, reducing patient 'churn', reducing nurse turnover rates and providing stable nursing leadership. The draft final report 'Gluing it together: Nurses, their work environment and patient safety' was submitted to the NSW Department of Health in December 2006.

Funding source:

NSW Department of Health

CHERE staff:

Jane Hall, Madeleine King

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L-R: PATSY KENNY, MADELEINE KING, MARION HAAS

EVALUATION OF HEALTHCARE PROGRAMS

Funding source:

Australian Health Ministers Advisory Council
Priority Driven Research Project

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A group-randomised trial of three models of nursing care for dementia patients in residential aged care

Key Objectives

To assess the effects and costs of Dementia Care Mapping (DCM) and Person-Centred Care (PCC) 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,
- > PCC regards the patient as an equal partner with healthcare professionals. All treatment decisions are 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 289 aged care residents with dementia and 194 care staff in 15 dementia care units aims to investigate the effect of DCM and PCC on:

- > resident quality of life and behavioural disturbance,
- > staff stress, job satisfaction, and turnover rates,
- > quality of care,
- > cost of care.

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

Baseline data collection began in October 2005, and interventions were rolled out in the 15 study sites through to April 2006. Follow-up data were collected from June through to August 2006. Data checking and preliminary analyses were then conducted. A paper was presented at the International Society for the Quality of Life Conference, Lisbon, in October 2006.

Dementia outcomes measurement suite

Key Objectives

To develop a set of recommended measures/tools for routine use in the assessment, diagnosis, screening and outcomes monitoring of dementia conditions and the evaluation of treatments that are applicable for the Australian health care context.

By developing a set of recommended measures it is hoped to standardise the assessment and evaluation procedures used in this field to enhance comparability of findings across research and practice settings. Work began in May 2006, and the first project report was submitted to the Department of Health and Ageing in July 2006. This reported on initial project implementation, the development of the National Expert Panel (DOMS-NEP) and the Expert Measurement Group (DOMS-EMG) and the initial considerations of these groups. A draft chapter on the standardisation of clinical terminology was presented for feedback and consideration.

In the second half of the year, detailed reviews were then completed for the following categories of measures: dementia-specific assessment; dementia-specific quality of life; cognitive assessment; and multi-attribute utility. The results of these will be included in a second report, due in February 2007. The remainder of the categories of measures (symptoms of dementia, patient and carer satisfaction, generic health related quality of life, functional skills) and measurement issues (indigenous and cultural issues, proxy issues, tiered assessment, research gaps and implementation issues) will be reviewed. A final report will be produced.

Funding source:

Department of Health and Ageing

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Home based rehabilitation program for survivors of a critical illness: a randomised clinical trial

Key Objectives

To test the effects of an eight-week home-based, individually tailored rehabilitation program on the health status and quality of life outcomes for the survivors of a critical illness.

Over 130,000 Australians are admitted to intensive care units each year. Whilst survival rates are high, recovery post-discharge is often slow. Many patients suffer from de-conditioning as well as psychological distress. This study involves survivors of a critical illness, aged over 18 years, who have spent more than 48 hours in intensive care. Ten intensive care units around Australia are involved in the project which aims to recruit 200 patients by the end of 2007. Recruits are randomly allocated to either intervention or control. Those allocated to intervention receive an individualised endurance and strength training program conducted at home over an eight-week period. Both the exercise and non-exercise groups are assessed at weeks 1, 8 and 26 (post hospital discharge) to examine physical functioning, exercise capacity, health related quality of life and psychological well-being.

If this program is effective it will provide a model that can be easily adapted and adopted by existing primary care or community services to improve the recovery of individuals following a critical illness.

Funding source:
NH&MRC

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Obesity in Australia

Key objectives

To determine the impact of energy consumption, frequency of exercising and female employment on the probability of being overweight/ obese.

The prevalence of obesity has risen in many developed countries over the last century. In Australia weight levels of men are rising faster than females and males in couples of working age have the highest level of obesity. This poses the question do households, where the female works, have different dietary and lifestyle habits to households, where the female partner is at home?

This study uses data from three Australian National Health Surveys to determine the impacts of BMI and probability of being overweight/ obese; on lifestyle choices:

- > Female not in labour force,
- > High energy intake ,
- > low exercise level.

These three binary treatments present eight categories of lifestyle choice.

The findings show no evidence that working females make their partners fatter but rather the stay at home females had heavier partners. Exercising is associated with lower weight in males with working partners. Not surprisingly energy intake was found to have significant effects on weight gain in both sexes.

This is a different scenario to the US where females have a higher obesity rate which is even higher if the woman is unemployed.

A paper was presented at the Australian Conference of Health Economists, Perth, in September 2006.



KEES VAN GOOL, MURALI KRISHNA
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Funding source:
North Sydney Central Coast Area
Health Service (NSCCAHS) Grant

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Perceptions on health related technology decision making within the Northern Sydney Central Coast Area Health Service (NSCCAHS)

Key Objective

To capture perceptions about current technology-related decision making processes.

This project will provide the NSCCAHS with feedback about the factors that influence medical technology decision making and priority setting, and gain insight into any changes key stakeholders feel are necessary to improve the current process. During 2006 researchers conducted interviews and surveyed healthcare providers and health service managers, to investigate perceptions and opinions about the current processes and criteria used for the approval and introduction of new technologies at the institutional level. Types of technology include clinical devices, diagnostic/ therapeutic equipment, pharmaceuticals, interventional procedures and health programs.

Results suggest current decision making is ad hoc. Clinicians are seen as the drivers for introducing new technology but budgetary impact is the main consideration. There appears to be no formal communication about technology upgrades or discontinued use of medical technology and decision makers are reliant on informal peer group networks for information. A paper was presented at the HSRAANZ Early Careers Workshop, Sydney, in November 2006.

Funding source:
NH&MRC Program Grant

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Economic evaluation of Cystic Fibrosis (CF) screening: a review of the literature

Key objectives

To assess the cost effectiveness of CF carrier screening.

Cystic Fibrosis is the most common serious genetic disease in Caucasians with an incidence of 1:2500 and carrier frequency of 1:25. The first component of this research was to test the quality and transferability of the economic literature on carrier screening for CF to any country context. A systematic literature search identified 14 studies focusing on prenatal CF screening between 1990 and 2005. These articles were assessed against international benchmarks on conducting and reporting of economic evaluations, focusing on the transferability of the evidence to any national context.

The findings concluded it was not possible to apply existing evidence to the local context. The variability in study design, model inputs and reporting of economic evaluations of CF carrier screening made it difficult to make any economic evidence based recommendations and raises issues on applicability and transferability of such international evidence to any national country contexts. This provided the basis for a successful grant application to Cystic Fibrosis Australia, the aim of which is to model the costs and consequences of screening for CF carrier screening. A CHERE Working Paper has been produced.

Funding source:
NSW Department of Environment
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State of the art on the economic valuation of noise

Key objectives

To identify and assess methods for measuring the economic impact of noise pollution and assess the applicability of empirical results to the NSW context.

With increasing urbanisation and higher density living, noise pollution is likely to become an increasing problem. There is growing international interest in developing techniques for valuing the societal costs of noise, especially in Europe. This project focused on analysing national and international state-of-the-art methodologies for measuring the impact of noise. It aimed to improve our understanding of the true costs of noise pollution, as well as assess the techniques used to measure the impact of noise.

The research found a wide range of techniques to capture the cost of noise pollution, with many new empirical studies moving away from traditional forms of analysis. The findings reported that no single valuation technique was theoretically superior. In such a situation, pragmatic considerations such as the availability of data, resources and analytical skills become important factors in choosing appropriate techniques.



GISSELLE GALLEGO

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NH&MRC Program Grant

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4. South Eastern Sydney & Illawarra
Public Health Unit
5. Cancer Institute New South Wales

Incorporating economic evidence into cancer treatment protocols

Key Objective

To identify and explore current barriers and examine potential solutions to increase the uptake of economic evidence at the local level amongst health care professionals working in cancer care.

This study will address one of the most enduring problems in health care: the translation of economic evidence into policy and clinical practice. The first aim of the project is to build on the strong clinical evidence available in the Cancer Institute NSW Standard Treatment (CI-SCaT) program, an online resource of more than 200 peer-reviewed cancer treatment guidelines. Researchers will produce and disseminate evidence about the cost effective use of cancer medicines in clinical practice. The systematic approach to development and dissemination of economic models is a world first. The models developed will be similar to those produced by pharmaceutical companies for PBS funding but will be developed transparently and reported with end-users in mind.

The second aim of the research is to work with local decision makers to adapt the decision analytic models to the particular context of their locality. Researchers will work with local staff to modify the decision analytic models by combining evidence of effectiveness with local information about prices and costs. Guidelines will be developed to accompany the economic models to support the use of the resource allocation tool in local settings. Factors which influence the cost effectiveness (or cost-ineffectiveness) of cancer medications in different types of treatment settings will be identified.

Papers were presented at The Health Technology Assessment International meeting, Adelaide, in July, and The Australian Conference of Health Economists, Perth, in September 2006.

OECD Pharmacogenetics

Key objectives

To provide commentary on the OECD paper: "Policy report on challenges to health systems from pharmacogenetics".

Pharmacogenetics refers to the study of inherited differences in drug metabolism and response. Pharmacogenetics has the potential to make drug treatment more targeted and accurate – creating less variation in the drug's effectiveness and/or fewer side-effects. Use of pharmacogenetics has the potential to improve patient outcomes and, through better targeting, save expenditure on pharmaceuticals.

The draft OECD report suggests that the impact of pharmacogenetics are being felt in three major areas:

- > basic research,
- > drug discovery and development,
- > health care management.

It examines the challenges to the broader uptake of pharmacogenetics throughout the R&D innovation cycle and identifies potential government actions to create the right enabling environment.

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OECD

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MARION HAAS

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Clinical trial of joint mobilisation after ankle fracture

Key Objectives

To determine if adding joint mobilisation to an exercise program is more cost-effective than exercise alone in adults after ankle fracture.

Passive joint mobilisation is frequently used by physiotherapists to reduce pain, improve joint movement and facilitate recovery after injury. A multi-centre, assessor-blinded randomised controlled trial is being used to evaluate the effectiveness and cost effectiveness of this treatment. 91 patients with ankle fracture have completed the three stages of follow-up over 24 weeks. The primary outcome measures are the Lower Extremity Functional Scale and the Assessment of Quality of Life. Secondary outcome measures include measures of impairment, activity limitation and participation. Data on the use of health care services and patients' out-of-pocket costs have been collected.

A paper was published in *BMC Musculoskeletal* in 2006. It is hoped this trial will inform an evidence-based approach in the use of joint mobilisation rehabilitation after ankle fracture.

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NH&MRC Program Grant

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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. Screening is possible by genetic testing or by testing for signs of iron overload.

This study is an extension of CHERE's genetic testing research. This cost-effectiveness analysis of population screening is based on the Victorian Haemscreen program which provides workplace based screening via genetic testing. A complex decision model has been constructed which incorporates natural disease history, screening behaviours, testing and treatment effectiveness. Estimates of costs, probabilities of disease progression, testing outcomes, and treatment outcomes will be updated.



RICHARD NORMAN

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NH&MRC Project Grant

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

Key Objectives

To determine the cost effectiveness and outcomes of screening for 28 inherited disorders of metabolism compared to clinical detection.

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 this study 59 children with Medium Chain Acyl-CoA Dehydrogenase Deficiency (MCADD) were identified (35 unscreened, 2.28/100,000 total population, 24 screened, 5.2/100,000).

Before four years of age, three screened MCADD patients experienced a severe illness (including one neonatal death) versus 23 such episodes (and five deaths) in the unscreened group. Unscreened children may be more likely to be admitted to hospital and to incur higher emergency department costs than screened children, while screened children seem more likely to attend hospital outpatient clinics. Screening does not result in higher costs from a hospital perspective. A paper has been accepted for publication in the *Lancet*.

Funding source:
NH&MRC Project Grant

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Targeting services to reduce social inequities in utilisation: An analysis of breast cancer screening in New South Wales

Key Objectives

To consider whether active targeted recruitment, in addition to offering free service, is associated with a reduction in social inequities in self-reported utilisation of the breast screening services in NSW.

Many jurisdictions have used public funding of health care to reduce or remove price at the point of delivery of services. Whilst this reduces an important barrier to accessing care, it does nothing to discriminate between groups considered to have greater or fewer needs. Using the 1997, 1998, 2002 and 2004 NSW Health Surveys, CHERE researchers estimated probit models on the probability of having had a screening mammogram in the last two years for all women aged 40 – 79. The models examined the relative importance of socio-economic and geographic factors in predicting screening behaviour in three different needs groups – where needs were defined on the basis of a woman's age.

The findings showed women in higher socio-economic groups were more likely to have been screened than those in lower groups for all age groups. However, the socio-economic effect was significantly less among women who were in the actively targeted age group. This indicates that the breast screen recruitment and follow-up program was associated with a modest reduction in social inequities in utilisation although significant income differences remain.



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ARC Discovery Grant

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Australian Technology Network of
Universities

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INVESTIGATION OF CONSUMER PREFERENCES

Information provision and the valuation of social issues

Key Objectives

To investigate how social issues embedded in a product affect how consumers value a product.

This study will explore:

- > the impact of information presentation and context on consumer preferences for the social and ethical attributes of products,
- > 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,
- > the potential role of culture and values on the above.

Throughout 2006 the study investigated choice of organic/non-organic supermarket goods in pro-organic and non-organic consumers.

ATN Centre for Metabolic Fitness

Key Objectives

To use Discrete Choice Experiments to understand individuals' preferences for dietary and lifestyle changes.

Alongside the "Whyalla Community Trial – Managing Obesity and Associated Health Issues", CHERE researchers are investigating the factors that motivate people to adopt beneficial lifestyle changes. Using Discrete Choice Experiments (DCE) this project will identify preferences for particular interventions, products or programs and the factors affecting uptake among the target population. These results will be demonstrably policy-relevant and will contribute to the design of lifestyle change programs most likely to be adopted by the Australian population.

The study will also advance DCE methods and applications by investigating issues related to the application and empirical testing of optimal designs in different contexts.

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.

Discrete choice experiment surveys were used to collect stated preference data from women in the target population and GPs. The findings showed women were more likely to have a Pap test when the GP was female, she/he was their regular GP, if they were due or overdue for a screening test and when the GP recommended they have a Pap test. They were discouraged by cost and any decrease in the accuracy of the test, but were not influenced by the recommended screening interval, or whether the GP received an incentive payment.

In making a recommendation that a woman have a Pap test, GPs took into account whether she was due or overdue for a test and any cost to the patient. They were less likely to recommend a screening test if the reason for consultation was a serious health problem or if the woman was aged 70 years or older. This ongoing research allows us to predict the uptake of new technologies and provide greater understanding of how variables such as price, test accuracy, and screening interval affect participation in the screening program. A CHERE Working Paper has been produced and the research was published in *Health Economics* in 2006.



L-R
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Funding source:

ARC Linkage Grant

Linkage partners:

Family Planning NSW,
Janssen-Cilag Pty Ltd,
Schering Pty Ltd and
Organon Pty Ltd.

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Choice experiments for complex choices: the case of contraceptives

Key Objectives

To use choice experiments to investigate the interaction of women's and general practitioners' preferences with regard to contraceptive choices.

The range and complexity of contraceptive choices introduced over the past 5 years pose a significant challenge for GPs to provide information and recommendations to women, in the limited consultation time available. No detailed data are available about the factors which will influence a woman's choice of method or the way GPs will deal with these issues.

This research will quantify the trade-offs that women make in assessing different contraceptive alternatives, provides information about how they will choose under different circumstances, and seeks to predict uptake of new products. These data are necessary to inform GPs in providing appropriate advice and recommendations to women. In 2006, qualitative focus groups were conducted with women and the women's survey was designed. In 2007, this survey will be piloted and a GPs' survey will be designed.

Funding source:

Cooperative Research Centre
for Asthma
NH&MRC Program Grant

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Evaluation of asthma medications

Key Objectives

To investigate patient preferences for preventive asthma medications with varying clinical effectiveness, side-effects and convenience.

Asthma is a significant health problem in Australia affecting 16% of children and 12% of adults. Poor patient compliance is a major challenge for physicians. Understanding what influences patients' preferences for medication is important. Discrete choice experiments (DCE) were used to elicit stated preferences for products and programs on a range of topics including asthma management. This study was embedded within a multi-centre, cross-over, randomised controlled trial of three preventive asthma medications. Four DCE surveys were completed: one at entry to the trial, and one at the completion of each of the three treatment phases. This design allowed for testing of the stability of preferences over time, and the response of patients as their experience of medication and its outcome changed.

The first two DCE surveys have been analysed. In 2006, results from the first DCE were accepted for publication in *Respirology* and results from the second DCE were accepted for publication in *Health Economics*; both papers will be published in 2007. The findings show patients preferred medications which enabled them to participate in normal activities such as sport and patients preferred not to monitor their peak flow measurements. In terms of medication side-effects tremors, palpitations, nervousness and headache were considered worse than oral thrush, or occasional hoarseness of speech.

Funding source:

NH&MRC Program Grant

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Funding source:

Department of Community Services
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PAULINE DAVIS

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

Key Objectives

To assess the support preferences of informal carers providing care to people receiving palliative care at home.

The provision of care at home for people with a terminal illness necessitates a substantial care input from family and friends (informal care). This study aims to investigate the carers' preferences for support with providing this care and uses a discrete choice experiment to identify:

- > the tasks carers prefer to do themselves and those they would like assistance with, and
- > whether carers prefer to receive support services or financial assistance?

Data collection was completed in 2006, with 178 carers participating. A paper has been accepted for publication in the journal *Health & Social Care in the Community*.

DoCs Early Intervention Program

Key Objectives

To design a framework to evaluate the effectiveness of DoCs Early Intervention Program.

The DoCs Early Intervention Program aims to reduce and prevent child-abuse and neglect in at risk families by providing targeted support. The Program is being rolled out over a five year period (2003-2008) under a DoCs \$1.2 billion program of reform and renewal.

CHERE is working in a consortium comprising:

- > the University of NSW Social Policy Research Centre,
- > the University of Western Sydney School of Education and Early Childhood Studies, and
- > the Southern Cross University, Gribi College of Indigenous Australian Peoples to design and implement an evaluation framework for the Early Intervention Program.

The framework was designed in 2006. Data collection, analysis and reporting will be ongoing in 2007.



MADELEINE KING



PATSY KENNY, MADELEINE KING

MEASUREMENT AND EVALUATION OF HEALTH RELATED QUALITY OF LIFE

Evidence-based interpretation guidelines for health related quality of life (HRQOL) measures

Key Objectives

To review 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 and throughout 2006 some 346 papers were identified for review, 37 clinical experts were recruited and training materials were developed and piloted. Interim findings and a progress update was presented at the ISOQOL conference. Lisbon, in October 2006.

Health related quality of life (HRQOL) and supportive care needs of men after treatment for early stage prostate cancer

Key Objectives

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

Prostate cancer is second only to lung cancer as the most common cancer in men.

The NSW Prostate Cancer Care and Outcomes Study (PCOS) is following a group of men with prostate cancer from diagnosis for up to five years. The original cohort contained 2021 cases recruited via the NSW Central Cancer Registry and 495 age and postcode matched controls. HRQOL is the main outcome of interest, but supportive care needs and coping styles have also been surveyed. HRQOL data are being collected using a telephone administered questionnaire. The University of California LA Prostate Cancer Index (UCLA PCI) and the hormonal domain section of the Expanded Prostate Cancer Index (EPIC) are being used to measure HRQOL at baseline then at 1,2,3 and 5 years after diagnosis. Three year follow-up data was collected in 2006.

A paper describing the unmet supportive care needs in the year following diagnosis was submitted for peer-review in 2006. The findings show that attention should be given to sexual and psychological needs in the early months after diagnosis or treatment of prostate cancer, particularly in younger men, those with less education, and those having surgery.

Funding source:

Cancer Research UK – Population and Behavioural Sciences Committee

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Funding source:

NH&MRC Project Grant

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- 3 Cancer Therapy Centre, Liverpool Health Service
- 4 Sydney Cancer Centre and School of Public Health, USyd

Funding source:

CHERE

CHERE staff:

Madeleine King

Collaborators:

- Jane Ewing¹, Narelle Smith¹
- 1 Department of Mathematical Sciences, UTS

Funding source:

Cooperative Research Centre for Asthma

CHERE staff:

Madeleine King, Patsy Kenny

Collaborators:

- Guy Marks¹
- 1. Woolcock Institute of Medical Research

Adolescents and Young Adults (AYA) with cancer or a blood disorder: Validation of a modified health related quality of life (HRQOL) measure for patient and proxy in an Australian/Australasian context

Key Objectives

To develop a valid and reliable measure of HRQOL appropriate to AYA with cancer or a blood disorder.

While there are numerous instruments to measure health related quality of life (HRQOL) in cancer, most of these are designed for adults. The Pediatric Quality of Life Inventory (PedsQL), also called the PedsQL Measurement Model, is a suite of instruments designed to measure health related quality of life (HRQOL) in children and adolescents aged 2-18 years. There are parallel child self-report and parent proxy-report formats, and age-specific versions differing in developmentally appropriate language for ages 2-4 years (toddler, proxy-report only), 5-7 years (young child), 8-12 years (child), and 13-18 years (adolescent). Patient and proxy versions of the PedsQL adolescent forms (13-18 years) were modified for 16-24 year olds. The Memorial Symptom Assessment Scale was used to group patients by symptom severity. Eighty-eight AYA patients aged 16-25 and 79 nominated proxies completed questionnaires.

In 2006, these data were analysed. The researchers found that the scales had good internal consistency (Cronbach's alpha range 0.81 – 0.96). Most scales distinguished between patients with mild, moderate and severe symptoms, confirming clinical validity. The original factor structure was replicated, confirming construct validity. Correlations among scales were as expected, confirming discriminant validity.

These modified versions of the PedsQL Generic Core and Cancer Module provide reliable, valid and sensitive measures of HRQOL in AYA with cancer or a blood disorder, suitable for use in clinical trials, research and practice. Papers were presented at the International Psycho-Oncology Society World Congress, Venice, October, and The Clinical Oncology Society of Australia conference, Melbourne, November 2006.

Asthma control and health related quality of life: related constructs with implications for measurement

Key Objectives

To improve understanding of the relationships between asthma control and health related quality of life (HRQOL).

The data for this analysis arose from a longitudinal survey of the costs and outcomes of asthma. Participants completed six-monthly surveys for three years. Measures included in this analysis included: asthma control (sleep disturbance, use of short-acting beta agonists (SABA), activity limitation, urgent medical visits and hospital use); asthma-specific HRQOL (Marks'AQLQ), generic HRQOL (SF-36); and personal characteristics. Correlation analyses and multilevel models were used to test predictions from the conceptual model. There were 967 observations from 213 people with asthma aged 16-75 years. As predicted, correlations between asthma control and asthma-specific HRQOL were stronger than those between asthma control and generic HRQOL, cross-sectionally and longitudinally. Together the asthma control variables explained 54%-58% of the variance in asthma-specific HRQOL. Activity limitation, sleep disturbance and SABA use were the main contributors to between-person variation and the latter two of these were the main contributors to within-person variation. Asthma control variables explained less of the variation in physical generic HRQOL (25%) and mental generic HRQOL (8%).

Sleep disturbance and SABA use are the most useful measures of asthma control for evaluating treatment effectiveness, while activity limitation may be a better measure when monitoring the impact of asthma in populations. Understanding which aspects of asthma control affect HRQOL may help in targeting interventions to improve HRQOL in asthma. These results were presented at the ISOQOL conference, Lisbon, October 2006, and a paper has been submitted for peer-review publication.



PAULA CRONIN

Funding source:

NH&MRC Program Grant

CHERE staff:

Patsy Kenny, Madeleine King, Rosalie Viney

Collaborators:

Michael Boyer, Brian McCaughan, Jocelyn McLean, Michael Fulham, 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.**

While surgery for early stage non-small cell lung cancer (NSCLC) is known to have a substantial impact on health related quality of life (HRQOL), there are few published studies about HRQOL in the longer term. In this study 173 patients with clinical stage I or II non-small cell lung cancer completed HRQOL questionnaires before surgery, at discharge, one month after surgery, and then at four-monthly intervals for two years. HRQOL was measured with a generic cancer questionnaire (EORTC QLQ-C30) and a lung cancer specific questionnaire (EORTC QLQ-LC13). Data were analysed to examine the impact of surgery and any subsequent therapy, and to describe the trajectories of those who remained disease free at two years, and those with recurrent cancer diagnosed during follow-up.

Disease recurred within two years for 36% and two-year survival was 65%. Surgery substantially reduced HRQOL across all dimensions except emotional functioning. HRQOL improved in the two years following surgery for patients without disease recurrence, although around half continued to experience symptoms and functional limitations. The HRQOL of patients with disease recurrence improved initially but the diagnosis of recurrence was associated with worsening HRQOL across most dimensions. Surgery had a substantial impact on HRQOL and while many disease free survivors experienced recovery, some lived with long-term HRQOL impairment. HRQOL generally worsened with disease recurrence.

The findings are important for informed decision making and on-going supportive care for patients with operable NSCLC. A paper reporting these results has been accepted by the *Journal of Clinical Oncology* for publication in 2007.

Multi-Attribute Utility/Discrete Choice Experiments (MAUDcE)**Key Objectives****To develop discrete choice experiment (DCE) methods to model and measure community trade offs for health states.**

This study will:

- > Apply DCE methods to two multi-attribute utility instruments: EQ-5D and SF-6D and compare utility weights under three methods, and
- > Provide utility weights for a representative sample of the Australian population, that can then be compared internationally.

In 2006 the priorities were to undertake a rigorous theoretical comparison of SF-6D and EQ-5D instruments, which resulted in a draft working paper looking at methodology issues of the three instruments. Development of the experimental design of the SF-6D, EQ-5D and DCE commenced. Online piloting and full data set collection is planned for 2007.

Funding source:

NH&MRC Program Grant

CHERE staff:

Rosalie Viney, Madeleine King, Richard Norman, Paula Cronin, Deborah Street

Collaborators:

John Brazier, Julie Ratcliffe, Jordan Louviere, 1 University of Sheffield UK, 2 University of Sheffield, UK, 3 Faculty of Business, UTS



PUBLICATIONS

JOURNAL ARTICLES

Anderson R. The policy impact of population health surveys: An illustration of the measurement challenges using the NSW Health Survey. *Evidence & Policy*, 2006; 2: 167-183.

Belkar R, Fiebig D, Haas M, Viney R. Why worry about awareness in choice problems? Econometric analysis of screening for cervical cancer. *Health Economics*, 2006; 15: 33 - 47.

Doiron D, Jones G. Nurses' retention and hospital characteristics in New South Wales. *Economic Record*, 2006; 82: 11-29.

Elliott D, McKinley S, Alison J A, Aitken L A, King M. Study protocol: Home-based physical rehabilitation for survivors of a critical illness. *Critical Care*, 2006; 10:R90. Available at [http://ccforum.com/content/pdf/cc4949.pdf]

Gallego G. Untangling hospital medicine funding. *Hospital & Healthcare*, 2006; September: 14-15.

Gallego G, Taylor S J, Brien E. Provision of pharmaceuticals in Australian hospitals: Equity of Access? *Pharmacy World & Science*, forthcoming.

Hall J. Financing Australian health care. *Hospital & Healthcare*, 2006; March: 31.

Hall J, Fiebig D, King M, Hossain I, Louviere J. What influences participation in genetic carrier testing? Results from a discrete choice experiment. *Journal of Health Economics*, 2006; 25: 520-537.

King M, Hall J, Lancsar E, Fiebig D, Hossain I, Louviere JJ, Reddel H, Jenkins C. Patient preferences for managing asthma: Results from a discrete choice experiment. *Health Economics*, forthcoming.

Lancsar E, Hall J, King M, Kenny P, Louviere JJ, Fiebig D, Hossain I, Thien F C K, Reddel H K, Jenkins C R. Using discrete choice experiments to investigate subject preferences for preventive asthma medication. *Respirology*, forthcoming.

Lin C C, Moseley A M, Refshauge K M, Haas M, Herbert R D. Effectiveness of joint mobilisation after cast immobilisation for ankle fracture: A protocol for a randomised controlled trial [ACTRN012605000143628]. *BMC Musculoskeletal Disorders*, 2006; 7:46. Available at: [http://www.biomedcentral.com/content/pdf/1471-2474-7-46.pdf]

Moore K, Cruickshank M, Haas M. Job satisfaction in Occupational Therapy: A qualitative investigation in urban Australia. *Australian Occupational Therapy Journal*, 2006; 53: 18-26.

Moore K, Cruickshank M, Haas M. The influence of managers on job satisfaction in occupational therapy. *British Journal of Occupational Therapy*, 2006; 69: 312-318.

Savage E. Offering the right incentives. *Hospital & Healthcare*, 2006; June: 32-33.

Van Exel J, Brouwer W, van den Berg B, Koopmanschap M. With a little help from an anchor: Evidence of anchoring in contingent valuation of informal caregiver time inputs. *Journal of Socio-Economics*, 2006; 35: 836-853.

Van den Berg B, Brouwer W, Koopmanschap M, van Exel J, van den Bos G A M, Rutten F. Economic valuation of informal care: Lessons from the application of the opportunity cost and proxy good methods. *Social Science and Medicine*, 2006; 62: 835-845.

Van den Berg B, Ferrer-i-Carbonell A. Monetary valuation of informal care: the well-being valuation method. *Health Economics*, forthcoming.

Van den Berg B, Spauwen P. Measurement of informal care: An empirical study into the valid measurement of time spent on informal caregiving. *Health Economics*, 2006; 15: 447 - 460.

Warren E, Viney R, Shearer J, Shanahan M, Wodak A, Dolan K. Value for money in drug treatment: Economic evaluation of prison methadone. *Drug and Alcohol Dependence*, 2006; 160-166.

Wilcken B, Haas M, Joy P, Wiley V, Chaplin M, Black C, Fletcher J, McGill J, Boneh A. Outcome of neonatal screening for medium-chain acyl-coa dehydrogenase deficiency. *Lancet*, forthcoming.

Wright D. Insurance and monopoly power in a mixed private/public hospital system. *Economic Record*, 2006; 82: 460-468.

Yoder J, Hossain I, Epplin F, Doye D. Contract duration and the division of labor in agricultural land leases. *Journal of Economic Behavior and Organization*, forthcoming.

Zapart S, Kenny P, Hall J, Servis B, Wiley S. Home-based palliative care in Sydney Australia: The carer's perspective on the provision of informal care. *Health & Social Care in the Community*, forthcoming.

BOOK CHAPTERS

Burgess L, Street D, Viney R, Louviere JJ. Design of choice experiments in health economics in Jones, AM (ed.) The Elgar companion to health economics: 415 - 426, Edward Elgar: Cheltenham, UK, 2006.



UTSPEAKS LECTURE
JANE HALL, PHILIP DAVIES

CONFERENCE PAPERS

WORKING PAPERS

Doiron D, Jones G, Savage E. Healthy, wealthy and insured? The role of self-assessed health in the demand for private health insurance. *CHERE Working Paper 2006/2, CHERE, Sydney, 2006.* http://www.chere.uts.edu.au/pdf/wp2006_2.pdf

Fiebig D, Savage E, Viney R. Does the reason for buying health insurance influence behaviour? *CHERE Working Paper 2006/1, CHERE, Sydney, 2006.* http://www.chere.uts.edu.au/pdf/wp2006_1.pdf

Haas M. Decision making by patients: An application of naturalistic decision making theory to cervical screening and chronic renal failure. *CHERE Working Paper 2006/5, CHERE, Sydney, 2006.* http://www.chere.uts.edu.au/pdf/wp2006_5.pdf

Haas M. Economic analysis of Tai Chi as a means of preventing falls and falls related injuries among older adults. *CHERE Working Paper 2006/4, CHERE, Sydney, 2006.* http://www.chere.uts.edu.au/pdf/wp2006_4.pdf

Haas M, Fowler S. A synthesis of qualitative research on cervical cancer screening behaviour: Women's perceptions of the barriers and motivators to screen and the implications for policy and practice. *CHERE Working Paper 2006/7, CHERE, Sydney, 2006.* http://www.chere.uts.edu.au/pdf/wp2006_7.pdf

Hall J, Gafni A, Birch S. Health economics critiques of welfarism and their compatibility with Sen's capabilities approach. *CHERE Working Paper 2006/16, CHERE, Sydney, 2006.* http://www.chere.uts.edu.au/pdf/wp2006_16.pdf

King M, Viney R, Hossain I, Smith D, Fowler S, Savage E, Armstrong B. Men's preferences for treatment of early stage prostate cancer: Results from a discrete choice experiment. *CHERE Working Paper 2006/14, CHERE, Sydney, 2006.* http://www.chere.uts.edu.au/pdf/wp2006_14.pdf

Lu M, Savage E. Do financial incentives for supplementary private health insurance reduce pressure on the public system? Evidence from Australia. *CHERE Working Paper 2006/11, CHERE, Sydney, 2006.* http://www.chere.uts.edu.au/pdf/wp2006_11.pdf

Radhakrishnan M, van Gool K, Hall J, Delatycki M, Massie J. Economic evaluation of cystic fibrosis screening: A Review of the literature. *CHERE Working Paper 2006/6, CHERE, Sydney, 2006.* http://www.chere.uts.edu.au/pdf/wp2006_6.pdf

Rees R, Apps P. Genetic testing, income distribution and insurance markets. *CHERE Working Paper 2006/3, CHERE, Sydney, 2006.* <http://www.chere.uts.edu.au/pdf/insurance.pdf>

Van den Berg B, Hassink WHJ. Moral hazard and cash benefits in long-term home care. *CHERE Working Paper 2006/12, CHERE, Sydney, 2006.* http://www.chere.uts.edu.au/pdf/wp2006_12.pdf

Van Doorslaer E, Clarke P, Savage E, Hall J. Horizontal inequities in Australia's mixed public/private health care system. *CHERE Working Paper 2006/13, CHERE, Sydney, 2006.* http://www.chere.uts.edu.au/pdf/wp2006_13.pdf

Van Gool K, Savage E, Viney R, Haas M, Anderson R. Catastrophic insurance: Impact of the Australian Medicare Safety Net on fees, service use and out-of-pocket costs. *CHERE Working Paper 2006/9, CHERE, Sydney, 2006.* http://www.chere.uts.edu.au/pdf/wp2006_9.pdf

Van Gool K, Savage E, Viney R, Haas M, Anderson R. Who's getting caught? An analysis of the Australian Medicare Safety Net. *CHERE Working Paper 2006/8, CHERE, Sydney, 2006.* http://www.chere.uts.edu.au/pdf/wp2006_8.pdf

RESEARCH REPORTS

Salale V. Modelling dynamic choice: Private health insurance in Australia. *CHERE Research Report 24, CHERE, Sydney, 2006.*

DISTINGUISHED LECTURE MONOGRAPHS

Hall J. Life death and dollars: Does Medicare need major surgery?, 2006. <http://www.chere.uts.edu.au/pdf/utspeaks.pdf>

Propper C. Are public sector workers motivated by money?, 2006. <http://www.chere.uts.edu.au/pdf/propper.pdf>

FEBRUARY 2006
Centre for Applied Economic Research, Workshop in Health Economics, University of NSW, Sydney.

Van den Berg B.
The well-being valuation method applied to the family.

Finn C.
A dynamic model of demand for private health insurance in Ireland.

Viney R, Savage E, Fiebig D.
Does the reason for buying health insurance influence behaviour?

Van Gool K, Viney R, Savage R, Haas M, Anderson R.
Catch us when we fall: An analysis of the Medicare safety net.

MARCH 2006
UTSpeaks, UTS Public Lecture, Sydney.

Hall J.
Life, death and dollars. Does Medicare need major surgery? An overview of health system funding and the challenges facing the Australian health system.

MAY 2006
Quality of Life Research in Asia, Hong Kong.

King M.
Quality of life research in psychosocial care and rehabilitation. Invited speaker.

JUNE 2006
Fifth International Conference on Health Economics, Management and Policy, Athens, Greece.

Haas M.
Decisions about Pap smears: what influences women and providers?

International Network for Health Policy and Reform, annual meeting, Helsinki, Finland.

Haas M.
The Australia/US Free Trade Agreement: its impact on health-related issues.

Australian Institute of Health and Welfare: Australia's Health, Canberra.

Hall J.
Health as a growing sector of the economy. Invited speaker.

Association of Regulatory and Clinical Scientists Annual Scientific Congress, Sydney.

Viney R.
Assessing the credibility of utility values obtained from standard preference techniques – pearls and pitfalls. Invited speaker.

Seminar, School of Commerce, University of South Australia

Savage E, Lu M.
Do financial incentives for supplementary private health insurance reduce pressure on the public system? Evidence from Australia. Invited speakers.

JULY 2006
Health Technology Assessment International 3rd Annual Meeting, Adelaide.

Viney R, Savage E, Hall J.
QALYs Beware: do existing approaches enhance informed decision making?

Hall J, Viney R, Van Gool K.
Implementation of health technology assessment: challenges for reimbursement policy.

Van Gool K, Gallego G, Haas M, Hall J, Ward R, Links M, Stewart B, Board N, Pearson S.
Reporting economic evidence in cancer protocols: what decision makers really want.

Australasian Meeting of the Econometric Society, Alice Springs.

Fiebig D, Savage E, Viney R.
Does the reason for buying health insurance influence behaviour?

Savage E, Lu M.
Do financial incentives for supplementary private health insurance reduce pressure on the public system? Evidence from Australia.

Hossain I, King M, Hall J, Lancsar E J, Fiebig D, Louviere J, Reddel H K, Jenkins C R.

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

Gablinger Y, Savage E, Hall J.
Assessment of the effect of the private health insurance incentives scheme on dental visits.

AUGUST 2006
12th Annual National Health Outcomes Conference, Canberra.

Zapart S, Kenny P, Hall J, Davis P.
Understanding the preferences of informal caregivers providing home-based palliative care.

King M, Hall J, Lancsar E, Fiebig D, Hossain I, Louviere J, Reddel H, Jenkins C.
Patient preferences for managing asthma: Results from a discrete choice experiment.

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

Annual Meeting of the Australian and New Zealand Health Assessment Methods Network, Canberra.

Viney R.
Methods to measure, describe and value health status and health states. Invited speaker.

SEPTEMBER 2006
10th International Congress on Obesity (ICO), Sydney.

Norman R.
National Institute for Health and Clinical Excellence Guidance on Obesity. Poster.

Australian Conference of Economists, Perth

Van den Berg B, Hassink W.
Moral hazard and cash benefits in long-term home care.

Savage E, Viney R, Fiebig D.
Does the reason for buying health insurance influence behaviour?

Doiron D, Jones G, Savage E.
Healthy, wealthy and insured?
The role of self-assessed health in the demand for private health insurance.

The 28th Australian Conference of Health Economists (AHES), Perth.

Hall J, van den Berg B, Fiebig D.
The impact of providing informal care on self reported well-being.

Hall J, Radhakrishnan M, Van Gool K.

Economic evaluation of cystic fibrosis: a systematic review of the literature.

Van Gool K, Gallego G, Haas M, Hall J, Viney R, Ward R, Links M, Stewart B, Board N, Pearson S.

Incorporating economic evidence into cancer care: searching for the missing link.

Jones G, Gablinger Y, Savage E.
Has Australia become obese for the same reasons as the US?

Hossain I, King M, Viney R, Fowler S, Smith D, Savage E, Armstrong B.

Men's preferences for treatment for early stage prostate cancer: results from a discrete choice experiment.

Fiebig D, Haas M, Hossain I, Viney R.
Choosing Pap Tests: What factors do women and GPs take into account?

Savage E, Jones G, Propper C, Van Gool K.

The distributional impact of out-of-pocket health expenditures in Australia: a semi-parametric analysis.

Gaglinger Y, Savage E, Jones G.
Dental utilisation and the widening of the inequity gap in Australia.

Van den Berg B, Hassink W.
Moral hazard and cash benefits in long-term home care.

Savage E, Viney R, Fiebig D.
Does the reason for buying health insurance influence behaviour?

OCTOBER 2006
Cancer Care Ontario, Better Pharmacoeconomic Decisions in Oncology Workshop, Toronto, Canada.

Viney R.
The Australian experience of using economics to inform reimbursement decisions.
Invited speaker.

Australian Prostate Cancer Collaboration, Sydney.

King M.
Men's preferences for treatment of early stage prostate cancer: Results from a discrete choice experiment.
Invited speaker.

Emerging Health Policy Research Conference, Sydney.

Gallego G, Taylor S, Brien J.E.
The role of the public in setting priorities in health care – high cost medications as a case study.

Van den Berg B.
The impact of providing informal care on self reported well being.

The International Society for Quality of Life Research 13th Annual Conference, Lisbon, Portugal.

King M.
Quality of life in dementia – what does the future hold?
Invited speaker.

Kenny P, King, M, Marks G.
The relationship between measures of asthma control and quality of life.

King M, Hall J, Lanscar E, Fiebig D, Hossain I, Louviere J, Reddel H, Jenkins C.

Managing asthma: patient preferences and trade-offs for symptoms, side-effects, daily activities, convenience and cost of medication.

Hawkins K, King M, Fayers P, Velikova G, Martyn St-James M, Brown J.

Evidence-based interpretation guidelines: a novel approach to making quality of life data count.

8th World Congress of Psycho-Oncology, Venice, Italy.

Ewing J, King M, Smith N.
Quality of life for adolescents and young adults (AYA) with cancer or a blood disorder: validation of the PedsQL Generic Core and Cancer Module after age-appropriate modification.

NOVEMBER 2006
School of Public Health, University of Sydney.

Viney R.
Does the reason for buying private health insurance influence behaviour? Invited speaker.

Woolcock Institute, Sydney.

King M.
The relationship between measures of asthma control and quality of life.
Invited speaker.

Clinical Oncology Society of Australia Annual Scientific Conference, Melbourne.

King M.
Quality of life for adolescents and young adults (AYA) with cancer or a blood disorder: validation of the PedsQL Generic Core and Cancer Module after age-appropriate modification. Invited speaker.

King M, Smith D, Fowler S, Hossain I, Viney R, Armstrong B.
Men's preferences for treatment of early stage prostate cancer: Results from a discrete choice experiment.

HSRAANZ Early Careers Workshop, Sydney.

Gallego G, Van Gool K, Hall J, Kelleher D.

Introduction of new health care technologies at the institutional level: how is it being done?

PROFESSIONAL ACTIVITIES

MARION HAAS
Professional Activities
Secretary, Health Services Research Association of Australia and New Zealand.

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

Vice-President, Board of Directors, Family Planning NSW.

Chair, Research Committee, Family Planning NSW.

JANE HALL
Professional Activities
President, International Health Economics Association.

President, The Health Services Research Association of Australia and New Zealand.

Member, Medical Services Advisory Committee.

Harkness Fellowship Representative in Australia and member of selection committee, Commonwealth Fund, New York.

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

Member, National Breast Cancer Centre, Data Advisory Committee.

Chair, Northern Sydney Central Coast Area Health Service, Health Technology Assessment Committee.

Editorial Boards
Journal of Health Services Research and Policy.

Health Economics.
Health and Social Care in the Community.

Contributions to UTS
Member, Academic Board.
Member, Research and Research Training Committee.
Member, Associate Professor Promotions Committee.



ELIZABETH SAVAGE

MADELEINE KING
Professional Activities
President, International Society for Quality of Life Research.

Member, Scientific Advisory Committee of the NSW Psycho-oncology Cooperative Research Group.

Member, Cancer Institute NSW, Population and Health Services Research Ethics Committee.

Member, Cochrane Collaboration Health Related Quality of Life Methods Group.

Corresponding Member, European Organisation for Research and Treatment of Cancer Quality of Life Group.

ELIZABETH SAVAGE
Professional Activities
President, Economic Society of Australia, NSW Branch and Central Committee.

Scientific Committee Member, the International Health Economics Association.

Elected Board Member, Australian Research Council Economic Design Network.

Member, the NSW Consortium for Building Health Economics Capacity.

Public Officer, the Australian Health Economics Society.

Editorial Boards
The Economic Record.
The Australian Journal of Labour Economics.

Contributions to UTS
Member, Faculty of Business IT Committee.

ROSALIE VINEY
Professional Activities
Member, Pharmaceutical Benefits Advisory Committee.
Member, Economics Sub-Committee, Pharmaceutical

Benefits Advisory Committee.
Member, Scientific Committee of the International Health Economics Association.

Executive Committee Member, The Australian Health Economics Society.

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

Member, Australian Research Council Economic Design Network.
Member, NH&MRC Grant Review Panel.

Editorial Board
Journal of Clinical Oncology.

Contributions to UTS
Member, UTS Faculty of Business Research Management Committee.



MARION HAAS

INTERNATIONAL ACTIVITIES

CHERE's research capacity is strengthened by international partnerships. Collaboration stimulates creative thinking and innovative approaches and expands our capacity to tackle research problems. In 2006 CHERE was involved in several international research collaborations. This provides the benefit of pooled academic expertise and gives all parties the opportunity to examine particular health policy or clinical issues from other international perspectives. These projects spanned a broad range of topics including health insurance, asthma management, health related quality of life measurement and the problems facing the nursing workforce.

Throughout 2006 CHERE also received a number of distinguished international visitors including:

- > Professor Carol Propper, Director, Centre for Market and Public Organisation (CMPO), University of Bristol and Department of Economics, University of Bristol; Co-Director, Centre for Analysis of Social Exclusion (CASE), London School of Economics.
- > Tony Marley, Professor Emeritus, McGill University and Adjunct Professor, University of Victoria, Canada.
- > Stephen Birch, Professor, Clinical Epidemiology and Biostatistics University of McMaster, Ontario, Canada.
- > David Osoba, Professor (retired), Department of Medicine, University of British Columbia. QOL Consulting, Vancouver, B.C.

CHERE staff are also regular contributors to important international forums.

Jane Hall is the representative of the Harkness Fellowships in Australia. Funded by the Commonwealth Fund of New York, Fellowship recipients undertake a project involving comparison of a health policy issue in Australia and the US. Jane is also a regular contributor to the International Symposium on Health Care Policy, which is held annually in the US and is instrumental in promoting innovative health policy thinking and high-level policy exchanges.

Marion Haas is the Australian representative on the International Network Health Policy and Reform, auspiced by the Bertelsmann Foundation of Germany, which brings together health policy experts from 20 countries to report on health reform issues and health policy developments. The Network aims to narrow the gap between research and policy.

In 2006 **Rosalie Viney** was invited as a guest speaker to an international workshop: Better Pharmacoeconomic Decisions in Oncology, hosted by Cancer Care Ontario. She presented a paper on the Australian experience of using economics to inform reimbursement decisions.



TOM BUCHMUELLER

Madeleine King was invited to present a plenary lecture at the 13th Annual Conference of the International Society for Quality of Life Research, in Lisbon, Portugal, titled: Quality of life in dementia – what does the future hold?

She also presented a plenary paper: Quality of life research in psychosocial care and rehabilitation, at the Conference on Quality of Life Research in Asia, organised by the Hong Kong Society for Quality of Life in Hong Kong.

CHERE researchers contribute to professional activities through their involvement in international associations. During 2006 **Jane Hall** has served as President of the International Health Economics Association (iHEA) and Madeleine King has been President of the International Society for Quality of Life Research (ISOQOL).

INTERNATIONAL EXCHANGE

Discussing health policy issues face-to-face enhances the understanding of how ours and other health systems operate and facilitates collaborations in research and evaluation.

CHERE fosters international affiliations through its role as a host venue for recipients of important scholarships and fellowships such as the Packer Policy and Endeavour Fellows.

During 2006 CHERE hosted two Packer Fellows awarded to conduct health policy research in Australia - **Kristen Testa** and **Thomas Buchmueller**. **Claire Finn** was another visitor to CHERE in 2006, having received the Endeavour Australia Post-graduate and Post-doctoral Research Fellowship.

DISTINGUISHED LECTURE & SEMINAR PROGRAM



CAROL PROPPER

Professor Carol Propper had an extended stay at CHERE in February/March 2006.

Carol is Director, Centre for Market and Public Organisation (CMPO), University of Bristol and Department of Economics, University of Bristol; and Co-Director, Centre for Analysis of Social Exclusion (CASE), London School of Economics.

She is an international expert on public sector productivity and the factors which motivate workers.

In March 2006 Prof Propper delivered a CHERE Distinguished Lecture titled: **Is low pay for nurses bad for your health?**

Reforming public service delivery occupies a central position in the current policy agenda in many countries, Australia included. This lecture posed the question: Are administrators, or doctors and nurses working for a public hospital motivated in different ways to their private sector counterparts? Does this mean that monetary incentives are unimportant for those in the public sector? Carol Propper's lecture focused on this issue, drawing on a small but growing body of evidence to suggest that public sector workers do respond to monetary incentives and that policy makers who ignore this do so at their peril.

www.chere.uts.edu.au/pdf/propper.pdf

Also in March 2006, CHERE's Director, **Professor Jane Hall** was invited to present a UTS Speaks public lecture, titled: **Life, Death and Dollars – Does Medicare need Major Surgery?**

This lecture confronted the complex issues underlying Australian health care and gave insights into the current calls for health care reform, examining whether competitive reforms that have delivered economic benefits in other sectors should be applied to health care.

www.chere.uts.edu.au/pdf/utspeaks.pdf

CHERE SEMINARS

During 2006 CHERE hosted a number of internal seminars presented by visiting students and academics. These seminars were attended by CHERE staff and research collaborators.

FEBRUARY 2006

Portfolio theory and cost-effectiveness analysis: theoretical and practical considerations.

Pedram Sendi

Senior Lecturer in Health Services Research University of Basel, Switzerland.

Australians' out-of-pocket spending: Is health care affordable across income levels?

Kristen Golden Testa

Health Director, The Children's Partnership, California and Packer Fellow 2005-6.

MAY 2006

The basic concepts of best-worst models for discrete choice, with reference to the evaluation of health states by time-trade-offs and standard gambles.

Tony Marley

Professor Emeritus, McGill University and Adjunct Professor, University of Victoria, Canada.

JUNE 2006

Female labour supply, taxation and the new discrimination: How to create an ageing crisis.

Patrica Apps

Adjunct Professor, UTS and Professor in Public Economics in Law, University of Sydney.

The need for a formal mechanism to monitor effectiveness in health care: questions of treatment efficacy and improved health outcomes for Obstructive Sleep Apnoea.

Adam Elshaug

PhD candidate in Public Health at the University of Adelaide.

AUGUST 2006

The effect of maternal employment on child obesity in Australia.

Anna Zu

Honours student, Faculty of Commerce and Economics, University of NSW.

Child obesity and parental perceptions.

Ryan Castle

Undergraduate student, Faculty of Commerce and Economics, University of NSW.

Perils of partial analysis: the case for price effectiveness analysis in cost effectiveness analysis/health technology assessment.

Brita Pekarsky

Senior Research Fellow: Centre for Regulations and Marketing Analysis University of South Australia.

Potentially preventable hospitalisations – the challenge to improve targeting of Australian Government health spending.

Richard Madden

Director, National Centre for Classification in Health, University of Sydney.

The effect of increases to concession card income eligibility thresholds on pharmaceutical consumption.

Peter Siminski

PhD candidate, Social Policy Research Centre, University of NSW

SEPTEMBER 2006

Continuity of care in publicly funded dentistry: making dollars or making sense?

Stephen Birch

Professor of Clinical Epidemiology and Biostatistics, McMaster University, Canada.



MOSES THANGASAMY, VINETA SALALE

NOVEMBER 2006

Equity and Mental Health in Australia: Preliminary evidence from the National Health Surveys 2001, 2005.

Joanne Epp

PhD Student, Faculty of Commerce and Economics, University of NSW.

DECEMBER 2006

The Impact of co-payments on the demand for prescription medicines in Australia.

Moses Thangasamy

Honours student, Department of Economics, Macquarie University.

Modelling Dynamic Choice; Private Health Insurance in Australia.

Vineta Salale

Summer scholar, CHERE.

TRANSLATING RESEARCH INTO POLICY

CHERE addresses research impact through identifying and developing research themes informed by national research priorities, national health priorities, and emerging international health reform issues. It undertakes commissions for policy and health care delivery agencies, and it develops research collaborations with clinical and practice professionals. This also guides our dissemination strategy.

Economic evaluations are frequently undertaken as a result of commissioned projects, from the federal and state governments. Others arise from collaboration with policy makers at the local decision making level, such as area health services.

CHERE has been appointed to conduct the Costing for Health and Economic Evaluation Program (CHEEP) funded by The Sax Institute, NSW Health and the Cancer Institute NSW. This innovative approach, involving a partnership between policy agencies and the research organisation, has been designed to provide better evidence for health investment decisions. CHEEP will examine the costs and consequences of health interventions, services and systems; and build the skills and capacity needed to undertake the costing and economic analysis required by policy makers.

CHERE has also been commissioned to conduct research for the Northern Sydney and Central Coast Area Health Service to investigate how managers and clinicians approach decisions about the acquisition of new medical technology and whether economic evidence is utilised. Research outcomes will help formulate future protocols for the adoption of new technology.

Many of CHERE's research projects have direct relevance to health sector management. In

2006 CHERE commenced a project to identify barriers, and examine potential solutions, to increase the uptake of economic evidence amongst health care professionals working in cancer care in NSW. Factors which influence the cost-effectiveness (or cost-ineffectiveness) of cancer medications in different types of treatment settings will be identified. CHERE researchers will work with local decision makers to adapt decision analytic models to suit their particular contexts.

On the international front **Madeleine King's** collaboration with the European Organisation for Research and Treatment of Cancer's Quality of Life Group and medical statisticians at the Universities of Leeds and Aberdeen is ongoing. Together they are producing interpretation guidelines for the QLQ-C30, a widely used quality of life questionnaire, to see if the way clinicians assess important differences in cancer patients' health-related quality of life can be improved. Dr King presented an update on their research at the 2006 International Society for Quality of Life Research conference.

Madeleine King is also a member of the Psycho-Oncology Cooperative Research Group (PoCoG), a national organisation that aims to improve the outcomes of cancer patients through the evaluation and implementation of psychosocial and supportive care interventions. In 2006, Dr King was invited to give a plenary paper to the Hong Kong Society of Quality of Life Research.

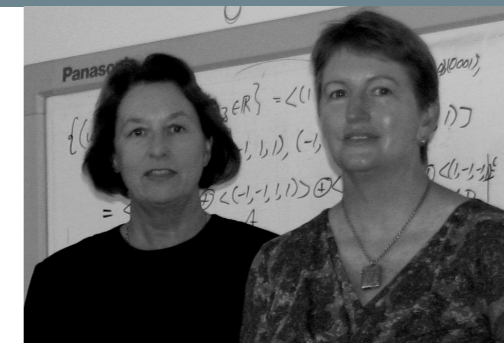
CHERE researchers are also actively involved in the development of evidenced based policy in Australia, through membership on leading health policy committees. **Jane Hall** is a member of the Medical Services Advisory

Committee. **Rosalie Vinney** is a member of the Pharmaceutical Benefits Advisory Committee and the Economics Sub-Committee of the PBAC. **Jane Hall** has been invited by the Northern Sydney and Central Coast Area Health Service to chair its Technology Assessment Advisory Committee and **Marion Haas** is a member of the Board and the Chair of the Research Committee for Family Planning NSW.

In 2006 **Elizabeth Savage** was appointed a Founding Board member of the Economic Design Network. Elizabeth heads an EDN economics subgroup which aims to bring together theorists, experimental economists and policy makers to discuss proposed health care reform and work on designing better health care policy.

In 2006 CHERE presented its research findings at a number of conferences and forums attended by policy makers and clinicians including:

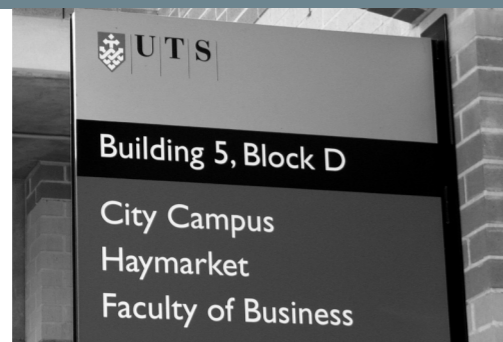
- > UTS Speaks, public lecture, Sydney
- > Quality of Life Research in Asia, Hong Kong
- > International Conference on Health Economics, Management and Policy, Greece
- > International Network for Health Policy and Reform, Annual Meeting, Finland
- > Australia's Health Conference, Canberra
- > Better Pharmacoeconomic Decisions in Oncology Workshop, Canada
- > Emerging Health Policy Research Conference, Sydney
- > The International Society for Quality of Life Research Annual Conference, Portugal
- > Clinical Oncology Society of Australia Annual Scientific Conference, Melbourne



JANE HALL, MARION HAAS

CHERE has developed a news alert network. Subscribers receive regular emails informing them about the Centre's latest research grants, collaborations, publications and receive invitations to our public seminars. Current recipients are students, academics and policy makers. Follow this link to register <http://datasearch.uts.edu.au/chere/register/register.cfm>

This information stream is supported by our website which is an important means of disseminating research outcomes. In 2006 we had over 14,000 visitors to our site, with a high proportion coming from the USA. The most frequently visited pages included the Research Reports 'An economic evaluation of the prison methadone program in NSW' and 'Trends in the nursing workforce in NSW'; the Working Paper 'Does the reason for buying health insurance influence behaviour?'; and the Distinguished Lecture Monograph 'Life, death and dollars: does Medicare need major surgery?'



EDUCATION AND CAPACITY BUILDING

CHERE has been instrumental in the establishment of the NSW Consortium for Building Health Economics Capacity. Chaired by Jane Hall, the Consortium brings together the Sax Institute and academics from UTS, the University of Sydney, Macquarie University and the University of NSW, with the goal of building capacity in health economics through curriculum development, promotion, fundraising, scholarships and providing links with health sector organisations for students. The initiative grew out of research collaborations and the realisation that more needed to be done to attract experienced researchers, in microeconomics, econometrics and mathematical sciences.

TEACHING

CHERE staff have been involved in a range of teaching activities in 2006.

TEACHING WITHIN UTS

Marion Haas was the co-ordinator of **Planning and Evaluating Health Services**, a 500-level, postgraduate subject in the Faculty of Nursing, Midwifery and Health (FNMH). **Marion Haas** and **Madeleine King** both lectured in the subject which had an enrolment of approximately 50 students and was taught in a 4-day-intensive mode.

Also for FNMH, **Madeleine King** was subject examiner for the course **Investigating Health Care Change** and guest lecturer for **Developing Health Care**.

In the UTS Faculty of Business, **Rosalie Viney** was subject coordinator for **Health Funding Policy and Resource Management**, a subject in the Health sub-major of the UTS MBA program and in the UTS Masters of Health Services Management. **Elizabeth Savage** developed the curriculum and was joined by her colleagues **Marion Haas**, **Gisselle Gallego**, **Kees van Gool** and **Jane Hall** as lecturers.

Ishrat Hossain lectured in the MBA subject **Economics for Management** and conducted tutorials for **Business Statistics**, a UTS School of Marketing undergraduate subject.

EXTERNAL TO UTS

For the past 3 years **Jane Hall** has been invited to deliver a lecture on health economics to students visiting Australia as part of the **University of Delaware's** undergraduate program. These students are economics majors and the study tour provides them with exposure to the Australian health care system. This year's lecture described general practice in Australia.

Rosalie Viney and **Elizabeth Savage** were both invited lecturers in ECON5185: **Economics of Health and Medical Care**, a PhD coursework unit in the School of Economics, University of NSW. They lectured on valuation of health outcomes.

Gisselle Gallego and **Kees van Gool** were also invited lecturers for **Contemporary issues in pharmaceutical policy** a Year 4 course subject offered by the Faculty of Pharmacy at the University of Sydney.

SUPERVISION OF RESEARCH STUDENTS

UTS's policy limits the enrolment of post-graduate research students to teaching schools. Therefore CHERE staff, as members of a Research Centre, have been prevented from acting as Principal Supervisors for research higher degree students. New arrangements, with the School of Finance and Economics, will allow supervision by CHERE staff from 2007.

CO-SUPERVISION OF STUDENTS

Jane Hall

> Henry Cutler.

PhD: Determining the value of health care dimensions in the Australian health care system.

School of Economics, University of NSW

Marion Haas

> Julia Ting.

PhD: Diabetic Retinopathy: economic evaluation and cellular function.

> Christine Lin.

PhD: Investigation of the effectiveness and cost-effectiveness of passive mobilisation following ankle fracture.

Faculty of Science, UTS.

Madeleine King

> Jane Ewing.

Master of Science in Mathematics.

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

Faculty of Science, UTS.

> David Smith.

PhD: Epidemiology of the Care and Outcomes of Care for Prostate Cancer.

School of Public Health, Faculty of Medicine, University of Sydney.

> Kim Hawkins.

PhD: Evidence-Based Interpretation Guidelines for Quality of Life Measures.

School of Medicine, University of Leeds.

> Lynn Sinclair.

PhD: RCT of incubator humidity to improve outcomes for preterm infants.

Faculty of Nursing, Midwifery and Health, UTS.

> Manal Kasab.

PhD: Is oral glucose an effective form of pain relief for infants undergoing two months immunisation injections? A randomised controlled trial.

Faculty of Nursing, Midwifery and Health, UTS.

> Julia Smailes.

Master of Nursing (Honours) by Research.

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

Faculty of Nursing, Midwifery and Health, UTS.



KRISTEN TESTA

VISITING STUDENTS AND FELLOWS

CHERE's international reputation as a leader in specialised research methods attracts overseas visitors and students wishing to collaborate with, and study at, the Centre. In particular CHERE is a host venue for recipients of important academic fellowships such as Packer Policy Fellows and Endeavour Fellows.

The Packer Policy Fellowship is an Australian-American program offered by the Australian Department of Health and Ageing in conjunction with the Commonwealth Fund. It provides outstanding, mid-career U.S. health policy researchers and practitioners the opportunity 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.

During 2006 CHERE hosted 2 Packer Fellows awarded to conduct health policy research in Australia - **Kristen Testa** and **Tom Buchmueller**.

Kristen Testa visited CHERE from October 2005 to March 2006. Her research focused on Australian families' out-of-pocket costs for health care. While at CHERE she examined recent Government reforms designed to make healthcare more affordable, such as the Medicare Safety Net and bulk-billing.

Tom Buchmueller came to CHERE on a Packer Fellowship in September 2006. While in Australia he will be analysing the impact of recent private health insurance initiatives on risk selection, market stability and the utilisation of hospital care.

Claire Finn was another fellow visiting CHERE in 2006. She came from Ireland under the Endeavour Australia Post-graduate and Post-doctoral Research Fellowship Program and shared her time between the Department of Economics, University of Melbourne and at CHERE, UTS. Claire worked on issues pertaining to private health insurance and health policy.

Elizabeth Savage was research mentor for both **Kristen Testa** and **Claire Finn**.



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

CHERE ACADEMIC STAFF

Jane Hall is the founding Director of CHERE, and has served as Director since its inception in 1990. 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. She is a Fellow of the Academy of Social Sciences in Australia. 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 International Health Economics Association (IHEA) and President of the Health Services Research Association of Australia & New Zealand.

Madeleine King leads biostatistics and outcomes measurement at CHERE, and is a Senior Lecturer in Health Services Research at UTS. She has first class honours in Science from the University of Sydney, and a graduate diploma in Medical Statistics and a PhD, both from the University of Newcastle (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 psychosocial interventions on HRQOL & PROs; the analysis of repeated

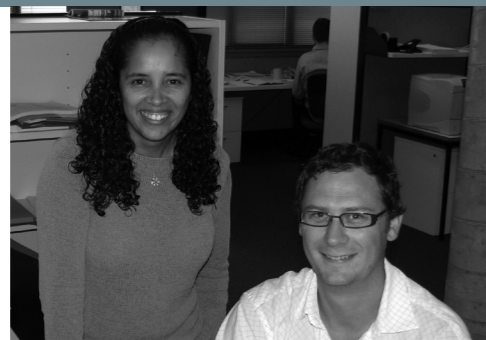
measures data including multilevel modelling; the application of meta-analytic methods to HRQOL & PROs; and the application of discrete choice methods to consumer preferences in health. She is currently working on projects in cancer, asthma, dementia and rehabilitation. Madeleine is President of the International Society for Quality of Life Research (ISOQOL).

Marion Haas is 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 three economic evaluations (expanded newborn screening by tandem mass spectrometry, the effectiveness and cost-effectiveness of passive mobilisation following ankle fracture and the evaluation of an Early Intervention Program for vulnerable children and families), three projects involving discrete choice experiments (cervical cancer screening, diet and lifestyle interventions and contraceptive products) and a number of policy analyses (e.g. access to breast cancer screening services, impact of the Medicare safety net).

Elizabeth Savage is Associate Professor in Health Economics at CHERE. She is also Honorary Associate Professor, Faculty of Medicine, University of Sydney and a Research Affiliate at the Centre for Applied Economics Research, University of NSW. In 2005 she was elected President of the NSW Branch of the Economic Society of Australia. She is a member of the Scientific Committee of the International Health Economics Association and is Public Officer for the Australian Health Economics Society. She 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 and she is a Principal Investigator on the NH&MRC Program Grant entitled, 'Individual Decision Making, Welfare Measurement and Policy Evaluation in the Health Sector' and a Chief Investigator on the ARC funded Discovery Grant, 'Economic Analysis of Inter-Relationships between Private Health Insurance and Health Expenditures'. Currently she is working on projects related to private health insurance (PHI) and the Government's insurance incentives including insurance demand, the favourable selection of the insured population in relation to self-assessed health status, the impact of financial incentives on the use of public and private hospitals, and insurance incentives and dental visits. Other research focuses on variations in hospital admission rates and patient status in Australia, population ageing and health expenditures, misperceptions of self-assessed body mass and the Medicare safety net.

Rosalie Viney is Associate Professor in Health Economics and Deputy Director of CHERE. She is currently a co-investigator on a NH&MRC program grant which uses microeconomic methods to investigate health care decision making, and the welfare impacts of health policy. She holds an Honorary Senior Lectureship in the Faculty of Medicine, University of Sydney and is a Research Affiliate of the Centre for Applied Economics Research at the University of NSW. She is a member of the Executive of the Health Services Research Association of Australia and New Zealand and of the Australian Health Economics Society. She is the economist member of the Pharmaceutical Benefits Advisory Committee (PBAC) and also a member of the PBAC's Economics Sub-Committee. She has extensive policy and research based experience of health services funding and financing in Australia. Her current research interests include analysis of the relationship between public and private 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



GISSELLE GALLEGO, STEPHEN GOODALL

Paula Cronin

Paula Cronin is a Senior Research Officer at CHERE. She has a Bachelor of Science from the University of Western Australia and Master of Public Health from Curtin University of Technology. In the late 1990s Paula worked as a Research Associate for the Health Science Centre at the University of Texas, USA. Her research investigated how school performance, race and socioeconomic factors affected the health status of children. More recently Paula was a Research Officer with the Australian Paediatric Surveillance Unit at the Children's Hospital, Westmead where she was involved in compiling an Australian data base of rare childhood disorders. Paula joined CHERE in June 2006. She is working on a study looking at the application of discrete choice experiments to value multi-attribute health states for use in economic evaluation and is involved in the economic analysis of NSW Health Survey data.

Pauline Davis

Pauline worked at CHERE as a part-time Research Nurse. During 2006 she conducted interviews for the study: Incorporating the contribution of informal carers into the economic evaluation of community palliative care. Pauline has a Bachelor of Arts from the University of Sydney, a Graduate Diploma in Health Science, Palliative Care Nursing from the Australian Catholic University, and a Master of Primary Health Care from Flinders University, Adelaide. She has spent the past 18 years working as a palliative care nurse in both hospital and community settings. Her secondment to CHERE ended in September 2006 and she has resumed her work with the community palliative care service at Fairfield.

Sandy Fowler

Sandy is a Research Assistant at CHERE. During 2006 she worked on a number of projects including: surveying NSW decision makers about their views on economic evidence and the economic component of the NSW Cancer Council's Prostate Cancer Care and Outcomes Study: Funding Cancer Care in Australia. Sandy has a Master of Science 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 and also

volunteered 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 was a Post Doctoral Research Fellow at CHERE. He received his PhD in economics from Columbia University, New York 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 Centre for Real Estate and Urban Policy, (NYU). Ynon joined CHERE in January 2005. During the past year he worked 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. Ynon left CHERE in December 2006 to join NERA Economic Consulting in London.

Gisselle Gallego

Gisselle Gallego is a Research Officer at CHERE. She has a Bachelor of Pharmacy from The Universidad Nacional de Colombia (Colombia) and a PhD in Pharmacy from The University of Sydney. Since her arrival at CHERE in May 2006, Gisselle has been working on several projects that explore the nexus between economic evaluation and decision-making. She has been intricately involved in surveying a wide array of NSW health care providers on their perceptions of the role of economic evaluation within the local decision-making context. This work is part of an ongoing project that aims to improve the uptake of economic evidence at the institutional and regional level.

Stephen Goodall

Stephen joined CHERE as a Research Fellow in October 2006. He has a Master of Health Economics from the University of York. His thesis was undertaken at the University of Melbourne where he performed an econometric analysis of equity of access to hospital services in Australia using the HILDA dataset. Stephen also has a PhD in Vascular Medicine from the University of Leicester. His main areas of research were the aetiology of abdominal aortic aneurysms and the stability of carotid plaques during stroke. Prior to joining CHERE Stephen worked for seven years within clinical development, where he helped design and run several national and international clinical trials concerning cardiovascular disease

and the central nervous system. More recently he was a lead researcher on a government sponsored evaluation of access to general practice within the UK national health system.

Ishrat Hossain

Ishrat is a Research Fellow at CHERE. He has an undergraduate degree in Economics from Southeastern Oklahoma State University and completed his PhD in Agricultural Economics from Southeastern Oklahoma State University (USA) in 2003. Ishrat was a Graduate Research Assistant at Oklahoma State University. Since joining CHERE in 2003 he has been mainly involved in analysing longitudinal stated preference discrete choice data related to the projects: genetic screening, asthma and prostate cancer. His work is primarily focused on modelling consumer and patient preferences on different aspects of treatments. He is also part of a team investigating the interaction and policy implications of consumers' preferences and providers' recommendations in the context of cervical cancer screening decisions. Ishrat teaches economics in the UTS Faculty of Business, MBA course and conducts business statistics tutorials for the UTS School of Marketing.

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 projects covering a range of topic areas 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 PET, quality of life after lung cancer surgery, costs of asthma and the contribution of the informal carers of palliative care patients and their preferences for support. 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.

Stephanie Knox

Stephanie joined CHERE as a Research Fellow in 2006. Stephanie has a Bachelor of Science from Sydney University, a Bachelor of Arts in Psychology (First Class Honours) from Macquarie University and a Master in Public Health from the University of New South Wales.



L-R: (REAR) ISHRAAT HOSSAIN, RICHARD NORMAN, STEPHANIE KNOX (FRONT) PATSY KENNY, KEES VAN GOOL

Her current projects at CHERE include assisting with the design and analysis of a discrete choice experiment on women's contraceptive choices, and the analysis of the impact of recent Government incentives on people's private health insurance choices in Australia. Prior to joining CHERE, Stephanie worked at the Family Medicine Research Centre at the University of Sydney, where she was responsible for the analysis and reporting of findings from the BEACH program, a study of general practice activity in Australia. Before that Stephanie worked as a research officer at the National Centre in HIV Social Research, managing and analysing data from the Sydney Men and Sexual Health (SMASH) cohort and other quantitative studies.

Richard Norman

Richard joined CHERE in August 2006 as a Research Fellow. He has an undergraduate degree in Philosophy and Economics from the University of York (2003), and a Master of Science in Health Economics, also from the University of York (2004). During 2006, he worked on the MAUDcE project, looking at methods to measure health related quality of life, and on an economic evaluation of tandem mass spectrometry for rare metabolic conditions in newborn infants. Prior to joining CHERE, Richard worked for Queen Mary College (University of London) and the National Collaborating Centre for Primary Care, working on NICE national guidelines on postnatal care, obesity, breast cancer screening, and chronic fatigue syndrome. He also undertook economic evaluations of home-based asthma care interventions, and screening tools for domestic violence.

Bernard van den Berg

Bernard came to CHERE in 2005 as a Post-Doctoral Research Fellow. His research has mainly concerned economic aspects of informal care, well-being and happiness. He used the Household, Income and Labour Dynamics in Australia (HILDA) data to analyse the impact of providing informal care on self reported happiness. Bernard left CHERE in December 06 to take an appointment as Assistant Professor at the Free University of Amsterdam, Department of Health Economics & Health Technology Assessment. He will teach health economics and economic evaluation at both the bachelor and master level. He will also continue his research on the economics of informal care, well-being and happiness.

Kees van Gool

Kees van Gool is a Senior Research Officer and Health Economist at CHERE. He has a Bachelor of Economics and Arts from the Australian National University, Canberra and a Master of Economics from Sydney University. 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 2006, he worked on evaluating the Medicare Safety Net, the valuation of noise and surveying NSW decision makers about their views on economic evidence.

Siggi Zapart

A Research Officer at CHERE, Siggi has a Bachelor of Psychology (Honours 1) from Griffith University, Gold Coast. Siggi is currently working on a study investigating support preferences of informal carers of palliative care patients. She is also involved in a study evaluating the economic costs of prostate cancer, the validation of two cancer-specific health related quality of life (HRQL) questionnaires, and evaluating measurement instruments related to dementia. Siggi's other contributions have included developing economic evidence chapters for ACN cancer guidelines; and qualitative research related to patient's expectations, decision making, treatment and well-being, and decision making regarding workplace genetic screening. Prior to joining CHERE, Siggi was involved in developing psychosocial guidelines for adults with cancer and projects aimed at improving care for women with breast cancer.



L-R:
KATHY SCOTT, GRETCHEN TOGLE, LIZ
CHINCHEN, CATHERINE KINSELLA,
LIZ JUSTIC

CHERE SUPPORT STAFF

Liz Chinchen

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 the CHERE and the Health Services Research Association of Australia & New Zealand web sites.

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.

Kathy Scott

As CHERE's Communications Manager, Kathy, produces the Annual Report, updates the CHERE website, handles the Centre's media liaison and organises CHERE's lecture and seminar program. Kathy has a Bachelor of Arts degree majoring in Mass Communications from Macquarie University and a professional background in public relations and journalism.

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.



STEPHEN BIRCH

VISITING APPOINTMENTS

ADJUNCT PROFESSORS

Patricia Apps, PhD (Cambridge University). Professor in Public Economics, Faculty of Law, The University of Sydney.

Adjunct Professor, 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) at McMaster University, Hamilton, Ontario, Canada.

Senior editor, health economics 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, PhD

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.

Liz 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 FELLOWS

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.