

PAYING FOR VALUE

NEWSLETTER MAY 2021

Delivering new knowledge on payment systems to facilitate the delivery of more effective, efficient and equitable cancer care.

Newsletter Highlights:

- ✓ Our new website is here: www.p4v.org.au and @PayingforValue 
- ✓ PhD program: call for Expressions of Interest now open! (see below)
- ✓ Registrations for our webinars are now open (see below)
- ✓ Update on our current work

NEW AND UPCOMING

PAYING FOR VALUE WEBSITE:

We are pleased to announce that we have launched our new website. Here are a few highlights from the website:

- Details on the CRE aims, projects and the research team.
- Recordings from our Webinar series including those from Distinguished Professor Jane Hall, Professor Kees van Gool and Dr Philip Haywood.
- As a part of our ongoing work, we will build:
 - [Reading Room](#): a repository of resources that reflects on journal articles, books and reports we found helpful in understanding the concept of value-based care.
 - [Data Corner](#): Data cleaning and analysis of large administrative datasets is time-consuming with many technical pitfalls. We detail our experiences, approaches and mistakes in our **Data Corner bulletins**, and have listed resources we have found helpful in our work.

If you have any suggestions or comments about the website, please email us at: p4v@uts.edu.au

To visit the website, click: www.p4v.org.au

PHD STIPEND OPPORTUNITIES CALL FOR EXPRESSIONS OF INTEREST NOW OPEN

New PhD scholarships are available under the NH&MRC funded Centre of Research Excellence in value-based payments in cancer care. Living allowance scholarships are available for up to three years up to an approximate value of \$28,000 per year.

WHAT TOPICS MIGHT FORM A PHD?

This CRE is working on improved funding mechanisms that will support the delivery of effective, equitable and efficient care, and lead to better outcomes for cancer patients. The CRE's research agenda covers three streams of work:

1. Identifying high priority areas for payment reforms: this will involve identifying variation in current patterns of treatment and exploring how risk adjustment can be applied to limit unintended consequences.
2. Developing insights into behavioural responses to payment changes: these will investigate how previous changes in policy or technology have led to changes in patient and provider behaviour.
3. Development of micro simulation models to predict the impact of proposed changes: these models will need to incorporate behavioural insights into the analysis of current patterns of care and the distribution of costs.

Students will have the freedom to develop their own topic within the scope of the overall CRE research program.

For more information on the application process, click [HERE](#)

WEBINARS

We are continuing our interactive webinar series - focusing on the design, implementation and evaluation of value-based cancer care, and the process of implementing healthcare reform. You can register for the webinars by clicking on the links below. The webinars will allow researchers, policymakers, and providers of care to share their perspectives on value-based care and keep in touch with current developments in this area. Details of our next seminar are:

Title: [How can alternative funding models promote innovative care?](#)

Speaker: Distinguished Professor Jane Hall, CHERE, UTS

Date: Thursday, 13th May 2021

Time: 11am -12pm

This webinar will review traditional methods of payment, and how they have evolved to address perverse incentives. While pressures for reform in Australia (and elsewhere) are not new, the problems they seek to address are. We consider the development of value-based care as a basis for reform. In this webinar, we will review the current approaches to implementing value-based funding and consider the challenges in implementing reform in Australia today.

Click [here](#) to register

You can now find our past webinars here: www.p4v.org.au

CURRENT WORK

a. Policy Observatory:

The Policy Observatory team is currently focussing on the meaning of value-based care as it is used in multiple ways by policy makers and commentators in different health systems. To clarify this concept, we need to understand the different perspectives of “value” to align the meaning of ‘value-based care’ in the complex patient-funder-provider relationships of Australia’s hybrid public-private system.

If you would like to know more about our work in this area, please watch Distinguished Professor Jane Hall’s webinar on our website (www.p4v.org.au)

During 2021, we will be developing a program of **policy research** to explore the barriers and facilitators to payment reform. The aim will be to draw the link between financial incentives and behaviours we observe in the econometric analysis, with the institutional, organisational, and professional context that will affect the scope and extent of payment reform in Australia.

We will also continue to build a repository of information on national and international **payment reforms** within oncology. We believe that this will become an important public resource for all of us working in this field.

If you would like to know more about the international literature and its transferability to Australia, please watch Dr. Philip Haywood’s seminar on our website (www.p4v.org.au)

b. Empirical projects:

a. Identifying variations in out-of-pocket costs for cancer patients:

The Australian health care system is a hybrid public-private system, characterised by substantial variations in patient costs of cancer care across Australia. This work analyses the extent to which the Medicare Benefits Schedule (MBS) keeps pace with provider fees and the payment gaps faced by cancer patients for their care.

b. Measuring the true costs of cancer:

The indirect costs of cancer are a frequently overlooked aspect of the true impact patients face. Such indirect costs include reduced household income if the patient (and their carer) has to stop working or reduce their hours. Some may continue to feel the negative impact of reduced labour market attachment and become increasingly reliant on government supports such as disability, carer, and unemployment payments. The extent and duration of these indirect costs are likely to be correlated with

socioeconomic factors, particularly considering the compounding effect of poorer health outcomes observed for cancer patients from lower socioeconomic groups in Australia.

This project will estimate the true economic cost of receiving treatment for cancer in Australia on individuals, households, and society.

c. **Understanding financial risk in treating cancer patients: a multi-level modelling approach**

Institutions and providers face financial risk when treating patient and some bear greater financial risks than others. The degree of financial risk borne by the institutes and providers has direct bearing on the feasibility of bundling services. This project will analyse the degree of financial risk borne by the institutions and providers in the treatment of cancer, by type and stage of cancer.

d. **Provider behaviour in response to Medicare changes:**

We evaluate the outcomes for patients and providers due to changes in the policy and the unintended consequences of such changes on patients. We are currently investigating the impact of the **withdrawal** of public financing on provider behaviour and patient outcomes. Our first project will focus on the removal of joint-injection items from Medical Benefits Schedule (MBS) in January 2010. Our team is building on our existing research on the impact of policy change on provider behaviour.

This body of research will also provide real-world evidence for policy makers to make informed and evidence-based decisions about the impact of removing subsidies.

If you would like to know more about this project, please watch Dr. Olukorede Abiona's seminar on this topic on our website (www.p4v.org.au)

e. **Provider incentives in cancer care: the case of oral chemotherapy and subcutaneous anticancer treatment:**

This project will explore the impact of the introduction of an oral chemotherapy drug, capecitabine, on provider behaviour. Though capecitabine had the same clinical effectiveness as existing therapies at the time it was introduced, there are considerable financial implications for providers when switching from an intravenous to oral mode of administration. This project will illustrate how provider incentives change behaviours.

f. **Palliative care:**

The use and costs of healthcare, particularly hospital services, rise substantially in the months prior to death, regardless of the age at death or the cause of death. Although the use of palliative care services has been associated with less costly care at the end-of-life, there is evidence of gaps in the reach of palliative care services in Australia in terms of residential area, diagnosis and other patient characteristics.

This study will investigate if prerequisites exist for changing payment mechanisms to deliver more appropriate and less costly end-of-life care. These prerequisites include unacceptable variation.

