

Centre For Health Economics Research And Evaluation (CHERE)

Triennium Report
2021-2023

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Acknowledgement of Country

UTS acknowledges the Gadigal people of the Eora Nation, the Boorooberongal people of the Dharug Nation, the Bidiagal people and the Gamaygal people, upon whose ancestral lands our university stands. We would also like to pay respect to the Elders both past and present, acknowledging them as the traditional custodians of knowledge for these lands.

Message from the Director



The Centre for Health Economics Research and Evaluation (CHERE) has made significant progress in the last three years in our mission to enhance health service performance and improve health outcomes and value for money within the health system.

Our move from the UTS Business School to the Faculty of Health in 2021 has driven closer collaboration with health academics and broadened our collaborative networks. It has brought valuable health economic perspectives to the Faculty's broader health research endeavours, and offers exciting future opportunities for the Centre.

In 2022, CHERE became one of the founding Centres of UTS's newly established Health Research Institute, INSIGHT. This ensures that health economics research will be central to INSIGHT's mission to drive change within the health system.

This report covers our key achievements during these three years, which include a new contract to provide expert quality of life measurement for Cancer Australia; success in MRFF grants, an innovative NHMRC CRE to examine value based care in cancer, an ARC grant that will develop an innovative method for decision makers to achieve fairer allocation of resources across diverse health conditions, interventions and patient populations; participation in two major reviews for the Commonwealth Department of Health and Aged Care; and a major program of work in the assessment of children's quality of life.

This work is underpinned by our strong national and international reputation in health economics and health services research, built over more than 30 years.

Researchers at CHERE are seen as leaders in our field. CHERE has an outstanding reputation for nationally competitive grant and contract research success, a record of sustained policy engagement, and thriving collaborative networks and engagement with research, clinical and policy partners across Australia. The last three years have been a period of transition for CHERE amid enormous change for the health system and for universities.

The constant through this period of change and growth has been our focus on high quality, translational research that will make a real-world impact on policy.

There are many people without whom our successes would not have happened. I would like to offer my gratitude to the senior leadership of UTS and the Faculty of Health, including INSIGHT for their commitment to, and support of, CHERE. I'd also like to thank our Board who provided guidance over the last thirty years until we became part of INSIGHT, and all of our research partners and stakeholders.

But my greatest thanks go to CHERE's academics and students, the administrative staff, and the leadership group within the Centre, whose hard work and dedication has enabled us to make such great strides towards our vision of creating a better, more equitable and value-for-money health system.

Professor Rosalie Viney,
Director, Centre for Health Economics Research and Evaluation



Message from INSIGHT Director

The Research Institute for Innovative Solutions for Well-Being and Health (INSIGHT) was formally launched as a pan-university Health Research Institute at the end of June 2023 and CHERE was included as a foundational Centre.

INSIGHT brings together multidisciplinary experts from across UTS, working in partnership with external stakeholders to tackle complex and embedded population health issues and reduce persistent inequities in health outcomes within populations.

At INSIGHT, we collectively recognise that all our health futures depend on acting differently today and creating intergenerational change – across the entire life course from the “womb to the tomb”.

Importantly, this acknowledges that we are an ageing population, and the disease and disability burden created by this demographic shift means increased responsibilities for our younger generations to support all our health futures.

The gaps in health and wellbeing that are magnified across the life course have their origins over the first 2000 days of life, so we need to ensure our future generations have optimal wellbeing from before birth for their own social, economic and health futures as well as to support an ageing population.

Towards the end of life, even though we are living longer, we are living with more disability, so we also need to find innovative ways to improve the quality as well as the quantity of years lived.

Further, our health systems are under considerable pressure and we need to be innovative to re-imagine, pilot and evaluate models of care that are future-proofed, cost-efficient and can be resilient in the face of changing demographics and environments (especially due to climate change). As part of the re-imagining, we need to find ways to configure the health workforce to reduce burn-out and prepare future health and allied health workers for our digital (health) futures.

These contextual and current challenges define the initial priority areas for multidisciplinary research across INSIGHT and have informed the establishment of new collaborative research groups across UTS throughout 2023. In 2024, these groups will begin to tackle these complex issues.

We are privileged at INSIGHT to be able to harness the established and excellent research expertise that exists within CHERE.

The integration of health economics expertise across all of INSIGHT research provides a huge strength and competitive advantage for finding innovative and context-relevant solutions to entrenched population health issues.

Having the capacity to embed an econometric lens throughout the research pipeline is essential for INSIGHT to have impact and for translation into strategies that can efficiently improve all our future wellbeing. We are looking forward to working in partnership with CHERE experts as we move into 2024.

Professor Susan Morton,
Inaugural Director, INSIGHT

About CHERE

The Centre for Health Economics Research and Evaluation (CHERE) is a national and international leader in health economics, health services and health policy research.

CHERE was founded in 1991 and has a long-established reputation for excellence in research with impact, policy engagement and capacity building in health economics.

We develop and use advanced theory and methods in health economics to achieve excellence in research and produce new knowledge. We have numerous collaborations with other leading researchers in Australia and in other countries.

CHERE has more than 40 research staff and PhD students including health economists, statisticians and health services researchers from a range of backgrounds including psychology, pharmacy and health sciences.

CHERE's research broadly covers the financing, organisation and delivery of health services, with the aim of enhancing performance and improving health outcomes and value for money within the health system.

Our areas of expertise are financing and the use of health care services; economic evaluation and health outcomes measurement; preferences and decision making in health care; and the health workforce.

CHERE is a Centre within INSIGHT, a pan-university institute that sits within the Faculty of Health at the University of Technology Sydney (UTS).

Our areas of expertise



Financing and the use of health care services



Economic evaluation and health technology assessment



Preferences and decision making in health care



Assessment and valuation of quality of life



Our mission and vision



CHERE Mission Statement:

To enhance performance and improve health outcomes and value for money within the health care system.

“A key underlying objective of all our activities is to support and foster academic careers in health economics – to develop the future leaders for CHERE, for UTS, and for the health system.”

Professor Rosalie Viney,
Director, CHERE

Our strategy is to lead nationally and internationally in health economics research by conducting research that contributes to better health system performance and outcomes while building health economics capacity across research and practice.

A distinguished career

When CHERE was established by founding director Distinguished Professor Jane Hall in 1991, the application of economics to health was still in its infancy in Australia.

Healthcare costs were rising rapidly at the time, and there was a growing interest from economists in the health sector, and from policy makers in evaluation and achieving value for money. But there were only a handful of economists, few of whom would have called themselves health economists, working in various centres to develop the field, most notably with John Deeble at the Australian National University

Jane, then a young doctoral researcher who would have taken her research overseas were it not for her young family, applied for a competitive grant from NSW Health to establish a centre in health economics:

“There were a lot of very good competing bids across many fields. We were the only one in health economics.”

“At the interview they asked why they should give me all this money. I told them they needed health economics as it is absolutely crucial for

understanding how to build health care in a way that delivered good population outcomes at a cost society could afford.”

CHERE opened its doors at Westmead Hospital with just a handful of people. Its initial emphasis was on evaluation of new models of healthcare delivery, such as early discharge programs, assessing the costs and health outcomes of treatment options, and ensuring the appropriate incentives for new screening programs including newly introduced mammographic screening for breast cancer.

Within three years, there were 12 research staff and three support staff; CHERE had strong international connections and was building credibility with policy makers and clinicians at all levels. Its work was expanding to cover more aspects of health economics, including priority setting for health resource allocation, financing of health care including private health insurance, and analyses of equity.

That credibility has continued and deepened over the next 30 years.

CHERE has become widely respected for its independence and rigour, the breadth of its research, and its sustained impact on policy and practice.



In 2023, the outstanding contribution to health economics and health services research by Distinguished Professor Jane Hall, the founding Director of CHERE was recognised when she was made an Officer in the General Division in the Order of Australia Honour's list. Her award was for distinguished service to the social sciences, to academic leadership and mentoring and to national and international associations. This award recognises a life time of achievement and commitment to her field.

**Distinguished Professor Jane Hall,
CHERE**



The Centre moved to UTS in 2002, and became part of INSIGHT in 2022. Over time, it has built an expansive collaborative network in health economics and policy, and developed significant and long-lasting relationships, attracting sustained funding in a competitive market.

Today, CHERE is nationally and internationally recognised for conducting empirical studies into the nature and conduct of health care and its effects, for quality and leadership in health economics and research evaluation techniques, and for its diversity of methods, breadth of focus and policy impact.

Jane says health economics is now firmly established as a discipline in Australia; it would be rare to see a clinical trial or Health Technology Assessment without an economic evaluation component.

This, though, is only one part of the broad spectrum of issues which CHERE addresses. The problems of funding services, how incentives work for providers and consumers, the role of private health insurance, the health workforce and how social and economic factors affect health are all amenable to CHERE's economic analysis.

Jane says her most important legacy, beyond her research, is the people whose careers have been nurtured through CHERE.

“CHERE has been an attractive place to work, and many people have stayed with the Centre for years and even decades. It is very satisfying to see those people develop over the years and the significant work they are doing. Others have moved on and can be seen leading other centres and initiatives around the world.”

Distinguished Professor Jane Hall,
CHERE

2020 – 2023 achievements

Highlights and impact

CHERE – a nationally and internationally leading centre in health economics, health services and health policy research



Research income

	2020	2021	2022	2023
Category 1	\$1,206,285	\$1,791,299	\$1,680,851	\$2,158,449
Category 2	\$1,691,789	\$1,786,666	\$1,568,354	\$2,119,482
Category 3	\$180,347	\$259,053	\$295,644	\$237,609
Category 4	-	\$73,500	\$38,750	\$137,000
Total	\$3,078,421	\$3,910,518	\$3,583,599	\$4,652,540

Source: Health Research Office, UTS

Publications in peer reviewed journals

CHERE's research outputs include publications in peer reviewed journals, technical reports for decision makers in the health system and government, presentations at conferences and articles in policy publications. In particular, CHERE has produced 32 expert commentaries for reimbursement decision making since 2020. In addition, CHERE has a strong record in peer reviewed publications.

Total Publications



Source: Health Research Office, UTS

Higher degree research students

	2020	2021	2022	2023
Cohort Size	10	13	13	14
Commencement	3	3	3	3
Completions	1	0	3	1

Source: Health Research Office, UTS

What is health economics research – and why is it important?

Health economics is a branch of economics that uses economic concepts and methods to inform health decision makers on the best way to allocate limited health system resources.

Health economics is distinguished by the combination of key economic theory and methods and institutional knowledge of the health system, which is essential for interpretation and analysis and for making informed policy recommendations. Much of our work in health economics is focussed on using theory and data to understand the drivers of choices made by people – consumers, providers and firms – in the health system, to predict behaviour in response to policies, and to evaluating how this affects costs and outcomes and whether these changes improve wellbeing for the population.

Health economics helps us understand how and why people make decisions regarding their health and use of health care services, how to ensure value for money in the provision of care, and how to achieve equity of access to care.



Health economics focuses on:

- Assessing the impact of health system policy and practice on health and wellbeing outcomes
- Improving health system performance to achieve better health outcomes with value for money
- Evaluating and improving fairness in access to health services and health outcomes
- Achieving efficient use of health system resources
- Ensuring sustainability and affordability



Why do we need health economics research?

Health outcomes are integrally linked to wellbeing for society and productivity in the economy. But health expenditure is increasing rapidly. Australia spent more than \$241 billion on health goods and services in 2021-22 – 10.5% of total economic activity.

Expenditure in the health system is decided by policy makers, but also by consumers and healthcare providers in response to the structures, systems and incentives created by policy frameworks.

Health economics helps us predict these outcomes and evaluate policy prospectively and retrospectively for its effectiveness, cost-effectiveness and influence on wellbeing.

Health economists study behaviour and preferences to quantify things that are hard to quantify – to support decision making by assigning a value to things and comparing the costs with the benefits of health care.

How can health economics research support policy?

Some of the ways we support policy decision making are listed below.

Developing robust methods to measure outcomes: What matters to consumers and patients in the health system and how should it be measured?

Analysing and predicting behaviour: How will consumers and providers respond to policies/programs and prices?

Economic evaluation of programs and policies: How do we achieve value for money from safe, effective technologies and programs?

Designing programs/policies with maximum uptake: Predicting demand and utilisation, as well as unintended consequences.

Measuring welfare: What option provides the most benefit to society? What are the welfare impacts of policies?

Our methods

We employ diverse, cutting-edge methods to evaluate health services, programs and technologies, analyse the drivers of health system behaviour and performance, and assess the effectiveness of policy initiatives.

Our work spans both ends of the research spectrum – from advice on collection of data and development of new methods, to evaluation of interventions in ways that are relevant to policy.

Our large research team brings vast collective experience in a broad range of methods.

Economic evaluation

Economic evaluation assesses value for money of interventions, not just their safety and effectiveness. It involves the systematic and comparative analysis of what it takes to provide health care (the costs) and what that care produces (the benefits).

We use rigorous and up-to-date methods to evaluate complex interventions, from clinical trials of new interventions through to evaluation of programs and policies. Examples include the evaluation of the Victorian Healthy Homes Program, the evaluation of the Efficient Funding in Chemotherapy Drugs, and the Development and Validation of an Indigenous Quality of Life and Wellbeing Index (IQWI) for health decision-making.

Policy evaluation

Policy driven interventions come at a cost. Through health economic evaluation, we can assess the efficacy and sustainability of interventions as a program and as a benefit to the community. Our stakeholders have included government, industry, and lifestyle initiatives that seek to improve the health of individuals or improve the efficiency in aspects of the health system. Recent work includes waiting times for maternal health needs, and the long-term impacts on GPs and first responders during an unforeseen and critical health emergency.

Applied econometrics

Econometrics applies statistical and mathematical models to economic data to inform policy and resource allocation. For example, we use econometric methods to understand critical relationships between the determinants of costs and outcomes of healthcare interventions. This provides us with the capacity to investigate the factors influencing healthcare utilisation and its outputs, relying on real-world evidence, often collected through existing administrative data systems.

Discrete choice experiments

Understanding how individuals make choices about their health and health service use is fundamental for predicting the impact of policy change. But it is hard to study people's decision making without data on all the factors that might influence their choices.

Discrete choice experiments look at different characteristics, or attributes, of a service or intervention, such as how much it costs and the expected outcomes, and how much value people assign to these attributes. We ask people hypothetical questions about choices they would make under different conditions. From those choices, we can infer how they would trade between attributes. This allows us to measure the relative importance of different attributes in influencing people's healthcare decisions.

Health system performance

We evaluate the performance of the health system for the efficiency, equity, quality and sustainability of healthcare delivery, as well as the funding and financing arrangements underpinning the health system. We measure and benchmark these outcomes with the use of national and international datasets.

Health technology assessment

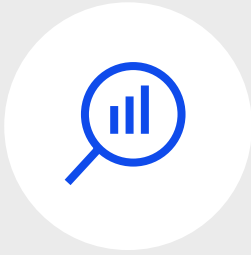
This work looks at the costs of providing an intervention and its expected impact on health service utilisation and health outcomes. It is critical in ensuring that we are able to introduce new technologies for public subsidy that are not only safe and effective, but also represent value for money. We are an independent evaluator for the Commonwealth Department of Health and Aged Care of applications to the Pharmaceutical Benefits Advisory Committee (PBAC) and Medical Services Advisory Committee (MSAC), which involves analysing and reviewing complex clinical and economic data, including modelled analyses.

Qualitative research

Our qualitative methods include stakeholder engagement and consumer consultation to understand choices and drivers of choice. These are critical inputs in providing context to our understanding of how individuals use and value care.

“We are an independent evaluator for the Commonwealth Department of Health and Aged Care, analyzing complex clinical and economic data, including modelled analyses.”





Our research in practice

Our research spans the health system in terms of scope and themes. We engage with every level of the system – from consumers to clinicians, health service decision makers and policy makers – to inform health policy, develop new methods and build capacity in health economics in Australia and internationally.

Our areas of research

1. Health-related quality of life: the physical, psychological and social results of health care, beyond health outcomes →

2. Economics of cancer →

3. Health Technology Assessments →

4. Ageing and palliative care →

5. Financing of health care →

6. Policy and program evaluation →

7. Using health economics to improve women's and children's health →



Health-related quality of life:

the physical, psychological and social results of health care, beyond health outcomes.



Since its establishment, CHRE has has a program of research to measure and value quality of life and health outcomes. We have a long history of undertaking quality-of-life research, along side clinical studies and developing the methods to measure what matters most to patients and consumers, and to ensure the measures are meaningful. Improving quality of life is the purpose of most health interventions, and capturing these impacts is fundamental to economic evaluations.

Our team has expertise across all aspects of quality-of-life research and work in collaboration with groups around the country to embed the

assessment and valuation of quality of life as a key part of healthcare research and planning. Our work involves understanding people's preferences for what affects their quality of life, so we can both measure what matters to those whose health is impacted, but also attach values to what matters.

To do that, we use psychometric methods to develop new measures of quality of life, and use existing methods such as discrete choice experiments and time trade-off to understand what people value and how they make decisions.

Highlights and impact

New measures:

Development of an EQ-5D-5L value set for Australia and a new version of the SF-6D.

New methods:

Comparison of discrete choice experiment and time trade-off methods for eliciting values; large-scale comparison of discrete choice experiment design approaches.

Quantitative projects:

Finding ways to measure quality of life in paediatric populations.

Qualitative projects:

Exploring methods for asking adolescent respondents about preferences.

Case study

A new health-related quality-of-life tool for Australia

Health economics helps decision making around reimbursement by assessing efficacy in a way that is quantifiable and comparable across different interventions.

It often does this by looking at Quality Adjusted Life Years (QALYs) – a measure that combines the quantity and quality of years lived.

Assessing the quality-of-life component of QALYs is done via a variety of questionnaires for patients and the general population. CHRE has made an important contribution to how those quality-of-life components in the QALY are calculated in Australia.

The team have developed an Australian value set for the EQ-5D-5L, the most widely used quality of life instrument internationally that understands the preferences of the general population in different areas of their health.

The EQ-5D-5L value set for Australia is a standardised measure of health status. It consists of several survey questions designed to understand how people rate their own health across five dimensions – mobility, self-care, usual activities, pain or discomfort, and anxiety and depression.

It is based on a measure developed in Europe and used widely in clinical trials, observational studies and other health surveys. To develop a value set for the EQ-5D-5L for Australia, researchers undertook an online discrete choice experiment of more than 4,000 Australian adults.

Through this research, they also uncovered a range of methodological insights that can be used to value health in other countries.

Associate Professor Brendan Mulhern who was one of the leaders in this research said “Developing this value set in the general population can be used to inform the key outcomes that decision makers use to allocate healthcare resources that align with people’s preferences for health.”



Brendan worked closely with a team of indigenous and quality of life researchers across Australia, including Professor Kirsten Howard and Professor Gail Garvey on an NHMRC-funded project to develop a measure of wellbeing that is grounded in the values and preferences of Australia’s First Peoples.

The project used mixed methods to develop the measure, and employed decolonising methodologies, privileged Aboriginal and Torres Strait Islander voices and perspectives, and adopted a strengths-based approach rather than a deficit lens.

The measure will have wide applicability in assessing the effectiveness and cost-effectiveness of new programs and services for Aboriginal and Torres Strait Islander people. Studies are under way to explore how to implement the measure, and also to develop a version for adolescents.

Brendan’s expertise has also made CHRE a leader in the development of new instruments and in understanding how to expand measurement and valuation of quality of life beyond health domains. Internationally he is involved in many projects which have advanced methods of measurement of quality of life across the life span.

2

Economics of cancer



A key focus of CHERE is the use of health economics to improve the delivery and outcomes of cancer care.

We bring the latest methods in health economics and health policy analysis to our cancer research:

- Discrete choice experiments to understand what influences patients and providers to participate in care
- Developing different approaches to measure and evaluate quality of life in cancer patients
- Understanding provider incentives in care
- Using administrative datasets to explore utilisation and costs of cancer care

We support Cancer Australia Clinical Trials Groups in the design of clinical studies to include measurement of costs and outcomes including quality of life, to inform policy and practice. We also undertake research to evaluate the impact of different funding approaches for cancer services.

Highlights and impact

Centre for Research Excellence in Value Based Care in Cancer

The Cancer Australia Cancer Research Economic Support Team (CREST)

Cancer Quality of Life Expert Service Team (CQUEST)

Case studies

Health economics support for Cancer Australia: The Cancer Australia Cancer Research Economic Support Team (CREST)

CREST provides high quality, expert advice and support to the Cancer Australia collaborative clinical trials groups.

CREST is the only service of its kind globally, tasked with providing health economics advice and building capacity for health economics within the clinical trials groups.

The aim is to embed knowledge and capacity within cancer clinical trials, as this will ultimately lead to improved access for patients to cost-effective cancer treatments in Australia.

CREST support facilitates research in clinical trials groups that is fit-for-purpose in terms of addressing reimbursement decision-making in cancer care – critical to providing cancer patients access to care.

As a result, CREST has been credited with providing the gold standard in trial design that all trials in that field should aspire to. According to one journal article reviewer:

“The authors should be lauded for performing a cost-effectiveness analysis in the context of the study, and having the foresight to collect relevant utilisation data (and pre-specified!) to inform costing and resource utilisation. This is very rarely done in radiation clinical trials, and this study sets the bar for such analyses.”

CREST is funded by Cancer Australia as part of the Cancer Australia Support for Clinical Trials Program.

Considering quality-of-life outcomes in cancer clinical trials

The Cancer Quality of Life Expert Service Team (CQUEST) is a unique service that provides advice to Cancer Australia on including patient reported outcomes in its clinical trials.

The aim is that cancer clinical trials in Australia use the most up-to-date methods and knowledge to collect data on patient quality of life.

CQUEST provides clinical trials groups with advice and capacity building on the methods, approaches and instruments (including patient reported outcome measures) to assess quality of life in trials, with a focus on identifying which aspects of quality of life are being affected, how those impacts might be best measured and interpreted.

In providing this unique service, the team advises and builds capacity within the clinical trials groups on the appropriate quantitative and qualitative methods that can be used to capture the impacts of cancer and its treatment on the quality of life of those affected.

CQUEST is funded by Cancer Australia

Established in 2022, CQUEST is funded by Cancer Australia as part of the Cancer Australia Support for Clinical Trials Program. It includes leading quality-of-life experts including Associate Professor Brendan Mulhern and Dr Tim Luckett. It offers expert advice from CREST and the Centre for Improving Palliative, Aged and Chronic Care through Clinical Research and Translation (IMPACCT).

Case studies

Changing the way we think about paying for cancer care

Cancer patients in Australia face high out-of-pocket costs from a wide array of healthcare providers across primary, acute and follow-up care.

With healthcare providers paid on a fee-for-service basis, there is little incentive for them to work together and reduce costs.

The NHMRC Centre of Research Excellence (CRE) on Value-based Payments in Cancer Care was established in 2019 to change the way we think about the financing of cancer care.

Led by Professor Kees Van Gool (University of Sydney), the team of CIs includes CHERE's Distinguished Professor Jane Hall, Associate Professor Serena Yu and Professor Richard De Abreu Lourenco, the CRE is providing evidence for evidence-based cancer care reforms in Australia.

The CRE brings together researchers from UNSW Sydney, the University of Sydney, the University of Melbourne, and health service organisations including the NSW Cancer Council and Cancer Council Australia.

Publications from the NHMRC CRE Value Based Cancer Care program:

🔗 [Higher fees and out-of-pocket costs in radiotherapy point to a need for funding reform. Australian health review: a publication of the Australian Hospital Association](#), 47(3), 301–306.

van Gool, K., Hall, J., Haywood, P., Liu, D., Yu, S., Webster, S. B. G., Moradi, B., & Aranda, S. (2023).

This paper is an analysis of the policy implications in the funding of radiotherapy services between 2009–10 and 2021–22. Despite the increased Medicare funding through the Extended Medicare Safety net, it was found that patients face financial barriers in access to radiation oncology services. A review of the policies regarding funding radiotherapy services would ensure services are accessible and affordable for patients needing treatment and ensure a reasonable cost to Government.

🔗 [The impact of COVID - 19 on chronic disease management in primary care: lessons for Australia from the international experience. Medical Journal of Australia](#), 216(9), 445–448.

Parkinson, A, Matenge, S, Desborough, J, Hall Dykgraaf, S, Ball, L, Wright, M, Sturgiss, EA & Kidd, M. (2022).

This paper details the proactive care and community partnership that benefits patients and mitigates risks, as well as a call for strengthening primary care capacity to ensure safe and comprehensive CDM in the midst of a pandemic and for the future.

🔗 [Specialist Palliative Care and Health Care Costs at the End of Life. PharmacoEconomics Open](#), 8, 31–47 (2024).

Kenny, P., Liu, D., Fiebig, D., Hall, J., Millican, J., Aranda, S., van Gool, K. and Haywood P.

This paper analyses the costs of care over the last year of life and its association with the extent of the use and duration of specialist palliative care (SPC) for those whose death related to cancer or another life-limiting illness.

3 Health technology assessments



Health Technology Assessment (HTA) is the systematic evaluation of the consequences of using health technologies (medicines, vaccines, medical devices and tests), including safety, effectiveness, economic impacts and ethical issues associated with their introduction.

These assessments are used to inform decisions to fund and subsidise health technologies through subsidy schemes and funding programs. In Australia, HTA is used to fund health technologies through programs such as the Pharmaceutical Benefits Scheme, Medicare Benefits Schedule, National Immunisation Program and the Life Saving Drugs Program.

Our highly experienced HTA team is involved in the development of economic models and evaluation of new technologies, providing advice for the Medical Services Advisory Committee (MSAC) and the Pharmaceutical Benefits Advisory Committee (PBAC).

Our work plays a significant role in informing decision-making in the healthcare sector by ensuring that policymakers have the necessary information to understand the comparative harms, benefits and costs of new technologies.

Highlights and impact

Efficient Funding of Chemotherapy (EFC) Review

We led a large review for the Commonwealth into the operations, impact and continued sustainability of the existing chemotherapy funding arrangements and associated practices across the cancer medicines supply chain (2021-2022).

Health Technology Assessment Review

We are working as external experts to inform this large review (2023), which is examining all aspects of the HTA process as it relates to medicines.

Maximum Dispensed Quantities

We worked as expert advisors to the consultants working on the impact of recommended changes to PBS dispensing amounts (2023).

Case studies

Providing evidence for public funding of new treatments

Professor Richard De Abreu Lourenco came to CHERE from a previous career at the Reserve Bank. It was during a flight home from a work meeting that he realised he was really making an impact in his new career.

During the flight, the elderly couple next to him kept glancing at his laptop. When they landed, they asked, “Did you work on that drug? Our son had leukaemia and he was dying, and he started taking it and because of that he’s still alive.”

Their conversation brought home to Richard the importance of providing the right evidence that answers the right questions for the Government to be able to make effective treatments available in an equitable way.

Having trained as a health economist in the late 1990s and then spending 13 years in industry, Richard brought to CHERE the benefits of that experience in the field of market access and reimbursement for pharmaceuticals and medical devices in Australia.

“I’m very committed and passionate about patients having access to right care at the right time,” he says.

Today, he is the Senior Evaluator for the PBAC Team, which is funded by the Commonwealth Department of Health and Aged Care to provide independent external guidance on new healthcare technologies by assessing the evidence for effectiveness and affordability submitted for subsidy by the PBAC/MSAC.

“I love working with CHERE. Our advantage is our partners aren’t just working with one person. Behind each of us is a collective group of individuals with vast experience that we can draw on,” he says.



“My previous experience means I understand systems of government and industry processes, how decisions are made and how industry operates. If you don’t understand these processes, you can’t affect change.”

Professor Richard De Abreu Lourenco,
CHERE

Case studies

Why is the discount rate important?

The discount rate is used to discount future costs and benefits back to their net present value. This is a key parameter in Health Technology Assessment (HTA) guidelines. The choice of discount rate may reflect alternative investment opportunities and time preferences, and can have a substantial impact on the estimated cost effectiveness of a health intervention. All else being equal, application of a higher discount rate implies less value is being placed on interventions whose benefits are realised further into the future, including preventative and lifelong interventions.

In Australia, the PBAC and MSAC guidelines specify the base-case discount rate applied for costs and benefits is 5% per annum. However, internationally the recommended discount rate ranges from 1.5% to 5%.

The Department of Health and Aged Care commissioned CHERE to evaluate and compare international discount rates and practices. Results from this research were tabled and discussed at the July 2022 PBAC meeting, as well as by the Reference Committee of the Department of Health and Aged Care's current Health Technology Assessment Review.

We have been commissioned to prepare this report as part of a larger government/industry initiative on reviewing the methods and processes for Health Technology Assessment in Australia.

[View Report](#)

Figure 1. HTA discount rate by country, equal vs differential (2020, 2021)

	Cost	Benefit
Canada	1.5	1.5
Japan	2	2
USA	3	3
Thailand*	3	3
Sweden	3	3
Singapore	3	3
Germany	3	3
Belgium	3	1.5
UK (England and Wales)*	3.5	3.5
Scotland*	3.5	3.5
New Zealand	3.5	3.5
The Netherlands	4	1.5
Ireland	4	4
France*	4	4
Taiwan	5	5
South Korea	5	5
South Africa	5	5
Brazil	5	5
Australia	5	5

Source: ISPOR (2022); Pharmacoeconomic Guidelines around the world. ISPOR, Lawrenceville, USA.

Case studies

Valuing digital health maturity: evaluating the health economic impact of increasing regional digital health ecosystem maturity

Digital health technologies are rapidly changing how health services are delivered in Australia and around the world.

From videoconferencing for remote clinical consultations to the use of electronic medical records, wearable devices and assistive artificial intelligence, digital health technologies promise to enable new models of care, enhance access and improve efficiency throughout the health system.

But digital health requires a broad range of physical infrastructure, software, specialist capacity, governance, data security arrangements and more. To realise the benefits of new digital health technologies, this broader supportive ecosystem must evolve in tandem.

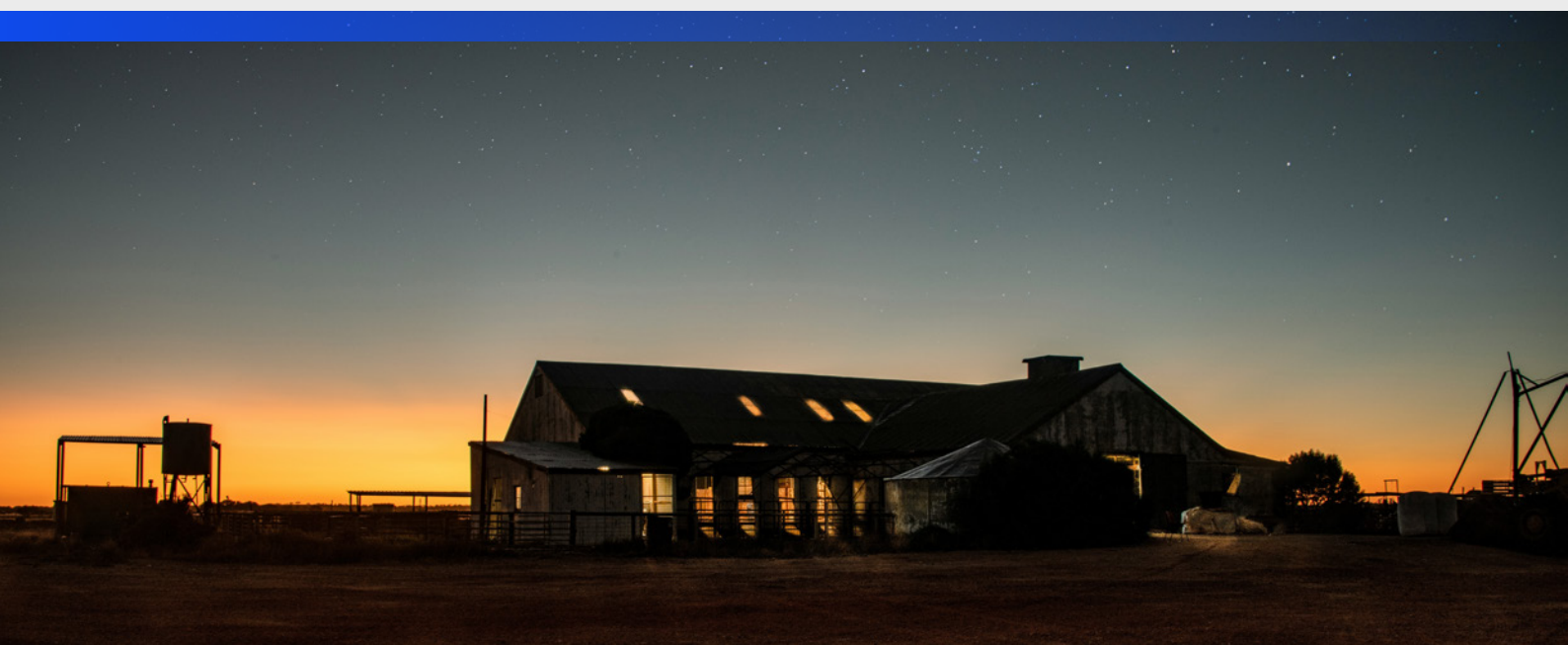
Due to its diffuse and sweeping scope, it can be difficult to quantify the economic value of digital health's underlying support structure. Traditional valuation frameworks used by health system decision makers do not readily account for costs and benefits that cannot be directly attributed

to specific, patient-facing applications. As a result, digital health administrators often find themselves at a disadvantage when competing for limited resources. New approaches are needed to illustrate the value of investments in digital health ecosystem maturity.

To address this need, we have partnered with Sydney Local Health District and Health Information Management Systems Society (HIMSS) and the Digital Health Cooperative Research Centre in a multi-year collaboration developing new tools to assess the health economic impact of expenditure on digital health infrastructure, initiatives and workforce capability building.

We are investigating regional digital ecosystem maturity across a range of specific domains, including analytics, electronic medical records, supply chain, cyber security and infrastructure. This work is empowering policy makers to rationalise enhanced investment in digital health infrastructure and support for NSW Health's transition to value-based care.

Core project members at CHERE include project Lead Dr Mark Thomas, PhD student, Milena Lewandowska, Professor Rosalie Viney and Professor Debbie Street.



Case studies

Discrete choice experiment shines light on what people valued during COVID lockdowns

When governments imposed rapid lockdowns to prevent the spread of COVID-19 infection, they had to act quickly and with little understanding of how restrictions would be accepted by the population.

A national discrete choice experiment conducted by Dr Kathleen Manapis during the first COVID wave in 2020 showed what Australians value most, in findings that will be applicable government decisions in future pandemics.

The experiment, part of Kathleen's PhD at CHERE, studied the acceptability of a range of measures such as quarantine, lockdown and social distancing. More than 1,000 Australians were asked whether they would trade-off the severe negative economic and social consequences associated with these measures against better health and fewer deaths.

The discrete choice experiment found Australians were willing to accept restrictions with negative consequences and relinquish some freedom, in the short term, to avoid the negative health consequences of a pandemic.

“There's no point implementing a policy that people aren't going to follow, so you need a measure to back it up. Policies that reflect the population's values and attitudes are more likely to receive acceptance and have better compliance.”



Study findings:

- In general, Australians strongly preferred policies that avoided high infection-related deaths, although they also valued lower unemployment and government expenditure
- People preferred a shorter duration for restrictions, regardless of how stringent the measures were
- Most (57%) preferred the economy to remain open with some control measures, while others (43%) had stronger preferences for policies that reduced avoidable deaths

Kathleen says discrete choice experiments can be a powerful tool for decision makers as they provide quantitative data on people's perceptions, rather than qualitative data usually obtained in surveys.

“Even though they are hypothetical, these experiments allow you to understand the trade-offs people are willing to make across different characteristics for decisions being made,” she says.

4 Ageing and palliative care



Ageing and Palliative Care research at CHERE aims to contribute evidence-based economic research and inform policy development in the increasingly important topic of ageing in Australia.

As the population ages, health services must adapt to cater for people who are living for longer and need support to manage chronic diseases or aged care.

Our work in ageing and palliative care aims to understand people's preferences, how resources are being spent currently, how to create greater efficiencies, and what services need to be developed.

We use a range of economic analytical tools to evaluate the healthcare and social needs of older people as well as people who could benefit from palliative care, including end of life care. We use administrative and data linkages to inform the financial, organisational and workforce arrangements around ageing and palliative care.

Highlights and impact

Specialist palliative care and health care costs at the end of life

Valuing end-of-life care for older people with advanced cancer:

Is dying at home important?

Case study

What do people with cancer really value at the end of life?

Most people die in hospital, but as many as 70% of healthy Australians say they would prefer to die at home. This has policy implications for care needs at the end of life.

Patricia Kenny, a CHERE health services researcher, and colleagues have recently published a study that used discrete choice experiments to understand people's preferences for care throughout the last three weeks of cancer.

The study involved more than 1,500 Australians from the general population aged 45 years and over. They were shown pairs of hypothetical scenarios involving completed trajectories of people dying of advanced cancer, and asked which scenario was better.

The study found that people in this situation would not care so much about where they died as how – their personal comfort, pain, anxiety, cost and the ability of their family or carers to cope were all more important than whether they died in hospital.

“Our study shows that investment in services to support people at the end of life would be better targeted towards programs that improve patient and carer wellbeing, irrespective of the location of care and death,” Patricia says.

The research study was conducted as part of the NHMRC grant on Community Preferences at End of Life.



“Concentrating on the place of death exclusively may miss opportunities to provide better inpatient care with the potential to reduce the burden on carers while improving quality of life for patients.”

Patricia Kenny,
CHERE health services researcher

The study showed that people nearing the end of life primarily valued:



Personal
comfort



Pain and anxiety
reduction



Financial
relief



Family or carer
wellbeing

5

Financing of health care



Health care in Australia and internationally is a complex mix of public and private funding and provision, with taxes, public and private health insurance and out of pocket costs all being part of the mix in paying for services.

As the costs of health care increase, it is becoming more difficult for governments to be sure that health services are delivering value for money.

We have built considerable capacity and skills in understanding the health system in Australia, especially the impact of our unique combination of public and private funding of healthcare providers.

We use large datasets and surveys to study how people respond to changes in their personal circumstances, how past experiences within the health system impact on present choices, and how policy changes shape their decisions and impact on outcomes.

We are also experts at investigating incentives for healthcare providers that may influence their decisions around how health care is offered.

Highlights and impact

Work with the OECD to investigate strategies to improve quality through financial incentives

How health policy influences private health insurance

Out-of-pocket costs of cancer:

We found these have risen in line with reductions of Medicare incentives.

Extended Medicare Safety Net:

We found patients who are diagnosed at the beginning of the calendar year incur greater costs due to policy design.

Case study

How have providers responded to the roll-out of oral chemotherapy in Australia?

Cancer treatment often involves hours spent in hospital receiving cancer drugs via an intravenous drip.

But for the last 20 years, chemotherapy drugs have become available in pill form that can be taken at home. Public subsidies for a specific oral chemotherapy, capecitabine, became available to treat all forms of cancer other than blood cancer in Australia in 2015.

Surprisingly, oral chemotherapy has not been taken up by patients as comprehensively as expected. Dr Maryam Naghsh-Nejad, a Senior Research Fellow at CHERE, and colleague Dr Serena Yu, have studied the roll-out to understand why.

Using a large representative survey sample linked to national Medicare claims data with detailed pricing for every service delivered by individual providers, Maryam discovered that the subsidies expanded access to oral chemotherapy for newly eligible patients by 15 percentage points.

However, prices charged by providers for an episode of care rose by 23%, driven mostly by increases in service volumes.

The results illustrate the importance of understanding differential provider responses to policy changes in financial incentives. This is due to the nature of fee-for-service structure of the health care system.

“Providers are not receiving the same incentives for prescribing oral chemotherapy as they would for treating a patient via an infusion,” says Maryam.



The subsidies for oral chemotherapy expanded access for newly eligible patients by 15 percentage points, but prices charged by providers for an episode of care rose by 23%

6 Policy and program evaluation



Evaluating the impact of new digital health technologies is crucial. Unlike trials for medicines, assessing these technologies often requires alternative methods to measure their economic value and effectiveness.

We provide robust analysis and evaluations of public policy interventions, including the Healthcare Homes model, the addition or removal of services/ medications to the Medicare Benefits Schedule or Pharmaceutical Benefits Scheme, and the Medicare and PBS Safety Nets.

Using applied econometric and quasi-experimental methods, our research uses a range of big data sources including linked administrative health data and survey data to estimate how interventions will impact on a range of economic, social and health outcomes. This work has shown that the funding and financing of health care matters for the access and quality of care received by patients.

Highlights and impact

Evaluations of Medicare reforms

Healthy Homes

Models of maternity care

Delivery of integrated care in rural settings

Case studies

How increasing energy efficiency saves money in health care

The Healthy Homes Program offered free energy efficiency upgrades to 1,000 homes of low-income Victorians with a health or social care need across western Melbourne and the Goulburn Valley during three winters from 2018–2020.

The program was run as a randomised controlled trial to assess its impact over thermal comfort, energy use, health care use, health, and quality of life.

We worked with the UTS Institute for Sustainable Futures to evaluate the Healthy Homes Program, looking at the difference in thermal comfort and indoor air quality in homes that received an energy efficiency upgrade, as well as any associated health impacts such as cardiac and respiratory illnesses, and the economic co-benefits.

The evaluation found that the program increased people's comfort during winter, and led to associated health benefits. It showed participants who received the energy efficiency upgrades experienced reduced breathlessness and improved quality of life, with mental health and social care improvements. These households saved \$887 per person in the healthcare system over the winter period.

Our cost-benefit analysis showed that the upgrade would be cost saving within three years and would save more than \$4,783 over 10 years in both energy and health expenditure.



Our evaluation of the Victorian Healthy Homes Program showed that the investment in upgrades would become cost-saving within 3 years.

Evaluating the Health Care Homes Trial

In 2022, we worked with the Department of Health and Aged Care to evaluate the Health Care Homes Trial, which aimed to provide patients with coordinated and comprehensive primary care that was responsive to patients' needs and preferences.

In a pilot run by the Department from 2017 to 2021, patients with chronic conditions nominated a GP to provide all their primary care services. GPs would stratify patients into one of three tiers, depending on the complexity of their condition. The doctors would receive a bundled payment for every enrolled patient based on their tier, replacing Medicare fee-for-service, with Tier 3 being the most complex and receiving the greatest remuneration.

Our evaluation found that the bundled payment was both a motivator and deterrent for practices to participate in the trial. While some thought they received greater funding than they would have received under fee-for-service arrangements, others believed it provided less certainty and did not cover all the work needed to look after very complex patients.

Our research found that over two years, eventually GPs enrolled most of their patients at Tier 3.

The Health Care Homes Trial was evaluated by a consortium led by Health Policy Analysis, including CHRE and the Centre for Big Data Research in Health at UNSW Sydney.

Case studies

International impact in policy and program evaluation

Through the work of Distinguished Professor Jane Hall, Professor Kees van Gool and Associate Professor Phil Haywood, we have a long record of working with the Organisation for Economic Co-operation and Development (OECD).

The OECD draws on the experience of its member countries to develop policy advice on data requirements and strategies to improve health system performance. This advice can extend to low- and middle-income countries, particularly through collaboration with the World Health Organization.

The impact of OECD work comes through the authoritative voice that it provides, its reliance on data and evidence, and the engagement of country and international experts.

At the heart of delivering universal health care in the 21st century is the concept of people-centred health systems. These systems are designed around people's needs rather than focusing solely on diseases, providers, or institutions. To achieve a people-centred approach, the OECD identifies five key dimensions:

1. **Voice:** People have a formal role in health policy decision-making
2. **Choice:** People have a choice of health care providers and do not face barriers to access
3. **Co-production:** People are engaged in, and consulted about their care
4. **Respectful care:** People are treated with respect, feel their treatment is fair and receive high personal attention
5. **Integrated care:** People experience coordinated and integrated care



A major challenge in assessing people-centred health systems is the lack of comprehensive data. International comparisons, such as the OECD's PARIS survey, which includes Australia, are crucial in addressing this gap. This survey focuses on patient experiences and outcomes in primary care, especially for those with chronic conditions.

In addition to data, developing effective policy options is vital for transforming health systems into more patient-centric models. Each country's unique health system presents its own set of challenges.

Our work, including the Australian Health Care Homes project, has been adapted to provide valuable insights to international bodies like the OECD and WHO.

The Health Care Homes Trial tested practice-based partial capitation payments for chronic disease care. This project, in particular, highlights the complexities of aligning physician incentives with patient-centred outcomes. It demonstrates the need to understand the business models of providers within their organisation, as well the incentives at the whole of organisation level in order to drive policy changes.

7

Using health economics
to improve

Women's and children's health



Health economic evaluation for children and young people is an understudied area in Australia. This is partly because people who have been treated in the health system as children may not be consistently followed up as adolescents, and it is difficult to model long-term outcomes of interventions.

As many interventions for this cohort are preventative with high up-front costs, the benefits of this investment may not be apparent until well into the future.

We are establishing a theme in child and adolescent health through several collaborative projects.

Using big data, discrete choice experiments and health economic methods, we can approximate 'randomised controlled trial' conditions in areas where it is not possible to randomise individuals, in order to investigate different interventions and evaluate their impact.

Highlights and impact

**Neonatal care in special
care nurseries**

**Intervention rates
in public vs private
hospitals**

**Cascade of
interventions First
Australian estimates
of the cost of raising
children with
intellectual disabilities**

**First estimates,
internationally of
the cost of raising
individuals with Fragile
X or chromosome 15
imprinting disorders in
Australia**

**Assessing benefits
of extended genomic
newborn screening
trialled on 100,000
infants from Generation
Victoria**

**Conducted an economic
evaluation of Stepping
Stones Triple P**

An intervention that improves behavioural problems in children with disabilities that is now available Australia wide

Case studies

A cascade of interventions that's pushing up healthcare costs

Associate Professor Serena Yu is interested in unwarranted variation of care – the factors beyond clinical needs that influence the care patients receive.

Her work considers variation of care, women's preferences, and the factors that influence the care women receive versus the care they expect and need – and what all this costs the health system.

Over several related projects she has been applying econometrics methods to understand more about the economics of childbirth and neonatal care.

Her recent work looks at the increasing use of birth interventions for women across different settings and hospitals.

She unpicked the data hospital by hospital and found that intervention rates are increasing across all hospitals.

Her research showed that women are increasingly subjected to a cascade of birth interventions. First labour is induced, then they have an epidural and eventually an instrumental birth or Caesarean section.

"The public versus the private system doesn't tell us the whole story – some private hospitals have lower rates and some public hospitals have higher rates of interventions," she says.

"What's happening is all hospitals are becoming more interventionist over time, and it's not related to the health risks of the women."

This work has important economic implications in terms of the cost of care, health services use, rehabilitation, and opportunity costs for women.

Studying the population's willingness to pay for long-acting contraception

Our researchers are adding a health economics component to the SPHERE Centre of Research Excellence, which is examining the needs and preferences of women when it comes to the delivery of sexual and reproductive health services.

One study has used a discrete choice experiment to try to understand the low uptake in Australia of long-acting reversible contraceptives such as intrauterine devices and implants.

Led by Professor Marion Haas, the research found women prefer products that are more effective in preventing pregnancy, have low levels of adverse events (including negative effects on mood), and that are recommended by their GP.

Dr Jody Church, a Senior Research Fellow who worked closely with Marion to conduct the research says the findings will help inform patient information and how healthcare professionals can more effectively discuss long-acting contraception with their patients.

"Women would have to be compensated if the effectiveness was reduced – our experiment was able to quantify where they were able to trade-off certain attributes of contraception and how they would have to be compensated," she says.



Case studies

Engaging childhood brain cancer survivors

More than 90% of childhood brain cancer survivors develop life threatening and disabling health conditions after they finish cancer treatment. However, follow up for these individuals is often missed.

We are providing the health economic analysis component of an MRFF-funded trial called Engage, a consumer co-designed telehealth trial that helps these survivors manage their health and improve their quality of life.

A nurse contacts survivors and provides a telehealth assessment. A multidisciplinary team then uses that information to create a healthcare plan that helps the survivor and their GP navigate their future health.

CHERE Senior Research Fellow Dr Sheena Arora is collecting data on what treatment and health services people involved in the trial have accessed in the past. She will then compare this with the costs associated with delivering the intervention.

“We will likely see costs associated with the intervention increase because survivors will be accessing services - but that's what we want,” says Sheena.

“Providing this economic evaluation of the intervention will highlight the benefits associated with implementing it into the future.”

Engage is a collaboration between the Kids Cancer Centre, Sydney Children's Hospital, The Children's Hospital at Westmead and the University of NSW.



More than

90%

of childhood brain cancer survivors face serious health issues post-treatment, often missing follow-up care. We are evaluating the “Engage” trial’s health economics, which uses telehealth for assessments and personalized care plans by a multidisciplinary team.

QUOKKA: Measuring kids' quality of life



The Quality Of Life in Kids: Key Evidence to Strengthen Decisions in Australia (QUOKKA) program is a national collaborative program of research that aims to strengthen tools and evidence on health outcomes in paediatric populations for use in decision making.

Funded by the Medical Research Future Fund (MRFF), QUOKKA comprises six extensive empirical projects that aim to produce improved approaches to measuring and valuing child health outcomes. Three of the team of CIs are CHERE researchers (Professor Rosalie Viney, Professor Debbie Street, and Associate Professor Brendan Mulhern) and CHERE is leading the research on developing new methods to value children's health in a way that captures what is important to children, and also that considers how the population values health outcomes for children.

We are supporting QUOKKA's work on health-related quality-of-life (HRQoL) questionnaires. These aim to measure and value improvements in health in order to inform decision making.

It is challenging to use HRQoLs in children. Questions included in adult measures may be unsuitable for children's age and stage of development, and need to be appropriate if children are asked to self-report their own health. In addition, having adults complete the questionnaires can skew the results.

Our research is finding better methods measuring and valuing child health for use in assessing effectiveness and cost-effectiveness.

Two of CHERE's PhD students are undertaking their studies under this program.

The program of research at CHERE has included groundbreaking research using qualitative methods to understand how young people and adults consider questions about valuing quality of life for children. This study, led by Dr Alice Yu, was one of the largest qualitative studies of its kind.

"The QUOKKA program represents a pivotal national effort to enhance how we measure and value child health outcomes. By developing innovative methods that reflect what truly matters to children and society, we are setting a new standard for evidence-based decision-making in pediatric health."

Professor Rosalie Viney,
Director, CHERE

Building the next generation

We have a strong history of capacity building; a core element of our approach is to support and foster the next generation of health economics leaders not just for us, but for UTS and Australia.

We invest heavily in people, supporting individual research interests while creating a nurturing team and a great place to work.

Many of our researchers originally came to us from other sectors with no experience in health. With our investment in their careers, they have gone on to complete their PhDs, lead projects and ultimately build capacity in health economics for Australia.

We also offer health economics and health services research training through specialised programs designed to meet the needs of economists, policy makers and clinicians.

Developing future leaders in health economics through:



Support and Development

Resources are allocated to support individual research interests and create an excellent working environment



Career Growth

Researchers are supported to pursue PhDs, lead projects, and contribute to building health economics expertise in Australia



Specialized Training

We offer tailored programs in health economics and health services research designed to address the needs of economists, policymakers, and clinicians

Health economics courses for health system practitioners

Health economics expertise can help many different people in their work, from policy makers to clinicians and health practitioners.

We are broadening our teaching offering for more students with diverse backgrounds with the launch of two new health economics courses on [UTS online](#).

[The Master of Public Health](#) and [Master of Health Services Management](#) offer flexible health economics subjects that provide the basics to support students make rational cost-benefit choices in healthcare settings and beyond.

The courses are designed for students with busy schedules in a supportive and interactive environment, says teacher Dr Nancy Kong.

Nancy came to UTS following her PhD at Dalhousie University (Canada) and health economics research at the University of Queensland, Queensland University of Technology, and University of Sydney.

She would like to see more professionals learn the basics of health economics to improve the health of people and populations, and manage scarce resources more efficiently and effectively.

“People often think health economics is about financing hospitals, but it’s so much broader than that,” Nancy says.

“Students are happily surprised by our courses. A knowledge of health economics helps them to make rational decisions from the individual, market and government perspective, find the best bang for buck, and identify the optimal solution to problems in healthcare systems and beyond.”



Online course structured?

The online courses can be done by people with full-time careers. There are six semesters in one year, so you can join any time and rotate through the courses like a carousel.

PhD supervision

Professor Goodall currently supervises 7 PhD students at UTS, and is a co-supervisor for 2 PhD students elsewhere. Since 2016 he has supervised 6 PhD completions. We asked him what makes a good supervisor ... and what makes a good research degree student.

What makes a good supervisor?

A good supervisor needs to be supportive and aware that students' lives extend beyond the PhD. You need to be enthusiastic, a good communicator and provide constructive timely feedback. It's also important to show interest in the student's career beyond their PhD. This could include networking, conferences attendance, seminars and encouraging the student to publish in good-quality journals. Of course, a good supervisor should also understand the requirements and process of completing a thesis – for example, what's expected during the stage assessments and what resources are available to the student.

What do you enjoy most about being a supervisor?

A PhD is a journey that contains highs and lows. The most rewarding part of being a supervisor is sharing this journey with the student, celebrating the high points and watching their personal and professional development.

What's the hardest thing about being a supervisor?

Effective supervision is time consuming and unpredictable. You also need to know your limitations in terms of research expertise, so it's good to have a supervisory panel with complementary skills.

What makes a good HDR student?

A good student needs to be inquisitive, resilient, committed and most importantly realistic about what they can achieve during their candidature. Students also need to avoid rabbit holes.

Any advice for people just starting out as a supervisor?

Good communication is important. Get to know your HDR students, find out what motivates them, be available and work through problems together. Be flexible. Every student is different and what works with one student may not work with another.

Award Winning Supervisors



Professor Stephen Goodall,
CHERE



Professor Deborah Street,
CHERE

Our courses

After joining the Faculty of Health, we have embarked on a program of revitalising its teaching and learning offering.

Undergraduate Courses

Health Economics and Evaluation:

A foundational subject providing students with grounding in the principles of health economics and the application of economic evaluation.

Postgraduate Courses

Introduction to Health Economics:

An in-depth overview of the principles of health economics. Further, for credit subjects will be coming online in the near future.

PhD Program

Health Economics PhD:

As a dedicated Research Centre, CHERE is an ideal environment in which to complete a PhD.

UTS Online Courses

Health Economics in Master Programs:

CHERE contributes to the subject of Health Economics in the Master of Public Health and Master of Health Services Management – flexible courses that provide health economic basics that will support students of diverse professional backgrounds to learn how to make rational cost-benefit choices in healthcare settings and beyond. CHERE intends to expand health economics teaching from Graduate Certificate to Graduate Diploma, and Masters of Health Economics, incorporating HTA as well as broad health economic domains.

Enterprise Learning

Workshops and Bespoke Training:

One-day workshops on the principles of health economics or HTA as well as more bespoke training as may be required for particular needs (e.g. applying health economics principles to capital service planning).

Currently, via the Faculty, we offer the undergraduate subject Health Economics and Evaluation – a foundational subject providing students with grounding in the principles of health economics and the application of economic evaluation.

In the postgraduate sphere, students can undertake Introduction to Health Economics – an in-depth overview of the principles of health economics. Further, for credit subjects will be coming online in the near future.

Enterprise Learning remains a key component of our approach to teaching and capacity building. This extends from one-day workshops on the principles of health economics or HTA to more bespoke training as may be required for particular needs (e.g. applying health economics principles to capital service planning).

For further details on engaging with Enterprise Learning Initiatives contact: **Health.Academic.Programs@uts.edu.au**

Developing a career in health economics through a PhD at CHERE



Case study

Name: Dr Sheena Arora

Position: Senior Research Fellow at CHERE since 2012

Background: Transitioned from investment banking and academia with a Master's degree

“For me, leaving investment banking was the best thing I ever did. It has allowed me scope to explore my interests across a number of areas, my work is constantly changing, and I am always learning.”

Dr Sheena Arora was 28 when she joined CHERE in 2012 following an early career in investment banking followed by a Masters degree and a few university research positions.

Apart from some limited study in her Masters, she had no experience of health economics when she came to the Centre.

“I just knew I wanted to do something a bit more analytical than the work I had been used to, and CHERE combined my analytical expertise with my interest in health,” says Sheena, who comes from a family of doctors.

During her time at CHERE, she worked as a Research Fellow for several years and then was supported to undertake her PhD while working part-time at the Centre. The synergies between her learning and work were invaluable, she says, as was the support of her supervisors and staff at CHERE.

Today Sheena is a Senior Research Fellow whose career has been further progressed through several leadership positions, including as a senior evaluator in the Health Technology Assessments team.

CHERE supports her to continue her individual research interests, including economic evaluations of psychosocial interventions in children and individuals with a disability, and evaluating a nurse-led intervention for survivors of childhood brain cancer.

“I have been given opportunities in terms of research space, I've been a Chief Investigator on grants and commissioned work, and I get to supervise PhD students,” she says.

Current PhD candidates

- A value framework for rare diseases: health economics and beyond.
Constanza Vargas
- Is there a need for a different methodological approach to modelling the cost-effectiveness of cell and gene therapies?
Amy Gye
- Influence of location on cancer care
Andy Wang
- Evaluation of the health economic impact of increasing regional digital health ecosystem maturity in the Sydney Local Health District.
Milena Lewandowska
- Can Health Taxes Save Us From Ourselves? Assessing Sugar-Sweetened Beverages (SSB) Tax As an Anti-Obesity Policy in Thailand.
Kittiphong Thiboonboon
- Investigate the potential of developing a health outcome measure focusing on both health and social aspects.
Peiwen Jiang
- Integrating social outcomes in quality of life measures.
Akanksha
- Assessing long-term health outcomes and costs associated with current approaches to allogeneic blood and marrow transplantation.
Nancy Kim
- The cost-effectiveness of gene therapy in inherited retinal disease.
Maria Farris
- Understanding the impact of the perspective taken for the utilities derived from preference-based measures of health in paediatric populations using a discrete choice experiment with duration.
Yiting Luo
- Preferences and behavioral responses to episode-based bundled payment in cancer care in Australia.
Solomon Ahimah-Agyakawah
- Developing an evidence-based antenatal risk allocation algorithm for greater efficiency, acceptability, and cost-effectiveness.
James Brown
- The effects of income on health.
Isaac Ponku
- Dental health services in Australia: the impact of the Chronic Disease Dental Scheme.
Siobhan Dickinson

Higher degree research students

	2021	2022	2023
Cohort Size	13	13	14
Commencement	3	3	3
Completions	0	3	1

Source: Health Research Office, UTS

PhD conferrals

CHERE welcomed its newest PhD Doctorates in this triennium.



Dr Alice Yu

The Impact of Design Factors on Preferences made in Discrete Choice Experiments



Dr Sheena Arora

Economic implications of intellectual disability in childhood: a trial-based evaluation

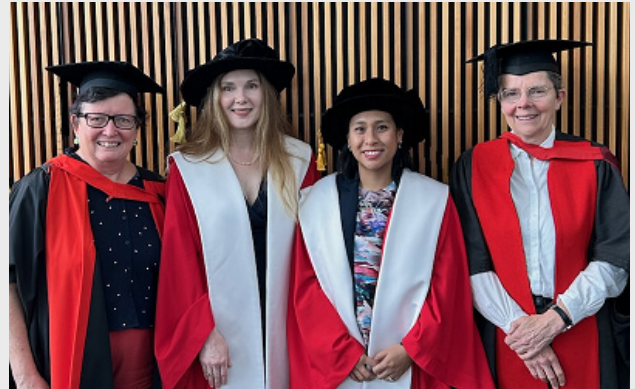


Dr Rebecca Addo

The feasibility of health technology assessment (HTA) in the Ghanaian health system

Dr Jody Church

An economic exploration of obesity, quality of life and consumer preferences



Dr Elena Meshcheriakova

Evaluation of the Methods and Techniques in the Design of Discrete Choice Experiments Used to Measure Consumer Preferences

Dr Sopany Saing

Modelling the Cost-Effectiveness of Strategies to Treat End-Stage Heart Failure Using Discrete Events Stimulation

Staff achievements

NSW Ministry of Health Workshop

CHERE recently completed a very successful workshop for NSW Ministry of Health to provide training in economics concepts and methods for NSW health planners across local health districts, to support the Options Appraisal for capital works submissions. The workshop was led by Dr Mark Thomas, Dr Katie Page, Associate Professor Richard De Abreu Lourenco and Professor Rosalie Viney, and was developed in conjunction with the Enterprise Learning team at UTS. Approximately 40 planners participated in the workshop, and the feedback was extremely positive. CHERE will be providing ongoing support to planners as part of the agreement.

An appointment to the Australian Government SPAP Panel

Mark Thomas joins the Stoma Product Assessment Panel (SPAP) in its important role in facilitating access to stoma care. The SPAP considers applications to the Stoma Appliance Scheme Schedule by assessing a product's safety, clinical efficacy, quality, ease of use, and cost effectiveness. The SPAP recommends approval (or non-approval), and advises on quantity, price, and restrictions for use for a final decision with the Australian Government.

Officer of the Order of Australia 2023

Congratulations to Distinguished Professor Jane Hall on the recognition of her amazing and distinguished record of service with her award as an Officer in the General Division of the King's Birthday Honours list. Jane's award is for distinguished service to social sciences, to academic leadership and mentoring, and to national and international associations. With the field of applied economics research and researchers having benefited from this contribution and service, this award is a wonderful recognition of the importance of Jane's work in health economics and health services research.

Deborah Street - Fellow of the Academy of Social Sciences in Australia (2022)

Prof Deborah Street is part of a select group of Australia's leading social scientists elected to the Academy of Social Sciences in Australia and recognised as an empirical health economics pioneer. Fellows are called on by Australia's leaders to advise on government policy and apply themselves to the most challenging problems facing society.



Professor Rosalie Viney, delivering training at the NSW Ministry of Health Workshop

Staff achievements



Patricia Kenny, receiving UTS Business School's Collegiality Award

Emeritus Professor

Marion Haas was awarded an appointment as an Emeritus Professor in recognition of her outstanding service to the University and to health services research and health economics over her career.

Distinguished Service Award

Jane Hall was honoured by the University with a prestigious Distinguished Service Award in recognition of Jane's outstanding and lasting contribution to the University, to health economics and health services research and to the research community and to the health system.

Grant Success

The establishment of the NHMRC Centre of Research Excellence (CRE) in value based care in cancer, and its success in building strong links with industry and government to progress relevant research impact and outcomes for research.

New teaching

The development of a new flagship degree titled the Masters of Health Policy and Economics (MHPE). The MAUCa project was listed as '10 of the Best in Research' by the NHMRC.

Patsy Kenny - Collegiality Award - UTS Business School (2021)

Patricia Kenny was awarded the UTS Business School's Collegiality Award in recognition of her work with the Ethics Committee and to cross-faculty more broadly.

External Engagement

Sopany Saing for her online webinar with the Health Services Research Australia and New Zealand (HSRAANZ) on the topic "Economic evaluation on folic acid fortification of bread making flour in Australia".

Mike Woods and his appointment by the Minister for Regional Health, Regional Communications and Local Government, for the work on 'Australia's Hearing Services Program', to evaluate how best to deliver the investment, reform and services needed; and for his contribution to the Committee for Economic Development of Australia (CEDA) discussion on 'The Aged Care Balancing Act in the 2020-21 Federal Budget'.

Staff list

Executives

Rosalie Viney, Director

Jane Hall, Director, Strategy

Stephen Goodall,
Deputy Director

Kees Van Gool, Deputy Director

Richard De Abreu Lourenco,
Deputy Director

Senior Researchers

Sheena Arora

Jody Church

Marion Haas

Phil Haywood

Patsy Kenny

Nancy Kong

Tracey-Lea Laba

Dan Liu

Brendan Mulhern

Maryam Naghsh Nejad

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Samuel Vigours

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Sarah Wise

Michael Woods

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Rebecca Addo

Akanksha

Pavan Kumar Allani

Mina Bahrampour

Margie Campbell

Antonio Ahumada Canale

Joseph Carrello

Paula Cronin

Anna Crothers

Rafael de Feria Cardet

Mussab Fagery

Lutfun Hossain

Peiwen Jiang

Terence Khoo

Nancy Kim

Irina Kinchin

Milena Lewandowska

Yiting Luo

Kathleen Manipis

Elena Meshcheriakova

Chunzhou Mu

Peyman Firouzi Naeim

Carrie-Anne Ng

Sopany Saing

Kittiphong Thiboonboon

Mark Thomas

Michael Wright

Jackie Yim

Alice Yu

Administrative Staff

Liz Chinchin,
Research Manager

Vanessa Nolasco,
Centre Manager

Liliana Sanacore,
Executive Assistant

Rachel Layola,
Project Communications

Nikita Khanna,
Project Officer



In memoriam

Liz Chinchin

We remember our dear friend and colleague Liz Chinchin, who worked for CHERE for more than 20 years as our Research Librarian then Research Manager.

Liz was an incredibly valued member of CHERE and contributed enormously to the quality of our work. We dearly feel the loss of her expertise and camaraderie.



Publications

2023

Q1 – Abdel Shaheed, C, Ivers, R, Vizza, L, McLachlan, A, Kelly, PJ, Blyth, F, Stanaway, F, Clare, PJ, Thompson, R, Lung, T, Degenhardt, L, Reid, S, Martin, B, Wright, M, Osman, R, French, S, McCaffery, K, Campbell, G, Jenkins, H, Mathieson, S, Boogs, M, McMaugh, J, Bennett, C & Maher, C 2023, 'Clinical Observation, Management and Function Of low back pain Relief Therapies (COMFORT): A cluster randomised controlled trial protocol', *BMJ Open*, vol. 13, no. 11, pp. e075286-e075286.

Q1 – Baker, EK, Arora, S, Amor, DJ, Date, P, Cross, M, O'Brien, J, Simons, C, Rogers, C, Goodall, S, Slee, J, Cahir, C & Godler, DE 2023, 'The Cost of Raising Individuals with Fragile X or Chromosome 15 Imprinting Disorders in Australia', *Journal of Autism and Developmental Disorders*, vol. 53, no. 4, pp. 1682-1692.

Q2 – Bates, S, Harris-Roxas, B & Wright, M 2023, 'Understanding the costs of co-commissioning: Early experiences with co-commissioning in Australia', *Australian Journal of Public Administration*, vol. 82, no. 4, pp. 462-487.

Q1 – Belay, YB, Mihalopoulos, C, Lee, YY, Mulhern, B & Engel, L 2023, 'Examining the psychometric properties of a split version of the EQ-5D-5L anxiety/depression dimension in patients with anxiety and/or depression.', *Qual Life Res*, vol. 32, no. 7, pp. 2025-2036.

Q1 – Brazier, J, Peasgood, T, Mukuria, C, Luo, N, Mulhern, B, Pickard, AS, Augustovski, F, Greiner, W & Engel, L 2023, 'Author Reply', *Value in Health*, vol. 26, no. 3, pp. 437-440.

Q2 – Brown, A, Yim, J, Jones, S, Tan, A, Callander, E, Watt, K, De Abreu Lourenco, R & Pain, T 2023, 'Men's perceptions and preferences regarding prostate cancer radiation therapy: A systematic scoping review', *Clinical and Translational Radiation Oncology*, vol. 38, pp. 28-42.

Q1 – Butow, P, Faris, MM, Shaw, J, Kelly, P, He, S, Harris, M, Cuddy, J, Masya, L, Geerligs, L, Kelly, B, Girgis, A, Rankin, N, Beale, P, Hack, TF, Kirsten, L, Dhillon, H, Grimison, P, Viney, R, Clayton, JM, Schlub, T, Lindsay, T, Lovell, M, Luckett, T, Murphy, M, Newby, J, Piro, D, Price, M, Shaw, T, Yim, J & Shepherd, HL 2023, 'Effect of core versus enhanced implementation strategies on adherence to a clinical pathway for managing anxiety and depression in cancer patients in routine care: a cluster randomised controlled trial', *Implementation Science*, vol. 18, no. 1, p. 18.

Q1/Q2 – Clarke, J, Kinchin, I, Kochovska, S, Johnson, MJ & Currow, DC 2023, 'What If... Caregivers' Subsequent Workforce Participation Was a Measure of Palliative Care Services' Impact? An Hypothesis-Generating Study', *Journal of Palliative Medicine*, vol. 26, no. 8, pp. 1042-1047.

Q1 – Cunich, M, Barakat-Johnson, M, Lai, M, Arora, S, Church, J, Basjarahil, S, Campbell, JL, Disher, G, Geering, S, Ko, N, Leahy, C, Leong, T, McClure, E, O'Grady, M, Walsh, J, White, K & Coyer, F 2023, 'Corrigendum to "The costs, health outcomes and cost-effectiveness of interventions for the prevention and treatment of incontinence-associated dermatitis: A systematic review" [Int. J. Nurs. Stud. 129 (2022) 104216]', *International Journal of Nursing Studies*, vol. 139, pp. 104433-104433.

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Q1 - de Oliveira Costa, J, Pearson, S-A, Brieger, D, Lujic, S, Shawon, MSR, Jorm, LR, van Gool, K & Falster, MO 2023, 'In-hospital outcomes by insurance type among patients undergoing percutaneous coronary interventions for acute myocardial infarction in New South Wales public hospitals', *International Journal for Equity in Health*, vol. 22, no. 1, p. 226.

Q1 - Engel, L, Kosowicz, L, Bogatyreva, E, Batchelor, F, Devlin, N, Dow, B, Gilbert, AS, Mulhern, B, Peasgood, T & Viney, R 2023, 'Face Validity of Four Preference-Weighted Quality-of-Life Measures in Residential Aged Care: A Think-Aloud Study', *The Patient - Patient-Centered Outcomes Research*, vol. 16, no. 6, pp. 655-666.

Q2 - Farris, M, Goodall, S & De Abreu Lourenco, R 2023, 'A systematic review of economic evaluations for RPE65-mediated inherited retinal disease including HTA assessment of broader value', *International Journal of Technology Assessment in Health Care*, vol. 39, no. 1.

Q1 - Fasugba, O, Dale, S, McInnes, E, Cadilhac, DA, Noetel, M, Coughlan, K, McElduff, B, Kim, J, Langley, T, Cheung, NW, Hill, K, Pollnow, V, Page, K, Sanjuan Menendez, E, Neal, E, Griffith, S, Christie, LJ, Slark, J, Ranta, A, Levi, C, Grimshaw, JM & Middleton, S 2023, 'Evaluating remote facilitation intensity for multi-national translation of nurse-initiated stroke protocols (QASC Australasia): a protocol for a cluster randomised controlled trial', *Implementation Science*, vol. 18, no. 1, p. 2.

Q1 - Gye, A, Goodall, S & De Abreu Lourenco, R 2023, 'Cost-effectiveness Analysis of Tisagenlecleucel Versus Blinatumomab in Children and Young Adults with Acute Lymphoblastic Leukemia: Partitioned Survival Model to Assess the Impact of an Outcome-Based Payment Arrangement', *PharmacoEconomics*, vol. 41, no. 2, pp. 175-186. View/Download from: Publisher's site

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Q1 - Hilmer, SN, Lo, S, Kelly, PJ, Viney, R, Blyth, FM, Le Couteur, DG, McLachlan, AJ, Arora, S, Hossain, L & Gnjjidic, D 2023, 'Towards Optimizing Hospitalized Older adults' MEDications (TO HOME): Multi-centre study of medication use and outcomes in routine care', *British Journal of Clinical Pharmacology*, vol. 89, no. 8, pp. 2508-2518.

Q1 - Kinchin, I, Edwards, L, Hosie, A, Agar, M, Mitchell, E & Trepel, D 2023, 'Cost-effectiveness of clinical interventions for delirium: A systematic literature review of economic evaluations', *Acta Psychiatrica Scandinavica*, vol. 147, no. 5, pp. 430-459.

Q2 - Kinchin, I, Walshe, V, Normand, C, Coast, J, Elliott, R, Kroll, T, Kinghorn, P, Thompson, A, Viney, R, Currow, D & O'Mahony, JF 2023, 'Expanding health technology assessment towards broader value: Ireland as a case study', *International Journal of Technology Assessment in Health Care*, vol. 39, no. 1, p. e26.

Q1 - Koh, E-S, Gan, HK, Senko, C, Francis, RJ, Ebert, M, Lee, ST, Lau, E, Khasraw, M, Nowak, AK, Bailey, DL, Moffat, BA, Fitt, G, Hicks, RJ, Coffey, R, Verhaak, R, Walsh, KM, Barnes, EH, De Abreu Lourenco, R, Rosenthal, M, Adda, L, Foroudi, F, Lasocki, A, Moore, A, Thomas, PA, Roach, P, Back, M, Leonard, R & Scott, AM 2023, '[18F]-fluoroethyl-L-tyrosine (FET) in glioblastoma (FIG) TROG 18.06 study: protocol for a prospective, multicentre PET/CT trial', *BMJ Open*, vol. 13, no. 8, pp. e071327-e071327.

Q1 - Kularatna, S, Chen, G, Norman, R, Mukuria, C, Rowen, D, Senanayake, S, Hettiarachchi, R, Mulhern, B, Fozzard, K, Parsonage, W & MacPhail, SM 2023, 'Developing an Australian utility value set for MacNew-7D health states', *Quality of Life Research*, vol. 32, no. 4, pp. 1151-1163.

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Q1 – Liu, D, Yu, S, Webster, SBG, Moradi, B, Haywood, P, Hall, J, Aranda, S & van Gool, K 2023, 'Geographic variation in out-of-pocket costs for radiation oncology services', *Medical Journal of Australia*, vol. 218, no. 7, pp. 315-319.

Q1 – Maccallum, F, Breen, LJ, Phillips, JL, Agar, MR, Hosie, A, Tieman, J, DiGiacomo, M, Luckett, T, Philip, J, Ivynian, S, Chang, S, Dadich, A, Grossman, CH, Gilmore, I, Harlum, J, Kinchin, I, Glasgow, N & Lobb, EA 2023, 'The mental health of Australians bereaved during the first two years of the COVID-19 pandemic: a latent class analysis', *Psychological Medicine*, pp. 1-12.

Q1 – Manipis, K, Mulhern, B, Haywood, P, Viney, R & Goodall, S 2023, 'Estimating the willingness-to-pay to avoid the consequences of foodborne illnesses: a discrete choice experiment', *The European Journal of Health Economics*, vol. 24, no. 5, pp. 831-852.

Q1 – Mazza, D, Assifi, AR, Hussainy, SY, Bateson, D, Johnston, S, Tomnay, J, Kasza, J, Church, J, Grzeskowiak, LE, Nissen, L & Cameron, ST 2023, 'Expanding community pharmacists' scope of practice in relation to contraceptive counselling and referral: a protocol for a pragmatic, stepped-wedge, cluster randomised trial (ALLIANCE)', *BMJ Open*, vol. 13, no. 8, pp. e073154-e073154.

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Q2 – Meldrum, H, Wright, M & Versteeg, R 2023, 'LETTERS', *Australian Journal of General Practice*, vol. 52, no. 4, pp. 169-170.

Q1 – Mihalopoulos, C, Chen, G, Scott, JG, Bucholc, J, Allen, C, Coghill, D, Jenkins, P, Norman, R, Ratcliffe, J, Richardson, J, Stathis, S & Viney, R 2023, 'Assessing Outcomes for Cost-Utility Analysis in Children and Adolescents With Mental Health Problems: Are Multiattribute Utility Instruments Fit for Purpose?', *Value in Health*, vol. 26, no. 5, pp. 733-741.

Q1 – Milte, R, Crocker, M, Lay, K, Ratcliffe, J, Mulhern, B, Norman, R, Viney, R & Khadka, J 2023, 'Feasibility of self-reported health related quality of life assessment with older people in residential care: insights from the application of eye tracking technology', *Quality of Life Research*, vol. 32, no. 12, pp. 3557-3569.

Q2 – Mu, C & Hall, J 2023, 'Marital status and hospital use in older adults', *Australian Economic Papers*, vol. 62, no. 2, pp. 185-213.

Q1 – Mulhern, BJ, Pan, T, Norman, R, Tran-Duy, A, Hanmer, J, Viney, R & Devlin, NJ 2023, 'Understanding the measurement relationship between EQ-5D-5L, PROMIS-29 and PROPr', *Quality of Life Research*, vol. 32, no. 11, pp. 3147-3160.

Q1 – Naghsh-Nejad, M, Yu, S & Haywood, P 2023, 'Provider responses to the expansion of public subsidies in healthcare: The case of oral chemotherapy treatment in Australia', *Social Science & Medicine*, vol. 330, pp. 116041-116041.

Q1 – Norman, R, Mulhern, B, Lancsar, E, Lorgelly, P, Ratcliffe, J, Street, D & Viney, R 2023, 'The Use of a Discrete Choice Experiment Including Both Duration and Dead for the Development of an EQ-5D-5L Value Set for Australia', *PharmacoEconomics*, vol. 41, no. 4, pp. 427-438.

Q2 – Petrozzi, MJ, Wright, M, Hoffman, R, Goodger, B & Wise, S 2023, 'Diverse and vulnerable: experiences of private allied health practices managing through the coronavirus (COVID-19) pandemic. Implications for the financial viability of Australian primary care.', *Aust Health Rev*, vol. 47, no. 4, pp. 394-400.

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Q2/3 - Simonetti, S, Parker, D, Mack, HA & Wise, S 2023, 'Managers' experiences of providing end-of-life care under the Home Care Package Program', *Australasian Journal on Ageing*, vol. 42, no. 3, pp. 527-534.

Q1 - Sousa, MS, Martin, P, Johnson, MJ, Lind, M, Maddocks, M, Bullock, A, Agar, M, Chang, S, Kochovska, S, Kinchin, I, Morgan, D, Fazekas, B, Razmovski-Naumovski, V, Lee, JT, Itchins, M, Bray, V & Currow, DC 2023, 'Phase II, double blind, placebo controlled, multi-site study to evaluate the safety, feasibility and desirability of conducting a phase III study of anamorelin for anorexia in people with small cell lung cancer: A study protocol (LUANA trial)', *PLOS ONE*, vol. 18, no. 5, pp. e0285850-e0285850.

Q2 - van Gool, K, Hall, J, Haywood, P, Liu, D, Yu, S, Webster, SBG, Moradi, B & Aranda, S 2023, 'Higher fees and out-of-pocket costs in radiotherapy point to a need for funding reform', *Australian Health Review*, vol. 47, no. 3, pp. 301-306.

Q1 - Vargas, C, Haeusler, GM, Slavin, MA, Babl, FE, Mechinaud, F, Phillips, R, Thursky, K & Lourenco, RDA 2023, 'An analysis of the resource use and costs of febrile neutropenia events in pediatric cancer patients in Australia', *Pediatric Blood & Cancer*, vol. 70, no. 11, p. e30633.

Q2 - Webster, SBG, Neville, SE, Nobbs, J, Ching, J & van Gool, K 2023, 'Incorporating Safety and Quality Measures Into Australia's Activity-Based Funding of Public Hospital Services', *Health Services Insights*, vol. 16, p. 11786329231187891.

Q1 - Williams, G & Kinchin, I 2023, 'The application of discrete choice experiments eliciting young peoples' preferences for healthcare: a systematic literature review', *The European Journal of Health Economics*, vol. 24, no. 6, pp. 987-998.

Q2/Q3 - Wise, S, Smith, E, Carlos, L, Coleshill, M, Day, RO, Melocco, T & Carland, JE 2023, 'Who is asking? Requests for antimicrobial prescribing advice received by hospital pharmacists', *Journal of Pharmacy Practice and Research*, vol. 53, no. 1, pp. 39-43.

Q2 - Wright, M 2023, 'Guest Editorial: Prevention is better than cure for medicolegal matters', *Australian Journal of General Practice*, vol. 52, no. 12, pp. 821-821.

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Q2 - Wright, M & Brell, R 2023, 'Balancing care and responsibility: The role of the general practitioner in specialist referrals', *Australian Journal of General Practice*, vol. 52, no. 12, pp. 843-847.

Q2 - Wright, M & Haysom, G 2023, 'Managing patient complaints to improve your practice', *Australian Journal of General Practice*, vol. 52, no. 12, pp. 848-851.

Q1 - Xiong, X, Dalziel, K, Huang, L, Mulhern, B & Carvalho, N 2023, 'How do common conditions impact health-related quality of life for children? Providing guidance for validating pediatric preference-based measures', *Health and Quality of Life Outcomes*, vol. 21, no. 1, p. 8.

Q1 - Yu, A, Luo, Y, Bahrampour, M, Norman, R, Street, D, Viney, R, Devlin, N & Mulhern, BJ 2023, 'Understanding the valuation of paediatric health-related quality of life: a qualitative study protocol', *BMJ Open*, vol. 13, no. 8, pp. e073039-e073039.

Q1 - Yu, S, Lui, K, Fiebig, DG, Travadi, J, Homer, CSE, Sinclair, L, Scarf, V & Viney, R 2023, 'Preterm Birth and Total Health Care Use and Costs in the First 5 Years of Life: A Population-based Study', *The Journal of Pediatrics*, vol. 258, pp. 113327-113327.

Publications

2022

Q1 – Bagg, MK, Wand, BM, Cashin, AG, Lee, H, Hübscher, M, Stanton, TR, O’Connell, NE, O’Hagan, ET, Rizzo, RRN, Wewege, MA, Rabey, M, Goodall, S, Saing, S, Lo, SN, Luomajoki, H, Herbert, RD, Maher, CG, Moseley, GL & McAuley, JH 2022, ‘Effect of Graded Sensorimotor Retraining on Pain Intensity in Patients With Chronic Low Back Pain’, JAMA, vol. 328, no. 5, pp. 430–430.

Q1 – Bahrapour, M, Devlin, N & Mulhern, B 2022, ‘PCR30 An Empirical Comparison of EQ-5D-Y-5L and EQ-5D-Y 3L Questionnaires’, Value in Health, vol. 25, no. 12, pp. s395-s396.

Q1 – Bahrapour, M, Jones, R, Devlin, N, Dalziel, K & Mulhern, B 2022, ‘PCR263 What Does the EQ-5D-Y-5L Measure in Comparison to Other Generic Paediatric Health Related Quality of Life Instruments?’, Value in Health, vol. 25, no. 12, pp. s441-S441.

Q1 – Bailey, C, Dalziel, K, Cronin, P, Devlin, N & Viney, R 2022, ‘How are Child-Specific Utility Instruments Used in Decision Making in Australia? A Review of Pharmaceutical Benefits Advisory Committee Public Summary Documents’, PharmacoEconomics, vol. 40, no. 2, pp. 157-182.

Q1 – Bailey, C, Dalziel, K, Cronin, P, Devlin, N & Viney, R 2022, ‘POSA301 A Review of Pharmaceutical Benefits Advisory Committee (PBAC) Public Summary Documents to Investigate the Use of Child-Specific Utility Measures in Decision Making in Australia’, Value in Health, vol. 25, no. 1, pp. S198-S198.

Q1 – Bailey, C, Howell, M, Raghunandan, R, Dalziel, K, Howard, K, Mulhern, B, Petrou, S, Rowen, D, Salisbury, A, Viney, R, Lancsar, E & Devlin, N 2022, ‘MSR68 Development of a Checklist for Studies Reporting the Elicitation of Stated Preferences Values for Child Health Related Quality of Life’, Value in Health, vol. 25, no. 12, pp. S363-S363.

Q1 – Bailey, C, Howell, M, Raghunandan, R, Salisbury, A, Chen, G, Coast, J, Craig, JC, Devlin, NJ, Huynh, E, Lancsar, E, Mulhern, BJ, Norman, R, Petrou, S, Ratcliffe, J, Street, DJ, Howard, K, Viney, R, Dalziel, K, Hiscock, H, Hayes, A, Wong, G, Donaldson, C & Carter, S 2022, ‘Preference Elicitation Techniques Used in Valuing Children’s Health-Related Quality-of-Life: A Systematic Review’, PharmacoEconomics, vol. 40, no. 7, pp. 663-698.

Q1 – Bailey, C, Howell, M, Raghunandan, R, Salisbury, A, Devlin, N, Howard, K & Viney, R 2022, ‘EE14 A Systematic Review of Preference Elicitation Techniques Used in Valuing Children’s Health-Related Quality-of-Life’, Value in Health, vol. 25, no. 7, pp. S337-S337.

Q1 – Bansback, N, Trenaman, L, Mulhern, BJ, Norman, R, Metcalfe, R, Sawatzky, R, Brazier, JE, Rowen, D & Whitehurst, DGT 2022, ‘Estimation of a Canadian preference-based scoring algorithm for the Veterans RAND 12-Item Health Survey: a population survey using a discrete-choice experiment.’, CMAJ Open, vol. 10, no. 3, pp. E589-E598.

Q1 – Barnes, K, Hall Dykgraaf, S, de Toca, L, Wright, M & Kidd, M 2022, ‘Primary care is the ideal setting to promote COVID-19 vaccination for children’, Medical Journal of Australia, vol. 217, no. 11, pp. 575-577.

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Q1 – Barnett, A, Page, K, Dyer, C & Cramb, S 2022, 'Meta-research: justifying career disruption in funding applications, a survey of Australian researchers', *eLife*, vol. 11.

Q2 – Bates, S, Wright, M & Harris-Roxas, B 2022, 'Strengths and risks of the Primary Health Network commissioning model', *Australian Health Review*, vol. 46, no. 5, pp. 586-594.

Uncategorised – Bengert, J, Brant, H, Scantlebury, A, Anderson, H, Baxter, H, Bloor, K, Brandling, J, Cowlshaw, S, Doran, T, Gaughan, J, Gibson, A, Gutacker, N, Leggett, H, Liu, D, Morton, K, Purdy, S, Salisbury, C, Vaittinen, A, Voss, S, Watson, R & Adamson, J 2022, 'General practitioners working in or alongside the emergency department: the GPED mixed-methods study', *Health and Social Care Delivery Research*, vol. 10, no. 30, pp. 1-156.

Q1 – Brazier, J, Peasgood, T, Mukuria, C, Marten, O, Kreimeier, S, Luo, N, Mulhern, B, Pickard, AS, Augustovski, F, Greiner, W, Engel, L, Belizan, M, Yang, Z, Monteiro, A, Kuharic, M, Gibbons, L, Ludwig, K, Carlton, J, Connell, J, Rand, S, Devlin, N, Jones, K, Tsuchiya, A, Lovett, R, Naidoo, B, Rowen, D & Rejon-Parrilla, JC 2022, 'The EQ-HWB: Overview of the Development of a Measure of Health and Wellbeing and Key Results', *Value in Health*, vol. 25, no. 4, pp. 482-491.

Q1 – Broderick, L, Bjorner, JB, Lauher-Charest, M, White, MK, Kosinski, M, Mulhern, B & Brazier, J 2022, 'Deciding Between SF-6Dv2 Health States: A Think-Aloud Study of Decision-Making Strategies Used in Discrete Choice Experiments', *Value in Health*, vol. 25, no. 12, pp. 2034-2043.

Q2 – Broderick, L, Bjorner, JB, Lauher-Charest, M, White, MK, Kosinski, M, Mulhern, B & Brazier, J 2022, 'Development of the SF-6Dv2 health utility survey: comprehensibility and patient preference', *Journal of Patient-Reported Outcomes*, vol. 6, no. 1.

Q1 – Broderick, L, Lauher, M, White, MK, Kosinski, M, Mulhern, B, Brazier, JE & Bjorner, JB 2022, 'PCR58 Participant Reinterpretation of Health States: A Think-Aloud Study of Decision-Making Strategies in Discrete Choice Experiments with the SF-6Dv2', *Value in Health*, vol. 25, no. 7, pp. S551-S551.

Q1 – Brooks, C, Helson, C, McCormack, M, Baur, LA, Gill, T, Green, J, Billah, B, Cronin, P, Johar, A, Plaskett, J, Nolan, M, Latanik, M & Renzaho, AMN 2022, 'Protocol for a randomised controlled trial of a family strengthening program to prevent unhealthy weight gain among 5 to 11-year-old children from at-risk families: the Strong Families Trial', *BMC Public Health*, vol. 22, no. 1.

Q1 – Brown, A, Pain, T, Tan, A, Anable, L, Callander, E, Watt, K, Street, D & De Abreu Lourenco, R 2022, 'Men's preferences for image-guidance in prostate radiation therapy: A discrete choice experiment', *Radiotherapy and Oncology*, vol. 167, pp. 49-56.

Q2/Q3 – Brown, A, Tan, A, Anable, L, Callander, E, De Abreu Lourenco, R & Pain, T 2022, 'Perceptions and recall of treatment for prostate cancer: A survey of two populations', *Technical Innovations & Patient Support in Radiation Oncology*, vol. 24, pp. 78-85.

Q1 – Brugulat-Serrat, A, Chen, Y, Demnitz, N, Ashour, A, Adrion, E, Ilinca, S, Kinchin, I, Almirall-Sanchez, A, Öz, D, Karanja, W, Pintado, M, Rogers, N, Browning, A, Petkutė, I & Lawlor, B 2022, 'Roadmap for change in sex and gender inequities in brain health: A global perspective', *International Journal of Geriatric Psychiatry*, vol. 37, no. 5.

Q1 – Butow, P, Shepherd, HL, Cuddy, J, Rankin, N, Harris, M, He, S, Grimison, P, Girgis, A, Faris, M, Beale, P, Butow, P, Clayton, J, Cuddy, J, Davies, F, Dhillon, H, Faris, M, Geerligs, L, Girgis, A, Grimison, P, Hack, T, Harris, M, He, S, Kelly, B, Kelly, P, Kirsten, L, Lindsay, T, Lovell, M, Luckett, T, Masya, L, Murphy, M, Newby, J, Piro, D, Rankin, N, Shaw, J, Shaw, T, Shepherd, H, Viney, R, Yim, J & Shaw, J 2022, 'Staff perspectives on the feasibility of a clinical pathway for anxiety and depression in cancer care, and mid-implementation adaptations', *BMC Health Services Research*, vol. 22, no. 1.

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