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

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

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

**THE OBJECTIVES OF THE CENTRE ARE:**

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

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

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

**In capacity building...**
...to increase the number of economists and other skilled researchers working in public health and health services research, to enhance the skills and expertise of researchers in public health and health services research, disseminate knowledge through publications, seminars and short courses, extend links with overseas scholars and institutions, and build health system capacity in producing and using health services research.
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Health economics and health services research have an important role to play in developing and disseminating the knowledge required for effective health policy making. Australia now spends over 9% of its GDP on health care, while this is moderate when compared to other similar countries, developments in health care technology, and rising expectations of both the community and health professional groups about what modern health care can offer will increase the pressure to boost spending. The problems faced by policy makers are common across countries but solutions have to be found in the context of each health system, its history and culture.

The Centre for Health Economics Research and Evaluation is already widely recognized for its leadership in developing health economics and health services research in Australia. Over its thirteen year history, it has provided educational programs, training and professional development to a significant number of health services researchers and the users and commissioners of that research. Over the last two years, CHERE has instigated research collaborations between economists from UTS, the University of NSW, the University of Sydney and Macquarie University thereby creating a network of researchers with expertise in theory and applied methods combined with a strong policy focus.

CHERE was awarded the first NHMRC Program Grant in health economics, commencing in 2003. The grant of $6.7 m over five years provides a framework for the major work of the Centre in investigating individual decision-making of both consumers and providers, the impact those decisions have on access, utilisation, costs and outcomes, and the policy levers which can influence health system performance. Work is already proceeding across a number of topic areas including the use of genetic screening, primary care and general practice, private health insurance and hospital utilisation, treatment choices, and the health care workforce, as described further within this Annual Report.

As CHERE has grown and developed so have its international links and collaborations. The Centre hosted a number of eminent international visitors over the year, reflecting its reputation as a centre of excellence and a place with a positive collegial spirit.

All this augurs well for another year of growth and achievement.
One of the major issues for the national health policy agenda in 2003 was the fall in bulk-billing, the process by which the doctor direct bills the Health Insurance Commission for the Medicare rebate and the patient is not charged. Bulk-billing for General Practice attendances fell from 70% in the September quarter of 2002 to 66% twelve months later. Across Australia, then, around two-thirds of GP visits attract no patient co-payment but this fall was still enough to trigger concern about the accessibility and cost of general practice and the universality of Medicare. However, the rate of bulk-billing varies substantially from place to place, from around 30% to well over 90%. It would seem that the problem is not the headline bulk-billing rate but the fact that in some parts of Australia it is difficult for people to find a bulk-billing doctor.

Our work on GPs has shown that bulk-billing rates are influenced by doctor supply – a higher number of GPs is associated with higher bulk-billing, and socio-economic status – regions with higher income residents have lower rates of bulk-billing. Predicting how GPs will react to new incentives or changes in the Medicare rebate should recognise this variation. This means that modelling should consider how individual doctors and practices will react and this is the approach adopted in our further work on bulk-billing.

What to do about the bulk-billing rate remained a contentious issue during 2003 and had not been resolved by the close of the year. Both Government and Opposition produced proposals which were referred to a Senate Select Committee. In this context, CHERE reviewed for the Commonwealth Department of Health and Ageing the work commissioned by the Senate Committee on the impact of the different proposals. This attracted a great deal of publicity, providing a good example of the interplay between research, policy and public debate.

General practice is an area ready for reform, suggested Alan Maynard in his thought provoking Distinguished Lecture in Health Economics. Under the title “Trust me, I’m a doctor!” he pointed out how much the doctor–patient relationship and indeed the funder–doctor relationship relies on trust in the doctor’s judgement and therefore accepts the exercise of medical discretion. This has allowed substantial variations in medical practice, delivery of inappropriate care and widespread medical errors, and little or no information about the outcome of health care. Of course, this is not a peculiarly Australian problem and the same phenomena are observed across the world. There is much to be learnt from international collaborations.
To this end, CHERE instituted in 2003 a series of Distinguished Lectures in Health Economics. This brings eminent scholars from across the world to work with us on a shared research interest, and we have used the opportunity to present contemporary thinking on a relevant contemporary issue. CHERE’s interest in the implications of genetic testing and information is well established. Ray Rees gave the inaugural Lecture on the consequences of advances in genetic information for insurance. Over this year CHERE has developed research in the health workforce, particularly in nursing where shortages remain a critical problem for effective and safe health care delivery. New approaches to nursing workforce planning were the topic of Stephen Birch’s Distinguished Lecture. These and other international scholars have provided challenges and new insights into our research program, and led to new research collaborations.

Collaborations are important to CHERE and not just internationally. The challenge for us as a research group motivated by policy relevance is to ensure that the best theory and methods from economics and econometrics are applied, that the relevant health and other data are employed and interpreted validly, within an understanding of the health policy context. We believe the best way to meet this challenge is through collaborative approaches to research. CHERE has always been a multi-disciplinary group of health services researchers with an emphasis on health economics. Over the past year, we have done much to build partnerships across various fields of microeconomics; as our associates’ page shows we now have a strong network of researchers across four Sydney universities.

The most visible change in 2003 was leaving Mallett St Camperdown to occupy a newly renovated and purpose-designed space in the Haymarket campus of UTS. This brings CHERE into a vibrant and interesting part of the city and sets the tone for an exciting and busy year ahead.

Acknowledgments

My thanks to our newly formed Advisory Board for their support and active interest in CHERE and all our activities. Our first meeting demonstrated a very lively interest in contemporary issues and how health economics and health services research can contribute, as well as strong advocacy for the Centre and its aims – a good sign for the future! This includes the Deans of both supporting Faculties, Prof Rob Lynch in Business, and Prof Jill White in Nursing, Midwifery and Health.

My job as Director is made immeasurably easier by the cooperative and energetic team of senior academics. Marion Haas and Rosalie Viney continue as Deputy Directors, with Elizabeth Savage and Madeleine King forming the larger management team. My thanks to them and to all the staff at CHERE whose commitment to high quality research, caring for colleagues and sense of enjoyment make CHERE such a positive place to work. While every year has its challenges, moving a working office across the city requires a particular brand of stamina, attention to detail, and sheer determination. We were all fortunate to have these qualities in abundance in Catherine Kinsella who masterminded the move and her efforts were much appreciated.

Bill Paterson, now Executive Director of Faculty Administration, was enormously helpful in the planning of the new facilities and the move itself, and I would like to record our thanks to him and to members of Facility Planning and IT support who helped us settle into Haymarket.
Chere’s involvement in international meetings, interaction with overseas institutions and visits to Chere by eminent scholars provide valuable opportunities to learn from the experience of others and serve as an indicator of the Centre’s international reputation.

International Network for Health Policy and Reform

The International Network for Health Policy and Reform is sponsored by the Bertelsmann Foundation of Germany. Since 2002, the network has brought together health policy experts from 16 partner institutions to report on current health policy issues and health policy developments in their countries. The main purpose of the network is to monitor health policy processes with the aim of providing information in a timely manner about what works in different countries.

Chere is the partner institution chosen by the Bertelsmann Foundation to report on Australian health policy developments. In 2003, this involved a second survey covering the period March – September 2003. All reports from all partner institutions can be found on the network’s website www.healthpolicymonitor.org

The issues covered in terms of the Australian health care system are: private health insurance, medical indemnity, general practice remuneration, South Australian generational health report, bowel cancer screening pilot studies, health call centres, national strategy for an ageing Australia, retaining nurses and the NSW Cancer Institute. Marion Haas is Chere’s representative in the network and she and Rob Anderson together prepare the bi-annual reports in March and September of each year.

International Program in Health Policy and Practice

The Commonwealth Fund, a New York based charitable foundation, has developed a comprehensive international program to promote international exchange, which complements its goals of promoting access to health care, and improving quality and safety within the US. The Harkness Fellowship in Health Policy and Practice provides mid-career researchers, practitioners and policy makers with opportunities to work in the US, to learn more about the US system and policy environment, and to complete a research project. Two Fellows are selected from Australia in most years. Jane Hall is the Harkness Program representative in Australia.

This year’s theme was “Hospitals and Health Care Delivery Systems: Spotlight on Innovation” and Jane Hall attended as one of the Australian representatives.

United Kingdom–Australia bilateral meeting on health policy

These meetings have been initiated by the Nuffield Trust and hosted by the Australian Department of Health and Ageing to provide an opportunity for an exchange of views between policy advisors in both countries. This year’s theme was “Federalism, Financing and Public Health”, reflecting Australia’s long history of federalism in health policy and the growing devolution of responsibility for health services in the UK. Both countries’ delegations accepted that there were benefits in a federal approach and in mixed public–private sector funding of health. Jane Hall attended as a member of the Australian delegation.
CHERE's research falls within the scope of health economics and health services research; it is concerned with the use of, access to, costs and outcomes of health services, and the effects of financing and delivery models of health care on the efficiency and equity of the system. The NHMRC Program Grant represents a major direction for our research. It is investigating how individuals interact to make decisions about health and health care, what policy levers can influence those decisions, and the evaluation of individual and social welfare.

Our major research topics encompass primary, particularly general practice care; private health insurance and hospital use; the use of unpaid care; decisions about choice of testing and new technology; understanding the burden of chronic disease; the measurement of quality of life; economic evaluation and the evaluation of complex programs; health workforce; and health care reforms.

**ACCESS TO AND USE OF THE HEALTH SYSTEM**

**Investigating the impact of health need, SES, access and supply on the utilisation of GP services in Australia**

**Key Milestone**
Among people living in metropolitan areas of NSW, income is not an important factor in determining GP utilisation. The use of NSW Health Survey data in a continuation of the study using ABS National Health Survey data is well supported by the statistical evidence for the similarity of the two data sets.

The aim of this project is to investigate whether the principle of ‘equal utilisation for equal need’ has been achieved in relation to general practice. Research will test whether factors such as health care need, socio-economic status (SES) and supply of and access to general practitioners (GPs) have a significant impact on utilisation. In meeting this aim, we also intend to progress some important methodological issues. So far, two tasks have been completed. First, Lancsar and Fiebig (2002) have investigated the issue of equity of access to GPs in Australia. Second, the comparability of the 1995 National Health Survey and the 1997 NSW Health Survey was assessed. In 2003, we concentrated on obtaining as much information and data as are available regarding organisational and supply factors that may influence utilisation of GP services. The project will be completed in 2004.

**Funding source:** NHMRC Program Grant

**CHERE staff:** Marion Haas, Helen Risebro

**Collaborators:** Denzil G Fiebig\(^1\), Steve Birch\(^2\).

\(^1\) University of NSW
\(^2\) McMaster University, Canada
General practice and bulk billing

Key Finding
There is substantial variation in bulk-billing rates by location with high bulk-billing rates associated with high GP densities and lower community incomes. The size of co-payments depends most on income of potential patients. As a result, there is no such thing as a standard practice so that policies which are developed on the basis of an average practice, even a regional average practice, may not have the intended effect.

In April 2003, the Minister for Health announced a reform package under the title “A Fairer Medicare” which aimed, among other things, to increase the availability of bulk-billing for some patients. A key feature of the proposal involved changes to the way that GPs are reimbursed. Following political opposition that would have prevented it passing both houses of the federal parliament a revised version, “MedicarePlus”, was released in November 2003. This project identified factors influencing a GP’s choice to bulk bill and examines the two proposed policy changes, in this context.

SCREENING AND TREATMENT CHOICES

Consumer and provider preferences for cervical screening: impact of policy recommendations and new technologies

Key Finding
Results from pilot studies indicate that women tend to choose to have a Pap test when the doctor is female, she/he is their regular GP, they are due or overdue for a test and when the GP recommends a test. Although GPs generally value the same attributes as women, the trade-offs they made were not always consistent with those of the women.

In this research, we are using discrete choice experiments to evaluate consumers’ and providers’ preferences for proposed changes to policy recommendations and potential new technologies in relation to cervical screening. Specifically, the research will investigate the potential impact on the uptake of cervical screening of policy recommendations such as changes to the screening interval age range for screening and of new technologies such as liquid based cytology and human papilloma virus (HPV) testing.
Evaluation of the effectiveness of expanded newborn screening by tandem mass spectrometry

**Key Milestone**
For over 25 years all Australian newborn babies have been tested for up to four treatable metabolic disorders. Recently, advances in tandem mass spectrometry made possible its use in newborn screening to test inexpensively for up to 30 extremely rare disorders.

In collaboration with geneticists and clinicians across Australia, we are examining the costs and consequences of detecting a range of inherited metabolic conditions by newborn screening using tandem mass spectrometry (MSMS screening) (ie before symptoms appear) compared with detecting them by clinical diagnosis (ie when symptoms appear). This is the first study of its type to be conducted anywhere in the world. The hypothesis being tested is that early detection by newborn screening of 28 inborn errors of metabolism by tandem mass spectrometry will provide medical and cognitive benefits to affected babies not currently achieved by clinical detection, without significant harm. In 2003, the first year of the study, we have been gaining ethics approval from all the States involved in the study, ensuring that the patient lists are correct, designing data collection instruments and commencing the collection of data on health service and out-of-pocket resource use.

Economic evaluation of asthma medications

**Key Finding**
Economic evaluation which compares treatment outcomes in terms of clinical indicators may not reflect how patients choose across treatment alternatives.

This project collected data within a randomized controlled cross-over trial of alternative medications used to treat mild asthma. Costs and clinical outcomes will be compared across the three drugs. Patient preferences are also being investigated via a series of discrete choice experiments. Patient preferences can be compared and contrasted with outcomes selected by doctors. By surveying patients after each phase of the trial, ie each drug, this project will provide information on how patient preferences vary over time. These surveys will enable patients’ willingness to pay for different medications to be estimated. Further, in contrast to many discrete choice experiments for health intervention, results from this project will enable comparison of stated preferences with the drug treatment actually chosen once the trial has been completed. Data have now been collected and analysis is in progress.

Understanding factors which influence genetic testing for Tay Sachs and Cystic Fibrosis

**Key Finding**
People are likely to accept genetic testing and to agree to multiple tests. They are also influenced by their risk of carrying a faulty gene and the accuracy of the test.

This project has employed discrete choice experiments to explore individuals’ decisions to be screened as carriers for two inherited conditions. It has been designed to explore issues around the value of information as well as for health outcomes, in these examples, the birth of children affected with Tay Sachs or cystic fibrosis. Survey data have been collected on two community samples, one from the general community and one from the Askenazi Jewish population who are at higher risk of Tay Sachs. Analysis and reporting will be completed in 2004.
RESPONSES TO CHRONIC HEALTH PROBLEMS

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

Key Milestone
This study will describe the economic and other burdens of asthma and provide a framework in which to assess the impact of policies which change patient costs and access to health care (for asthmatics and others with chronic conditions). A cohort of 334 asthmatics from throughout NSW was recruited in 2002.

The study will assess the utilisation and costs of all services and products used by asthmatics to manage their asthma over a five year period. By documenting the patterns of health care used and the costs borne by people with asthma, this study will provide valuable information for the planning and funding of health care services for asthmatics. Data sources include administrative data (on participants) and six-monthly surveys of participants, covering health service utilisation, out-of-pocket costs and quality of life. Analysis of utilisation, costs and quality of life data from the first year of follow-up is nearing completion.

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

Key Outcome
This study will use a discrete choice experiment to assess the value of the informal care provided to palliative care patients and alternative schemes of supporting carers, as perceived by the carers.

This two and a half year study will quantify and cost the informal care provided by relatives and friends to palliative care patients living at home. It will cost informal care according to standard methods and use a discrete choice experiment to assess the value of both the informal care provided and alternative schemes for providing support, as perceived by carers. The results will assist planners and palliative care providers to develop a range of effective, efficient services which best meet the needs of those caring for terminally ill patients at home.

HEALTH OUTCOMES AND QUALITY OF LIFE

Quality of Life: Measurement properties of the QLQ-C30 & LC-13 in an Australian sample of people with early stage non-small cell lung cancer

Key Finding
The EORTC core quality of life questionnaire (QLQ-C30) and lung cancer specific module (QLQ-LC13), when used together, provide a valid, reliable and responsive measure of quality life in Australians with early stage non-small cell lung cancer.

This study examines the measurement properties of two questionnaires designed to measure health-related quality of life (HRQOL) in cancer: the core questionnaire QLQ-C30 and the lung cancer specific QLQ-LC13. These two complementary questionnaires were assessed with data from the longitudinal follow-up of 183 participants in a randomised study of the use of a PET scan in the management of early stage non-small cell lung cancer.
Evidence-based interpretation guidelines for the FACT-G, a cancer-specific quality of life instrument: a novel application of meta-analysis

Key Finding
The evidence-based interpretation guidelines developed in this research will inform both the design and interpretation of studies that use FACT-G to assess the effects of cancer treatments on cancer patients’ quality of life.

Interpreting the clinical significance of effects observed on health-related quality of life (HRQOL) scales is problematic because their units of measurement are unfamiliar. Interpretability is not readily established; it is something that develops as a body of evidence accumulates. The aim of this research was to use meta-analytic methods to develop evidence-based interpretation guidelines for the Functional Assessment of Cancer Therapy – General (FACT-G), a valid and widely-used cancer-specific instrument. From 81 published papers, experts’ judgments were linked with the observed differences in HRQOL, and weighted average differences and effect sizes were calculated for each size class (trivial, small, moderate and large).

Developing evidence-based interpretation guidelines for the QLQ-C30, a cancer-specific quality of life instrument

Key Milestone
About half of the available evidence has been reviewed in the first stage of this research.

This is another application of the methods described above for the FACT-G. The QLQ-C30 is the core questionnaire of the European Organisation for Research and Treatment of Cancer’s (EORTC) modular approach to HRQOL assessment. It is the most widely used HRQOL instrument in cancer clinical trials.

Using discrete choice experiments to value multi-attribute health states

Key Outcome
This project will explore new methods of valuing health outcomes for use in economic evaluation.

The aim of this research project is to develop methods to value the outcomes of health interventions using multi-attribute quality of life instruments and taking into account other factors relevant to utility, such as the nature of the possible health profiles associated with a given intervention (duration and order of health states), the probability attached to a health profile and the level of non-health consumption. The approach will be based on use of discrete choice experiments. These methods will provide more realistic valuations of health interventions than current methods, such as time trade-off and standard gamble, which impose strong restrictions on preferences. The approach will also allow us to test restrictions on the form of utility function imposed by current methods.
Modelling preferences for health care

Key Outcome
The existing methods for measuring preferences for health care rely on unrealistic restrictions on individual preferences. New methods of valuing health outcomes are required.

Health resource allocation decisions such as those made in listing drugs on the Pharmaceutical Benefits Scheme and services on the Medical Benefits Scheme in Australia, and funding recommendations made by the National Institute of Clinical Excellence in the UK, increasingly use measures such as Quality Adjusted Life Years (QALYs) to value health care interventions. QALYs have been shown to be consistent with underlying welfare economic theory only if certain restrictions are placed on individual utility functions. This project investigates the nature of the utility function for health care, defined over the probability of survival, life expectancy, health state and cost of treatment. A discrete choice experiment is used to test restrictions on preferences in the QALY model. The results do not support the restrictions on preferences that are imposed in standard methods of evaluation of health care.

Impact of spinal injury on self-perceived health status, as measured by the SF-36

Key Findings
There were significant differences in most, but not all, SF-36 scale scores between the spinal injured sample and the Australian general population, highlighting the need for multi-disciplinary treatment of both physical and psychological aspects of spinal cord injuries.

This study describes the health status of 305 Australians with spinal cord injuries, as measured by the SF-36. The SF-36 was chosen because it is the most widely used generic health status instrument with demonstrated validity in numerous populations and disease groups. In our sample, there were significant differences in most, but not all, SF-36 scale scores between the spinal injured sample and the Australian general population. This broad impact across SF-36 domains highlights the need for multi-disciplinary treatment of both physical and psychological aspects of spinal cord injuries, although the greatest burden is on physical aspects of health.

THE HEALTHCARE WORKFORCE

Health Services Research in Australia: an investigation of its current status

Key Finding
Although the Health Services Research (HSR) sector in Australia is widespread and energetic, no specific training appears to be available to build capacity. Overall, HSR is not well-funded especially by organisations outside the NHMRC or ARC and the output of Australian HSR, in terms of peer-reviewed articles, is small.

The objectives were to document the current status of health services research (HSR) in Australia. Inputs were defined as the number of organised centres or groups undertaking HSR, the extent to which capacity in HSR was being developed and the funding available for HSR. Outputs were measured as the number of peer-reviewed papers. Eighteen groups were identified which undertake HSR as their predominant activity. No HSR-specific training was identified. Between 1998 and 2001, more than $A13 million was awarded for HSR, most of it by the NHMRC. Over the past 10 years 482 articles about Australian health services have been published in the peer-reviewed journals audited.
Nurses’ retention and hospital characteristics in New South Wales

Key Finding
Increasing staffing levels is unlikely to achieve much impact on nurses’ retention levels unless problem areas of the job are also addressed.

Retention models for nurses working in NSW are estimated for three years covering the period 1994–2000. The annual probability of retention is explained by personal and job characteristics. Tests are performed to see if the structure of the quitting behaviour has changed over the 1990s. Also, changes over time are divided into those observed in the characteristics and those not explained by the characteristics. We also examine the quitting behaviour of public and private sector nurses separately and look at trends over time. Finally, we look at retention in the mid-90s (1996–97) according to the characteristics of the hospitals in which the nurses work. Hospital characteristics include measures of size, complexity, intensity, expenditures and staffing levels. The effects are generally large and significant.

Nursing workload, skill mix and models of care in NSW hospitals

Key Finding
Increasing workload in acute hospitals is a source of stress and dissatisfaction among nurses. Overseas research has shown that more adverse events and complications, and poorer patient outcomes are associated with lower nurse-patient ratios.

This study was commissioned by NSW Health to document the impact of increased patient acuity and reduced length of stay on nursing workload, and to investigate the relationship between skill-mix and patient outcomes. The study uses both administrative data on hospitals collected by NSW Health, and will collect prospectively ward level information from a random sample across NSW. The study is being managed by the Centre for Health Services Management, UTS; and pilot work and training for research nurses to collect hospital data is underway. Data collection and analysis will be completed in 2004.

ECONOMIC EVALUATION FOR COMPLEX PROGRAMS

Economic evaluation of Tai Chi for the elderly

Key Milestone
More than 700 people have been recruited to participate in this trial in central, southern and eastern Sydney. Many have continued with Tai Chi beyond the study period.

Tai Chi has been shown to be effective in not only addressing some risk factors such as balance and gait, but also in reducing the number of falls experienced by older people. A randomised controlled community trial of Tai Chi classes is being conducted by the Health Promotion Unit at Central Sydney Area Health Service (CSAHS) where subjects are randomly allocated to either an initial-intervention group or a waiting-list control group. CHERE will conduct a cost-effectiveness analysis alongside this trial. The study, which began in 2001, will be conducted over a three year period. In 2003, recruitment was completed and follow-up commenced. The project will be completed in 2004.
Economic evaluation of prison methadone in NSW

Key Finding

The annual cost of the prison methadone program per person is equivalent to that of community methadone programs.

The aim of this study was to evaluate the costs and consequences of the provision of the prison methadone program in NSW, compared with no prison methadone. The overall cost was estimated from a governmental perspective. Given the limited published clinical evaluations, the analysis determined what magnitude of outcomes is required to render the program cost neutral. Threshold analysis identified the level of effectiveness, in terms of avoided re-incarceration, at which methadone treatment becomes cost neutral. The annual cost of providing prison methadone in NSW was estimated to be $2.9 million. The average cost per person year was estimated at $3,234. This cost compares favourably to community methadone programs.

Costs and treatment outcomes associated with Stage I and II non-small cell lung cancer

Key Finding

The study suggests that, apart from the cost of PET itself, there was little difference in the subsequent resource utilisation and treatment outcomes between those randomised to PET and those not.

This study follows on from a randomised controlled trial (n=183) of the role of PET in the management of Stage I and II non-small cell lung cancer. It examines the resource utilisation, costs and treatment outcomes during the 2 years after randomisation and surgery. Outcomes included: health related quality of life (HRQOL), disease recurrence and survival. Patient health care diaries, health care providers (eg hospital medical records, doctors, community nurses), individual Medicare data and self-completed questionnaires were the main data sources. HRQOL was measured using the EORTC QLQ-C30 and LC-13 questionnaires and analysis to examine changes over time and the impact of treatment and disease recurrence is currently underway. There was no significant difference between the PET and no PET groups in terms of disease management, recurrence and mortality within two years.

Cost-effectiveness study of school-based Tay-Sachs and cystic fibrosis genetic carrier screening

Key Milestone

The construction of the decision model is complete, and its structure, and data requirements agreed in detail with our collaborators.

This modelling-based economic evaluation aims to explore the cost-effectiveness of school-based genetic carrier screening under different scenarios. Although the cost and effectiveness data will initially be derived from the small-scale (ten schools) screening program that has been running in Sydney, the decision model has been built to investigate the cost-effectiveness of larger-scale programs, those involving school populations of different ethnic make-up and the possible offering of additional genetic tests. This project is due to be completed in the first half of 2004.
Cost-effectiveness study of workplace-based genetic screening for haemochromatosis

Key Milestone

The construction of the decision model is nearly complete, and its structure, and data requirements are being refined in agreement with our collaborators. This modelling-based economic evaluation aims to investigate the cost-effectiveness of workplace-based genetic screening for haemochromatosis. The cost and effectiveness data will be mainly derived from HaemScreen, the pilot screening program that has been running in Victoria since 2002. A decision model is being built to investigate the cost-effectiveness of various policy scenarios including larger-scale programs, or those involving different size workplaces. This project is due to be completed in the first half of 2004.

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

Key Milestone

Two thousand cases (men aged less than 70 at diagnosis of prostate cancer) and 500 controls (age and postcode frequency matched to the cases) have been recruited and the first two quality of life assessments completed.

Prostate cancer is the most common cancer in men after non-melanocytic skin cancer. Each year more than 10,000 Australians are diagnosed with prostate cancer, and 2,500 die from it. There are several approaches to managing early stage prostate cancer: radical prostatectomy, radical external beam radiotherapy, brachytherapy (interstitial radiotherapy), hormonal therapy, and ‘watchful waiting’ (no active treatment). There is limited evidence about health service utilisation, costs, relative benefits and harms, and impact on patients’ quality of life of these management options. Further, little is known of patients’ views of the relative tolerability of side-effects and of the survival gains needed to justify side-effects.
As part of CHERE’s commitment to the development of international links in economics and health economics, the Centre hosted a series of eminent international professors, known as the Visiting Scholars Program.

Established under the NHMRC Program Grant, the Visiting Scholars Program brings outstanding researchers to work at CHERE. The program employs advanced economic theory and econometric modelling to understand and predict individual and household decisions about health care.

By basing these models on an understanding of why and how individuals (consumers, providers and funders) make their decisions, the outcomes can then be used to predict utilisation patterns and costs, and how this affects access and equity.

Their vast knowledge and experience was shared with colleagues through CHERE’s Distinguished Lecture Series, which bring together scholars at the forefront of the discipline internationally, and who are researchers with extensive experience in the practical application of research results in shaping policy directions.

The Series was launched by Professor Ross Milbourne, Vice Chancellor, UTS, with the inaugural lecture delivered by Professor Ray Rees. Internationally known for his work on theoretical and applied microeconomics, Professor Rees from Munich University in Germany discussed “Medical Testing and Insurance Markets”.

Professor Stephen Birch is internationally known for his work on theoretical and applied microeconomics. In the second of our Distinguished Lecture Series, Professor Birch, a well-known Canadian health economist, argued that nursing workforce planning has been too concerned with nurse to patient ratios and has not accounted for the effects of changes in health care policy.

The third Distinguished Lecture of 2003 was presented by Alan Maynard, Professor of Health Economics at the University of York in England, who warned that the essential relationship of trust between doctor and patient is now at stake. He presented the view that doctors are increasingly becoming ‘double agents’, acting on behalf of their patients, and also their funders.

As a result of its success in 2003, CHERE’s Distinguished Lecture Series will continue in 2004. Papers from the Distinguished Lecture Series can be downloaded from www.chere.uts.edu.au.

CHERE SEMINAR SERIES FOR 2003
CHERE’s external seminars provide an opportunity for individuals to present their ideas for discussion in a public forum. Topics draw on concepts and methods in health economics and research including biostatistics, applied welfare economics and market research and seek to apply them to major, contemporary health policy issues.

**Competition and quality:** Evidence from the NHS internal market 1991–1999.
Professor Carol Propper, Professor Economics & Director CMO, University of Bristol, UK

**Evidence-based policy:** Proceed with caution.
Professor Nick Black, Professor of Health Services Research, London School of Hygiene & Tropical Medicine

**The cost-effectiveness of the NSW prison methadone program: Problems and solutions.**
Emma Warren, Research Officer, CHERE, UTS

**An analysis of nursing workforce transitions in Australia.**
Glenn Jones, Research Fellow, CHERE, UTS and Denise Diron, Senior Lecturer, School of Economics, UNSW

**Thinking about how people think: New approaches to measuring health-related quality of life.**
Ivan Barofsky, Associate Professor of Psychiatry and Behavioral Sciences, The meta-QOL Institute, East Sandwich, MA, USA

**Implementing outcomes research in clinical practice: A new fully integrated approach.**
Bruce Shadbolt, Centre for Advances in Epidemiology & IT, Canberra Hospital
BOOK CHAPTERS


JOURNAL ARTICLES


BOOK REVIEWS


DISCUSSION PAPERS AND PROJECT REPORTS


Wright, D.J. The Drug Bargaining Game: Pharmaceutical Regulation in Australia. Discussion Paper 51


Recent publications can be found at www.chere.uts.edu.au
CONFERENCE PRESENTATIONS

Thoracic Society of Australia and New Zealand 2003 Annual Scientific Meeting
Adelaide, Australia – April 2003

American Thoracic Society Conference
Seattle, USA – May 2003
Lancsar EJ, Hall JP, King MT, Kenny PM, Louviere JJ, Thien FK, Reddel HK, Jenkins CR. ‘Patient preferences for preventive asthma medication: a discrete choice experiment’. Poster presentation. (Presented by Jenkins)

General Practice and Primary Health Care Research Conference
Canberra, Australia – June 2003
Anderson R, Usherwood T. Evaluating primary care: keep on ‘going quasi’- or time to ‘get real[ist]’?


Lancsar E. Deriving welfare measures from discrete choice experiments: inconsistency between current methods and random utility and welfare theory.

Lancsar E, Hall J, King, M, Kenny P, Louviere J. Repeated discrete choice experiments nested within a randomised cross-over trial: investigating patient preference for asthma medication.

Savage E, Viney R. Estimates of welfare changes using discrete choice experiments.


Academy Health 20th Annual Research Meeting
Nashville, USA – June 2003
Hall J, Viney R. Controlling pharmaceutical costs while ensuring equitable access: the Australian experience.

Viney R, Savage E, Hall J. Who benefits from regulating pharmaceuticals: lessons from Australia.

Australasian Meeting of the Econometric Society: University of NSW
Sydney, Australia – July 2003

Lancsar EJ, Hall JP, King MT, Kenny PM, Louviere JJ, Fiebig DG. Using discrete choice experiments to investigate patient preferences for preventive asthma medication.

Savage E, Viney R. Valuing health care: an empirical analysis of the welfare foundations of QALYs.

CONFERENCE PAPERS, SEMINARS

4th International Health Economics Association (iHEA) World Congress
San Francisco, USA – June 2003


Lancsar E. Deriving welfare measures from discrete choice experiments: inconsistency between current methods and random utility and welfare theory.

Lancsar E, Hall J, King, M, Kenny P, Louviere J. Repeated discrete choice experiments nested within a randomised cross-over trial: investigating patient preference for asthma medication.

Savage E, Viney R. Estimates of welfare changes using discrete choice experiments.


Second European Workshop on Advancing the Methodology of Discrete Choice Experiments in Health Care, Oxford University
Conference of Economists, Australian National University  
Canberra, Australia – October 2003  
Hall J. Can we design a market for competitive health insurance?

Australian and New Zealand Society of Criminology (ANZSOC) Conference  
Sydney, Australia – October 2003  

25th Australian Conference of Health Economists  
Canberra, Australia – October 2003  
Anderson R. Systematic reviews, economic evaluation and evidence-based policy: what should the relationship be?  

Health Services and Policy Research Conference  
Health Services Research Association of Australia and New Zealand  
Melbourne, Australia – November 2003  
Beutels P. Specific methodological issues for the economic evaluation of vaccines.  
Doiron D, Jones G. Hospital characteristics and the nursing labour force.

2003 Economic and Social Outlook Conference: Pursuing Opportunity and Prosperity  
Melbourne, Australia – November 2003  
Savage E. Tax credits and work incentives.

Centre for Applied Economic Research, University of NSW  
Conference on the Economic and Social Impacts of Outsourcing  
Sydney, Australia – December 2003  
Savage E, Hall J, Jones G. Contracting with medical providers in NSW public hospitals.
Health services research and evaluation is motivated by policy relevance and application. However, the links between research output and change in policy and/or practice are rarely as straightforward as those between the invention of new devices or the development of new treatments or procedures and subsequent health care practice. The development and implementation of health policy is more complex, more contested by competing interests and more subject to a myriad of influences than a new clinical intervention. Thus health services researchers must seek a variety of means to facilitate the dissemination of research, from the focus on translating a specific research finding into contemporary policy and practice, to a more analytic and evidence based approach to the consideration of broad issues.

There are several ways in which we have identified that our research can have an effect outside the organisation. One is where specific projects are commissioned to evaluate some aspect of policy, and these are reported as research projects. The other is where previous research provides a basis of expertise and credibility to provide specialised advice around broad issues, and this occurs primarily through membership of specialist committees and working parties. CHERE sees this as an important component of how researchers translate findings into practice and this is borne out in our commitment to advisory activity.
CHERE provides teaching in the Faculty of Nursing, Midwifery and Health in health planning and evaluation, and in the Faculty of Business in introductory economics. No short courses or workshops were presented in 2003 although new short courses are planned for the future. In addition, CHERE staff continued to teach at the University of Sydney in clinical economics, and to provide supervision for post-graduate research students.

During the year, staff were actively involved in a variety of activities to enhance their professional development. These include attendance at the appropriate professional conferences, such as the Australian Health Economics’ Society, the Health Services Research Association of Australia and New Zealand, and the International Health Economics Association. Opportunities for postgraduate coursework, for study leading to the award of a PhD, and for post-doctoral programs are available. Other activities include attendance at specialised courses, and an active seminar program.

SUBJECTS TAUGHT BY CHERE STAFF
Planning and Evaluating Health Services
(500 level postgraduate subject, UTS Faculty of Nursing, Midwifery and Health)
Marion Haas (Subject Examiner), Madeleine King, Rob Anderson

Clinical Economics – Module in: Masters in Clinical Epidemiology, The University of Sydney
Rob Anderson, Rosalie Viney

Economics for Management, Master of Business Administration, UTS
Jane Hall, Emily Lancsar, Elizabeth Savage, Emma Warren

POSTGRADUATE SUPERVISION
Elizabeth Savage
Rosalie Viney: Health outcomes and utility: experimental evidence (PhD)
Madeleine King
Jane Ewing: Validation of QOL – Instruments for young people with cancer (Master of Science in Mathematics)
MEMBERSHIPS

Jane Hall
Board Member, International Health Economics Association, 2001–3
President, Health Services Research Association of Australia and New Zealand
Academy Health International Committee

Madeleine King
Board Member, International Society of Quality of Life Research (ISOQOL)
Chair, ISOQOL Conferences & Symposia Committee
Chair, ISOQOL 2004 Annual Conference Organising Committee
Member, ISOQOL 2003 Annual Conference Organising Committee
Member, Cochrane Collaboration Health-related Quality of Life Methods Group
Corresponding member, European Organisation for Research and Treatment of Cancer (EORTC) Quality of Life Group

Emily Lancsar
Vice President, Australian Health Economics Society
Member Conference Organizing Committee, 25th Australian Conference of Health Economists

Elizabeth Savage
Member, Scientific Committee for 4th World Congress, International Health Economics Association, San Francisco June 2003
Invited organiser of the special session on Health Economics, Australasian Meeting of the Econometric Society, University of New South Wales, Sydney, July 2003
Invited organiser of the special session on Health Economics, Conference of Economists, Australian National University, October, 2003

Rosalie Viney
Executive Member: Health Services Research Association of Australia and New Zealand
Executive Member: Australian Health Economics Society (until October 2003)

EDITORIAL BOARDS

Australian and New Zealand Journal of Public Health
Australian Journal of Labour Economics
Health and Social Care in the Community
Health Economics
Journal of Health Services Research and Policy

JOURNAL REVIEWS

Applied Health Economics and Health Policy
Australian Economic Review
Economic Record
Expert Review of Pharmacoeconomics & Outcomes Research
Health Economics
Health Psychology
Journal of Clinical Oncology
Journal of Health Economics
Journal of Health Services Research and Policy
Medical Journal of Australia
Quality of Life Research
Social Science and Medicine
Statistics in Medicine
**ACADEMIC STAFF**

Jane Hall is the founding Director of CHERE, having developed the original application for the establishment of the Centre and has served as Director since its inception. She is also Professor of Health Economics in the Faculty of Business at UTS. She studied undergraduate economics at Macquarie University and holds a PhD from the University of Sydney. Her current research interests include the evaluation of informal (unpaid) care; and the implications of genetic screening. She holds a number of positions in policy making forums, most recently as a member of the NSW Health Council. Jane is the president of the Health Services Research Association of Australia & New Zealand.

Marion Haas is a Deputy Director of CHERE and a Senior Lecturer in Health Services Research at UTS. Formerly a physiotherapist, she has a Master of Public Health and a PhD from the School of Public Health at the University of Sydney and a Graduate Diploma of Applied Epidemiology (NSW Public Health Officer’s Training Program). Her research interests include the use and application of economic evaluation, funding, organisation, utilisation of and access to health services and the use of qualitative methods in health economics and health services research. Currently she is working on two projects funded by CHERE’s NHMRC Program Grant: examining women’s and GP’s preferences regarding cervical screening; and the relationship between socio-economic status, need and utilisation of GP services and is leading two economic evaluations: newborn screening by tandem mass spectrometry and Tai Chi as a falls prevention intervention.

Rosalie Viney is a Deputy Director and Principal Research Officer at CHERE, and a senior lecturer at UTS in the Faculty of Business. She has a Master of Economics from the University of Tasmania. Her research interests include valuation of health outcomes, health financing and delivery arrangements, resource allocation and priority setting, the interface between research and policy and decision making under uncertainty in health. Rosalie is currently undertaking a PhD in the Department of Economics at The University of Sydney, examining the role of risk and uncertainty in valuing health outcomes.

Madeleine King leads biostatistics and outcomes measurement at CHERE, and lectures in Health Services Research at UTS. She has first class honours in Science from the University of Sydney, and both a graduate diploma and PhD in Medical Statistics from the University of Newcastle. Her current research interests include: the measurement, analysis and interpretation of health-related quality of life (HRQOL); the analysis of longitudinal outcomes data; the application of meta-analytic methods to patient-reported outcomes and economic evaluations; and the application of econometric methods to consumer preferences and choice in public health programs. Madeleine’s commitment to international HRQOL research is evident in her membership of the Board of the International Society for Quality of Life Research, the Cochrane collaboration’s HRQOL methods group and European Organisation for Research and Treatment of Cancer’s (EORTC) Quality of Life Group.

Elizabeth Savage joined CHERE in February 2002 as a Senior Lecturer in the Faculty of Business at UTS. Her research focuses on modelling individual behaviour, welfare measurement and policy evaluation. She has modelled the welfare impacts of policy reforms in a range of applied areas including health, taxation, labour markets and public sector pricing. Research completed with Don Wright, which models adverse selection and moral hazard in Australian private hospitals, is amongst a small number of papers internationally to model hospital utilisation jointly with the private insurance choice. She is a Principal Investigator on the NHMRC Program Grant on Individual Decision-Making, Welfare Measurement and Policy Evaluation in the Health Sector. With Denzil G Fiebig and Rosalie Viney she was also awarded an ARC Discovery Grant in 2002. She is currently involved in projects on private health insurance, health care utilisation, nursing workforce transitions, informal care, welfare measurement of health care interventions, and estimation of utility functions for health care.
RESEARCH STAFF

Rob Anderson
A Senior Research Officer at CHERE, Rob has experience in health services research, economic evaluation and the comparative analysis of health policies. Until February 2001 he was MRC Research Fellow in Health Services Research at the University of Wales College of Medicine, in Cardiff (UK). Rob has a PhD from the University of Wales (College of Medicine), an MA in Applied Social Research from the University of Manchester, and an MSc in Health Policy, Planning and Financing from the London School of Economics. Since joining CHERE he has worked on various policy and economic evaluations encompassing cervical screening, genetic screening, shared care, non-clinical support for GPs and the economic benefits of health surveys. He has particular research interests in primary care policy, the economic evaluation of complex interventions and services, genetic screening, and issues surrounding how and why people access health services.

Meredith Chaplin
A Research Assistant at CHERE, Meredith is the newest member of the CRC for Asthma Project 9 team, which involves working on the first longitudinal cohort study investigating the economic burden of asthma in Australia. She has recently been appointed project manager for all CRC projects undertaken at CHERE. She is also assisting on another project where she will be examining the costs and consequences of detecting a range of inherited metabolic conditions by newborn screening using tandem mass spectrometry compared with detecting them by clinical diagnosis. This is the first study of its type to be conducted anywhere in the world. Meredith has a Bachelor of Applied Science, Health Information Management from the University of Sydney.

Sandy Fowler
Joining CHERE as a Health Services Research Officer in November 2003, Sandy has a Master of Science in Health Policy, Planning and Financing from the London School of Economics and the London School of Hygiene & Tropical Medicine. Prior to joining CHERE, Sandy was a Research Fellow at the Health Services Research Centre at Victoria University of Wellington in New Zealand. There, she carried out a nationwide evaluation of mental health/primary care shared services as part of the NZ Mental Health Research and Development Strategy for the Ministry of Health and the Health Research Council; she also contributed to an ongoing evaluation of health sector reforms. Sandy has also worked (as a volunteer) at the Health Research Centre at Atma Jaya University in Jakarta where she assisted on a WHO project examining urbanisation and risk factors for substance abuse amongst adolescents. Since joining CHERE, Sandy has worked on a project commissioned by the Commonwealth Government on the Evaluation of the Second Round of Coordinated Care Trials and on discussion papers on GP Income and Medical Indemnity.

Lorraine Ivancic
During 2003, Lorraine worked as a Research Economist at the Centre for Development Strategy for the Ministry of Health and the Health Research Council; she also contributed to an ongoing evaluation of health sector reforms. Sandy has also worked (as a volunteer) at the Health Research Centre at Atma Jaya University in Jakarta where she assisted on a WHO project examining urbanisation and risk factors for substance abuse amongst adolescents. Since joining CHERE, Sandy has worked on a project commissioned by the Commonwealth Government on the Evaluation of the Second Round of Coordinated Care Trials and on discussion papers on GP Income and Medical Indemnity.

Emily Lancsar
During 2003, Emily was a Senior Research Officer at CHERE. She holds a Bachelor of Economics and a Bachelor of Arts from the Australian National University, a Postgraduate Diploma in Health Economics and Evaluation from Monash University and a Master of Economics (First Class Honours) from the University of Sydney. During her time at CHERE, Emily’s work included investigating the methodological issues involved in deriving measures of welfare, or value, from stated preference discrete choice experiments and assessing equity of access to GP services in Australia. Emily was also CHERE’s Project Manager on the CRC for Asthma which involved work on two major projects: an economic evaluation alongside a RCT of 3 asthma medications and a longitudinal cohort study investigating the economic burden of asthma. Emily has also contributed to a number of consultancy projects at CHERE including the evaluation of the NSW Adult Drug Court.

Patsy Kenny
A Senior Research Officer at CHERE, Patsy has a Bachelor of Arts and Master of Public Health from the University of Sydney and has a clinical background in nursing. She has contributed to projects covering a range of topic areas including quality of life in early stage breast cancer, patient participation in treatment decision making, evaluation of midwifery care, parents’ choices in childhood immunisation, evaluation of PET, costs of asthma and the incorporation of the work of unpaid carers into the evaluation of health services. Her research interests include measurement of quality of life and consumer views in health care evaluation, in addition to approaches to combining qualitative and quantitative research methods.
Ajsa Mahmic
Joining CHERE in September 2001 as a part-time Research Assistant, Ajsa has a Bachelor of Science from the University of NSW and a Graduate Diploma in Teaching from Charles Sturt University. She is currently completing a Master of Public Health at the University of Sydney. Prior to joining CHERE, Ajsa worked at the Institute of Respiratory Medicine for a number of years. During her time at CHERE, she worked on a longitudinal cohort study of people with asthma, investigating costs and utilisation.

Betty Servis
Trained in Ireland, Betty has been working in Australia for 16 years in cancer and palliative care nursing. The last 9 years have seen Betty perform these services in a community setting. In 2003, Betty completed a Master of Public Health at the University of Sydney. Her study, together with her vast experience in nursing gives Betty an excellent grounding for her current CHERE project of surveying informal carers regarding the care provided to palliative care patients living at home.

Jo Thompson
Joining CHERE in August 2002 as a Research Assistant, Jo has a Bachelor of Science (Hons) from the University of Liverpool (UK). Prior to joining CHERE, Jo worked in the Drug Addiction Unit at the University of Sheffield (UK), where she completed a research project investigating multi-vulnerable individuals. At CHERE, Jo worked on a number of projects including the evaluation of PET, the assessment of Tai Chi as a method of falls prevention in the elderly, and evidence based effect sizes for FACT-G.

Emma Warren
Joining the team as a Research Officer in October 2002, Emma has a Master of Economics from the University of Sheffield (UK). Prior to joining CHERE, Emma was an Operational Research Analyst at the School of Health and Related Research (ScHARR), University of Sheffield, where she used modelling in assessing the cost-effectiveness of new technologies (primarily for the National Institute of Clinical Excellence, NICE). She also gained experience in the use of modelling to support operational decision making in the National Health Service in the UK (e.g. hospital bed planning). In her time at CHERE, Emma has been working on three economic evolutions: prison methadone in NSW; the use of PET in the management of non-small cell lung cancer; and genetic screening.

Siggi Zapart
Having joined CHERE as a Research Officer in July 2003, Siggi has a Bachelor of Psychology (First Class Honours) from Griffith University, Gold Coast. Prior to joining CHERE, Siggi was a Project Officer at The National Breast Cancer Centre where she was primarily involved in the development of the Clinical practice guidelines for the psychosocial care of adults with cancer. She was also involved in a number of projects including in the development, implementation and coordination of a Quality Improvement Kit, designed to assist hospitals with guideline implementation and in a national survey of coordinated care in breast cancer. Since joining CHERE, Siggi has been working on a study to assess the costs and value associated with informal care provided to palliative care patients. She has also been involved in qualitative research on projects including the impact of PET on patient expectations, treatment, decision making and wellbeing, and on the decision making process involved in participation in workplace genetic screening tests.

Bernie O’Brien 1959–2004
Bernie O’Brien was a Visiting Professor at CHERE for six months in 2002. It was with great sadness that we learnt of his unexpected death early in 2004.

Bernie was Professor of Health Economics at the Department of Clinical Epidemiology and Biostatistics, McMaster University, Canada and an affiliate of the Centre for Health Economics and Policy Analysis; he established and led the Program for Assessment Technology in Health. His research in economic evaluation covered many different disease areas but was not limited to applications. He made important contributions on the valuation of health outcomes in the context of randomized control trials of pharmaceuticals, the use of willingness-to-pay methods, and the incorporation of statistical inference into the methods of economic evaluation to deal with uncertainty. He is known, and will continue to be known to many students as one of the co-authors of the second edition of the standard text on the economic evaluation of health care programs.

Bernie was a wonderful colleague, he was warm, enthusiastic, interested in ideas and patient in explaining them. He was encouraging to all those who worked with him and generous with his time and the lessons learnt from his experience. In addition, he and his family, fell in love with Sydney and looked forward to returning to the surf at Bondi. He will be missed greatly by all those who knew and worked with him. CHERE was fortunate to have experienced him as a close colleague.
SUPPORT STAFF

Michelle Carfrae
A relative newcomer to CHERE, Michelle joined the Centre at the conclusion of 2003, as the Communications Manager. Michelle has a Bachelor of Business (Marketing) and a Graduate Diploma in Finance and Investment. In this role, Michelle is responsible for assisting in managing and promoting the outputs of CHERE including Research Reports, Discussion Papers, the Annual Report and content for the web site. In addition, Michelle is responsible for CHERE’s seminar series, including the Distinguished Lecture series.

Liz Chinchen
Employed as the Centre’s Information Officer, Liz has a Bachelor of Applied Science (Information) from UTS. Liz is responsible for the management of the Centre’s library, which consists of a large number of books, reports, discussion papers and journal articles. She works closely with the researchers at the Centre on a variety of projects, providing a current awareness service, undertaking literature searches and locating and providing relevant information as required. Liz also maintains CHERE’s web site. She works closely with the Executive of the Health Services Research Association of Australia & New Zealand (HSRAANZ), providing the Association with administration support.

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

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

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

**Patricia Apps**  
MEd Yale, PhD Cambridge University  
Professor in Public Economics in Law, Faculty of Law, The University of Sydney, Australia  
2001 : FH Gruen Distinguished Fellow, Economics Program, RSSS, ANU  
Fellow of the Academy of the Social Sciences in Australia

**Research Interests**  
Tax reform, social security, labour and health policy

**Stephen Birch**  
DPhil  
Professor in the Department of Clinical Epidemiology and Biostatistics and the Centre for Health Economics and Policy Analysis (CHEPA) at McMaster University, Hamilton, Ontario, Canada  
Senior editor, health economics for Social Science and Medicine

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

**Denzil G Fiebig**  
BCom (Hons) and MCom (Hons), UNSW, PhD, University of Southern California  
Professor of Economics and Head of the School of Economics, University of New South Wales  
Fellow of the Academy of the Social Sciences in Australia

**Research Interests**  
Applied econometrics with emphasis on the areas of energy, health and economics

**Alan Maynard**  
BA (first class honours), BPhil Hon  
DSc (Aberdeen)  
Professor of Health Economics, University of York in England  
Founding Editor of the journal Health Economics  
President, International Health Economics Association (iHEA) 1999

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

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

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

**Jordan Louviere**  
BA [USL], MA [Nebraska], CertUrbanTransportationPlanning, PhD [Iowa]  
Professor of Marketing, Faculty of Business, University of Technology, Sydney and Co-Director of the Centre for the Study of Choice (CenSoC)

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

**Murray Smith**  
BEC Monash [Hons], PhD Monash  
Associate Professor in the Discipline of Econometrics and Business Statistics, Faculty of Economics and Business, The University of Sydney

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

**Don Wright**  
BEC Adel, MEC Monash, PhD UBC  
Associate Professor, Faculty of Economics and Business, The University of Sydney

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