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

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

Prof Jane Hall  
Director, CHERE
FROM THE CHAIRMAN

It is with pleasure that I present the achievements of the Centre for Health Economics Research and Evaluation for 2004. This marks the end of CHERE’s first three years at UTS and the Centre has outperformed all key milestones set with the University in 2002.

The Centre’s external and grant income from ongoing and new grants was $1.6m in the 2004 calendar year, a not insubstantial achievement as competition for research grants continues to increase. CHERE’s research program continues to remain relevant to contemporary policy issues, both locally and in the international health arena. This year, work continued on a number of core research programs including private health insurance, ageing population and workforce, and the economic evaluation of existing and emerging technologies. A particular highlight is the research around health related quality of life. This is a growing field of research internationally, with both methods and empirical applications advancing rapidly, and within CHERE this area of work makes up an important component of CHERE’s research portfolio. In 2004, reflecting this, CHERE became an Institutional Member of the International Society for Quality of Life Research.

CHERE continued to foster collaborations, with both Australian researchers and researchers from abroad adding to the research output and intellectual life of the Centre. Over 2004, there was an impressive array of visitors, including Professor Randall P Ellis from Boston, Professor Eddy van Doorslaer from the Netherlands, and Associate Professor Mingshan Lu from Canada.

CHERE staff are active members of various committees and policy forums, which is an important means of linking research and policy. Staff are also active members of a range of professional associations, including the International Society for Quality of Life Research, the International Health Economics Association, the Economics Society of NSW, and the Health Services Research Association of Australia and New Zealand.

On behalf of my colleagues on the Advisory Board, I would like to once again congratulate the staff at CHERE and particularly the Senior Management team for yet another productive year. I would like to record my congratulations to a number of CHERE’s staff who have been recognised for their professional and personal achievements. Marion Haas and Elizabeth Savage have both been promoted to Associate Professor, and Madeleine King has been promoted to Senior Lecturer. Rosalie Viney also completed her PhD during 2004, focusing on the use of discrete choice experiments to value health outcomes and investigating the assumptions underlying Quality Adjusted Life Years (QALYs). As CHERE embarks on its second triennium at UTS, I am confident that the team will achieve new levels of performance with all the enthusiasm and commitment the Advisory Board has come to expect.
Over the three year period, CHERE was well represented at major international and national conferences. We have authored and presented 82 conference papers including 8 presentations at the International Health Economics Association Conference held in San Francisco in 2003. We also made a significant contribution to the International Society for Quality of Life Research (ISOQOL) and the 11th Annual Conference, held in Hong Kong in 2004 with Madeleine King as Chair of the Scientific Organising Committee, the organisation and presentation of two pre-conference workshops, and a further three papers in the scientific program.

CHERE’s international standing is reflected in the eminent scholars who have collaborative links with the Centre. The Distinguished Lecture series are an opportunity to bring such scholars to Australia. Each lecturer spends some time at the Centre, sharing their expertise with staff and associates, and in many cases developing collaborative research that continues beyond the immediate period of the visit. Their work is presented to a broader audience, both through an open lecture and the publication of a CHERE monograph. More information about the 2004 visiting scholars can be found in the Events section of CHERE’s web site at
Distinguished lectures in 2004 were presented by Professor Randall P Ellis, Professor of Economics at Boston University, Professor Michael Keane, Professor of Economics at Yale and Professor Eddy van Doorslaer, Professor of Health Economics, Erasmus University, Rotterdam. We were also fortunate to have Associate Professor Mingshan Lu as a visiting scholar during the year. Mingshan has developed an interest in Australian private health insurance and the effect of government strategies.

The finish of one triennium also marks the start of a new cycle of strategic planning and revisiting appropriate performance measures. This is underway, with the wise counsel and insights of our Advisory Board members. The challenges we face in the coming three year period are several. We want to maintain a research program that is both academically productive and relevant to national health priorities and emerging health policy issues. These will include financing reform, particularly the use of financial incentives and pay for performance, population ageing, continuing workforce shortages reinforced by an ageing workforce, and the emergence and application of new, complex and increasingly expensive technologies.

My thanks go to our Advisory Board members for their advice and support over the last year. I am very appreciative of the time and commitment of the external members, Dr Diana Horvath, Mr Philip Davies, Professor Denzil G Fiebig, and in particular our Chair, Dr Richard Madden.

Within CHERE, Rosalie Viney and Marion Haas continue as Deputy Directors, and with Madeleine King and Elizabeth Savage provide CHERE with a Management Committee that is extremely effective. Let me finish this year’s report with a note of congratulations, to Rosalie for completion of her PhD, to Madeleine for her promotion to Senior Lecturer, and to Elizabeth and Marion for promotion to Associate Professor.
Research in health economics and health services research is, by definition, relevant to policy in that the questions addressed have implications for policy. However, it is rare that one project will be sufficiently comprehensive and generalisable to have a direct and major influence on policy. Rather, the results of each project add to the body of evidence available to support and inform policy. Commissioned projects should be more directly influential, but even in this instance, research is only one of the inputs that influence policy. Further, the policy agenda often moves faster than the speed of various phases of research.

CHERE’s research program aims to build, over time, a number of projects around major and continuing policy issues. In this way we can contribute to the development of a body of evidence that will be relevant to the determination of health policy. Our credibility, in contributing to any policy debate, rests on our scholarship, the quality of our own research, and our expertise in understanding and interpreting the available research evidence.

Our major research projects encompass primary, particularly general practice care; private health insurance and hospital use; the use of unpaid care; decisions about screening and diagnostic testing; understanding the burden of chronic disease; measuring quality of life; evaluation of health care programs; and the health workforce.

ACCESS TO AND USE OF THE HEALTH SYSTEM

Economic analysis of inter-relationships between private health insurance and health expenditures

Key Milestone

This analysis suggests that the 30% subsidy to premiums and Lifetime Health Cover combined to increase coverage for singles with the relative impacts varying across age and income deciles. However for families, all of the increased coverage appears to be due to Lifetime Health Cover. Had the 30% rebate not been in place when the 2000 reform was introduced, more families would have taken out private health insurance.

This project involves a detailed economic and econometric investigation of individual health insurance and health care consumption decisions and their interaction, and the resulting impact on health care utilisation and expenditure across public and private sectors. The significance of the project lies in its use of innovative methods to combine several data sources. Future research will combine data from the ABS National Health Survey and a discrete choice experiment and the potential for the resulting models to predict the impact of future health policy initiatives.
Funding cancer care in Australia: moving towards best practice

Key Finding
Cancer care in Australia is on par with world’s best practice. However, there is evidence of widespread variation in the use of cancer care services, and for some populations there is evidence of poorer health outcomes. Australia’s health care funding system has contributed to fragmented cancer care services and imposes some significant barriers to best practice.

In this project, a range of available data sources were used to estimate cancer-related health care expenditures, the sources of funds and the structural mechanisms by which cancer care is funded. An analysis of how these mechanisms might impede best practice in cancer care across a wide range of health care settings and regions was also undertaken. A comprehensive literature review of cancer care practice was conducted with particular emphasis on comparisons to best practice. This project will be completed in 2005.

Medical practice variations

Key Focus
There has been little research in Australia on medical practice variations.

Medical practice variations are unexplained differences in the use of health care services by population groups. The first component of this project is to survey what is known about medical practice variations in Australia compared to other countries, and to identify some directions for further research in this area.

SCREENING AND TREATMENT CHOICES

Understanding factors which influence genetic testing for Tay Sachs and cystic fibrosis

Key Finding
Community based surveys showed high acceptance of genetic testing, with respondents more likely to be tested for both conditions than only one. The factors that influenced people’s decision to have genetic testing were recommendation of doctor, cost, location of the test, their risk of carrying a faulty gene and their intention to have more children.

This project used discrete choice experiment (DCE) methodology to explore consumer preferences to be genetically tested as carriers for two inherited disorders, Tay Sachs and cystic fibrosis. Survey data were collected on two community samples, one from the general community and one from the Ashkenaz Jewish population; the former has a higher risk of cystic fibrosis while the latter has a higher risk of Tay Sachs. The data were analysed using multinomial logit models with random coefficients. There was evidence of considerable diversity among individuals in the value they attached to various aspects of the genetic test and situation. Although Jewish respondents were more likely to be tested, both groups seem to be making similar tradeoffs across attributes.
Cost-effectiveness study of school-based Tay-Sachs and cystic fibrosis genetic screening

**Key Outcome**

Our results implied a cost per cystic fibrosis or Tay-Sachs birth affected avoided for the screening program which is comparable with previous estimates of the cost-effectiveness of prenatal screening for cystic fibrosis.

This project used a decision model to combine assumptions and data about the costs and effectiveness of a school-based genetic carrier screening program, compared with the option of no screening program. It established a base case cost of about $6,000 per additional genetic carrier detected by the program. As far as we are aware, it is the first economic evaluation of any Australian genetic screening program, and the first to evaluate a program that screens for carriers of a number of genetic disorders at the same time. This project has now been completed.

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. GPs tended to recommend a test when the patient was due or overdue for testing. They were unlikely to recommend a test if the patient had come to the doctor with a serious health problem or was 70 years or older. Cost to the patient had a statistically significant impact on the doctor’s recommendation.

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. In 2003, we conducted two pilot studies of women and general practitioners (GPs) to develop the set of attributes and the wording to be used in the main surveys. In 2004, the main surveys were conducted and the analysis and reporting will be completed in 2005.
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 have made possible its use in newborn screening to test inexpensively for up to 30 extremely rare disorders. Data on the costs, utilisation and outcomes of children with these conditions have been collected.

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 (before symptoms appear) compared with their detection by clinical diagnosis (when symptoms appear). This is the first study of its type to be conducted anywhere in the world. The hypothesis being tested is that early detection 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 2004, we have collected most data on costs and utilisation of hospital services, utilisation of community services, out-of-pocket costs and health and neuro-developmental outcomes. Data collection will be completed and results analysed in 2005.

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

Key Milestone
A DCE to elicit mens’ preferences for treatment for early stage prostate cancer was designed and piloted in 2004.

CHERE is leading the economic evaluation component of the NSW Prostate Cancer Care and Outcomes Study (PCOS). The PCOS is following a group of men with prostate cancer from diagnosis for up to 5 years. The economic component of the study has two parts; investigating patient preferences; and describing the use of health services and the costs of care. In the first part, a discrete choice experiment (DCE) is being used to elicit mens’ preferences for treatment options, based on the relative tolerability of different side-effects of treatment and how these are offset by expected survival gains. The DCE was designed and piloted in 2004, and will be carried out in 2005. The second element uses Health Insurance Commission (HIC) and Inpatient Statistics Collection (ISC) data to describe and quantify the use and costs to the health sector of services for the current treatment options available for prostate cancer. Preliminary work in 2004 provided a sound basis for a comprehensive analysis of use and costs by treatment modality and metropolitan/rural residence, which will be carried out in 2005.

How important is altruism in health?

Key Finding
Evaluations of health programs often ignore any benefits that are due to peoples’ feelings of altruism in the provision of health care, and can therefore under-estimate the social value of health care programs.

This was a major review of the theoretical and empirical literature, as a basis for empirical work. In empirical studies on health interventions, altruistic preferences are generally overlooked which can lead to misinterpretations of the benefits of health interventions. This project explores what is meant by altruism, and possible ways to measure altruism in health empirically. Since altruism is a non-use value, empirical studies are more or less forced to rely on stated preference methods such as contingent valuation and discrete choice experiments.
RESPONSES TO CHRONIC HEALTH PROBLEMS

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

Key Finding:
Some individuals face substantial out-of-pocket costs for health care, but these were not large for the majority. Asthma medication formed the largest component of these costs to individuals and admitted hospital care was the largest component of cost to the health care system.

This longitudinal study aims to assess the individual and health sector costs of asthma, to describe how these change over time and to investigate whether cost or other factors affect access to health care for people with asthma. Two data sources are being used: individual administrative data and six-monthly surveys covering the use of health services, out-of-pocket costs and quality of life. A cohort of people with asthma was recruited and will be followed for three years, commencing in 2002. Results have been reported for the first year of follow-up and the project is due for completion in 2005.

HEALTH OUTCOMES AND QUALITY OF LIFE

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

Key Finding
HRQOL deteriorated substantially after surgery in all dimensions except emotional functioning. For the disease-free survivors, HRQOL improved over the two years following surgery, returning to preoperative levels in most dimensions except physical and role functioning. The HRQOL of patients with disease recurrence remained poor.

This study aimed to describe the short and long term health-related quality of life (HRQOL) effects of treatment for early stage non-small cell lung cancer. It examined the impact of surgery and any subsequent therapy, and described the trajectories of those who remained disease free at two years and those with recurrent cancer diagnosed during follow-up. The study was part of a randomised trial of the use of preoperative Positron Emission Tomography (PET) which found no difference in management between the PET and control arms. HRQOL questionnaires were completed before and after surgery, one month after surgery and then four-monthly for two years. Surgery had a substantial impact on HRQOL, and only disease free survivors experienced recovery of HRQOL. The study contributes to the evidence base for treatment decision making in early stage lung cancer where the probability of survival is traded against the short and long term impact on HRQOL.
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 provide the most comprehensive synthesis of available evidence about the clinical relevance of differences in FACT-G scores, and may be used to inform both the design and interpretation of clinical trials and health services research that use the FACT-G.

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 four size classes: trivial, small, moderate and large effects. There was considerable variation in the source data in both mean difference and effect size, highlighting the limitations of individual studies for deriving general interpretation guidelines and the merits of a meta-analytic approach.

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

Key Milestone
Preliminary work funded by a UTS Early Career Researcher Grant in 2003 lead to the development of an international collaboration in 2004 which established a PhD project and sought funding to develop evidence-based interpretation guidelines for the QLQ-C30.

This is another application of the methods described above for the Functional Assessment of Cancer Therapy – General (FACT-G). The QLQ-C30 is the core questionnaire of the European Organisation for Research and Treatment of Cancer’s (EORTC) modular approach to health-related quality of life (HRQOL) assessment. It is the most widely used HRQOL instrument in cancer clinical trials. Interim results from preliminary work done in 2003 with funding from a UTS Early Career Researcher Grant were presented to the autumn meeting of the EORTC’s QOL Group in late 2003. This prompted interest from statisticians at the Universities of Leeds and Aberdeen, and subsequently in 2004 collaboration was developed, a PhD project planned and approved, and funding sought from Cancer Research UK. The funding application was successful, and the research will proceed in 2005.
Empirical analysis of the restrictions of the QALY model

Key Finding

The QALY approach distorts valuations of health outcomes. This is problematic given the widespread use of QALYs in economic evaluation for health care decision making.

Health resource allocation decisions 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 uses a discrete choice experiment to investigate the nature of the utility function for health care, defined over the probability of survival, life expectancy, health state and cost of treatment. Likelihood ratio tests of the QALY and more general models demonstrate that, contrary to the QALY restrictions, preferences do not conform to expected utility, and there are significant interactions between health state and survival duration. Individual specific covariates are significant, implying substantial differences in valuations of health states across the population. Simulations demonstrate that relative valuations of different interventions vary substantially depending on the model of preferences assumed, and rankings may change.

Using discrete choice experiments to value multi-attribute health states

Key Outcome

Discrete choice experiments provide a rich source of data for the development of individual preference based valuations of health outcomes.

This project explored these theoretical and practical methods, and particularly investigated the potential to use discrete choice experiments as a basis for generating Quality Adjusted Life Years (QALY) weights and for testing the QALY theoretical framework. Discrete choice experiments (DCE) are relatively new to health economics, but are cognitively simpler for respondents, and provide a richer source of data for estimation of the underlying model of preferences. The project had three components: review and critique of the existing methods of developing QALY weights for use in economic evaluation and review of multi-attribute utility instruments to identify the underlying assumptions about preferences built into each instrument, and to determine which instrument provides the most appropriate vehicle for simultaneously testing discrete choice experiments and the underlying model of preferences.
THE HEALTHCARE WORKFORCE

Investigating the impact of health need, socio-economic status, 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. NSW residents have reasonably equal access to GP services. GPs in areas other than highly accessible areas appear to have lower levels of remuneration than their colleagues in areas where there is relatively unrestricted access to GP services.

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. A number of tasks have been completed. Lancsar and Fiebig (2002) have investigated the issue of equity of access to GPs in Australia. 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. In 2004, a descriptive analysis of the relationship between the supply of GPs and the utilisation of GP services was undertaken (Haas, Fiebig, Ching, Hartigan, 2004). The final stage of this project will be completed in 2005.

Trends in the NSW nursing workforce

Key Finding
The nursing workforce is aging overall due to a slight improvement in retention and a reduction in entry rates.

Over the past twenty years there has been a growing crisis in the nursing workforce, with a severe shortage of experienced nurses in Australia emerging. Providing an adequate supply of trained nurses depends not only on recruitment and training, but also on retention of trained nurses. There has been limited analysis of the factors affecting nursing retention, and particularly trends in retention over time. This project uses the NSW nursing registration data to obtain a consistent data series on the nursing workforce in NSW from 1993 to 2000. Trends in total numbers of working nurses, retention rates, the characteristics of nurses who stay in the nursing workforce and who leave the nursing workforce are examined. A unique feature of the data set used is that it provides panel data, enabling working patterns of individual nurses, particularly changes in hours, periods in and out of the nursing workforce and changes in location and type of work to be examined over time. Examination of trends show that over this period the retention rates have remained stable, and even improved slightly. Overall, the nursing workforce has aged due to the slightly greater retention and a slower entry rate. The total supply of nursing hours is also affected by changes in the hours distribution. Over the 90s we find an increase in the proportion of part-time nurses accompanied by an increase in hours for part-time workers. The net effect is a reduction in average hours worked.
ECONOMIC EVALUATION OF COMPLEX PROGRAMS

Cost and savings of an after hours general practice service

Key Milestone
CHERE has established a clear method for estimating the number of emergency department attendances avoided due to the introduction of a new service, and is exploring a number of strategies for estimating the costs saved.

This consultancy project involves advising the Reference Group for the evaluation of the Macarthur After Hours General Practice Service on how to measure the cost of their after hours service, and estimate the cost savings to Campbelltown Hospital Emergency Department. The project is part of the second phase evaluation of this service, which is one of four pilot projects to explore new ways of organising after hours primary care in Australia. The completion of this project is expected in 2005.

Cost to emergency departments of alcohol-related injuries

Key Outcome
The most valid and feasible costing method recommended was the use of UDGs which classify all patients according to their triage category (urgency) and whether they were admitted, discharged, or dead on arrival/dispatch (disposition).

This consultancy project involved advising research staff at BOCSAR on costing methods for their study estimating the cost of alcohol-related injuries in St Vincent's Hospital Emergency Department, Sydney. The project involved a review of all possible resource use or cost data sources for emergency departments. Costs by urgency and disposition groups (UDGs) are available in the National Hospital Cost Data Collection's annual reports.

Economic evaluation of Tai Chi for the elderly

Key Finding
People practising Tai Chi had fewer falls than those in the control group. Amongst those who fell, the rate of health care utilisation was low. If classes are provided by a non-profit community organisation, Tai Chi for this group of elderly will save money.

In this project, an economic evaluation of health service use and costs related to falls was conducted alongside a trial of Tai Chi classes, run by the Health Promotion Unit at Central Sydney Area Health Service (CSAHS). Subjects were randomly allocated to either an initial-intervention group (attend Tai Chi classes) or a waiting-list control group. The rate of falls was slightly lower than hypothesised for both groups, with a small proportion of falls resulting in the use of health care resources.

Even though the rate of falls was lower in the intervention group, this group used more health care resources, largely driven by the costs of hospital care. If hospital costs are removed, the total costs for each group are similar. However, the cost of Tai Chi in this trial situation was higher than would be expected if a similar program was provided by a community organisation due mainly to higher advertising costs required to recruit large numbers of individuals in a relatively short space of time. If programs were provided by non-profit community based organisations, without incurring high advertising costs, the provision of Tai Chi will save money in terms of falls avoided.

Funding source:
Bureau of Crime Statistics and Research (BOCSAR), NSW Government

CHERE staff: Rob Anderson

Collaborators: Nick Zwar1, Iqbal Hasan1, Macarthur Division of General Practice

1 Department of General Practice, University of NSW

Funding source:
Australian Department of Health and Ageing (via UNSW Department of General Practice)

CHERE staff: Rob Anderson

Collaborators: Nick Zwar1, Iqbal Hasan1, Macarthur Division of General Practice

Funding source:
NSW Department of Health, Health Promotion Unit, CSAHS

CHERE staff: Marion Haas, Rosalie Viney

Collaborators: Alex Voukelatos1, Dr Chris Rissel1, Dr Robert Cumming2, Dr Stephen Lord3

1 Health Promotion Unit, CSAHS
2 School of Public Health, University of Sydney
3 Prince of Wales Medical Research Institute

Funding source:
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1 Health Promotion Unit, CSAHS
2 School of Public Health, University of Sydney
3 Prince of Wales Medical Research Institute
Clinical trial of joint mobilisation after ankle fracture

Key Milestone
An economic evaluation is being conducted alongside a trial of passive joint mobilisation after ankle fracture. The results will determine the effectiveness and cost-effectiveness of this form of physiotherapy treatment compared to exercise and stretching alone.

An assessor-blinded randomised controlled trial, including an economic evaluation of the costs and effectiveness of joint mobilisation for pain relief, is being conducted on patients from three teaching hospitals in Sydney. Hospital and ambulatory service costs and out-of-pocket costs incurred by patients will be assessed. Outcomes that will be measured include perceived disability, changes in quality of life, time to pain-free walking, functional measures and range of motion of the ankle joint. Participants will be followed for six months. Since the start of the trial (November 2004) five participants were recruited.

Economic evidence to inform the ACN guidelines for the management of lymphoma

Key Milestone
There is limited evidence available within Australia to assess the costs and cost-effectiveness of alternatives for the management of lymphoma. However, there is a range of international literature that provides information about the relative cost-effectiveness of alternatives, and this information has been used as the basis for the development of these guidelines.

The NHMRC has identified two main areas where economic evidence is important in the development of clinical practice guidelines: determination of which treatment alternatives are the most cost-effective and whether a proposed clinical practice guideline is cost-effective.

The approach taken in reviewing the economic evidence involved identifying these areas where economic evidence is likely to be important, identifying those areas where economic evaluation evidence is available, and reviewing and summarising the economic evaluation literature. However, it is important to note that international economic evaluation literature is limited in its relevance to Australia because of differences in cost structures and reimbursement arrangements, and because the comparator in international studies may not reflect current practice in Australia. This project was completed in 2004.

Economic evidence to inform the ACN guidelines for the prevention, early detection and treatment of colorectal cancer

Key Milestone
Some research is available in Australia regarding the costs and outcomes of strategies to prevent, detect and manage colorectal cancer. In addition, a range of international literature can be used to provide information about the relative cost-effectiveness of alternatives.

The approach taken in this project will mirror that outlined above for lymphoma. Relevant literature will be reviewed under the following headings: primary prevention; population screening; genetic screening; diagnosis; staging; treatment (first occurrence, recurrent, advanced, metastatic, surgery, adjuvant therapy, chemotherapy, radiotherapy, follow-up). This project will be completed in 2005.
This study will describe the informal care provided by relatives and friends to palliative care patients living at home and the health of the carers. It will use a discrete choice experiment to examine which caring tasks informal carers would prefer to do themselves and which they want help with, and carers’ preferences for how assistance with caring is provided; whether they would prefer to receive support as cash or services. A pilot study was conducted to test and refine the carer interview schedule, test recruitment procedures, and to obtain preliminary descriptive data about the care provided by carers and about their preferences. These data were used to develop the attributes and levels for the discrete choice experiment. Recruitment and data collection will commence in 2005. The study results will assist planners and palliative care providers to develop a range of effective, efficient services and support systems which best meet the needs of those caring for terminally ill patients at home.

**Key Milestone**

Data from the first discrete choice experiment about patient preferences for asthma treatment were analysed. Information on patient preferences for medications, in terms of their side-effects and mode of administration, may help physicians make better treatment decisions for patients and thus improve adherence.

This project collected data within a randomized controlled cross-over trial of three medications used to treat mild asthma. Costs and clinical outcomes will be compared across three drugs. Patient preferences were investigated via a series of discrete choice experiments (DCEs). Data from the first DCE were analysed in 2004. These surveys will enable patients’ willingness to pay for different medications to be estimated. Further, in contrast to many DCEs 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.

**Key Finding**

Inhaled corticosteroid (fluticasone) is both more effective in symptom control and less costly than the alternatives.

This analysis was conducted as part of a clinical trial of three drugs, fluticasone formoterol, and momelukast as a preventive medication for the control of mild to moderate asthma. Costs included the cost of the drug, and any use of symptomatic relief, eg. ventolin. The additional costs of general practitioner and hospital treatment were considered but none were experienced in this group of patients. Outcomes were lung function and patients’ experience of symptoms. However, patient preferences are likely to be influenced by side-effects as well as outcomes, and this is also being explored.

**An economic analysis of informal carers’ preferences in home-based palliative care**

**Key Outcome**

A discrete choice experiment will be used to identify the preferences of informal carers regarding assistance with different types of caring tasks and their preferences for how assistance is provided.

This study will describe the informal care provided by relatives and friends to palliative care patients living at home and the health of the carers. It will use a discrete choice experiment to examine which caring tasks informal carers would prefer to do themselves and which they want help with, and carers’ preferences for how assistance with caring is provided; whether they would prefer to receive support as cash or services. A pilot study was conducted to test and refine the carer interview schedule, test recruitment procedures, and to obtain preliminary descriptive data about the care provided by carers and about their preferences. These data were used to develop the attributes and levels for the discrete choice experiment. Recruitment and data collection will commence in 2005. The study results will assist planners and palliative care providers to develop a range of effective, efficient services and support systems which best meet the needs of those caring for terminally ill patients at home.
JOURNAL ARTICLES


Gunn J, Sulaiman N, Potinadis M, Anderson R. When is an intervention ready to be tested in a randomised trial? Primary care alliance for clinical trials (PACT) network. Australian Family Physician, 2004; 33: 563-564.


BOOK CHAPTERS


RESEARCH REPORTS


DISCUSSION PAPERS


CONFERENCES

JANUARY
Centre for Applied Economics Research Health Economics Workshop
Sydney, Australia
Viney R, Savage E.
Health care policy evaluation: empirical analysis of the restrictions implied by Quality Adjusted Life Years.

MARCH
Professional Development Workshop for the Australasian Evaluation Society, NSW
Sydney, Australia
Anderson R, Milne C. (JARTD Consulting)
Evidence-based Policy and Research Synthesis.

JUNE
2004 General Practice and Primary Health Care Research Conference
Brisbane, Australia
Anderson R.
Theory-driven and experimental approaches to evaluating ‘what works’ in primary care: conflicting or complementary methodologies?
Australian Institute of Health and Welfare
Australia’s Health: Vital statistics, vital signs - Weighing up our health and health system
Canberra, Australia
Hall J.
Health expenditure: viewed through the microscope.

JULY
Econometrics Society Australasian Meeting
Melbourne, Australia
Belkar R, Fiebig D, Haas M, Viney R.
The International Network for Health Policy and Reform
Berlin, Germany
Haas M.
Prevention in Australia.

AUGUST
Labour Econometrics Workshop
Auckland, New Zealand
Ellis RP, Savage E.
Where do you run after you run for cover? A model of the demand for private health insurance in Australia.
Human Genetics Society of Australasia 28th Annual Scientific Meeting
Fremantle, Australia
Assessing the cost of community-based genetic screening programs: some challenges and a suggested framework.
NSW TeleHealth Symposium
Sydney, Australia
Haas M.
Moving from project to program: a challenge for TeleHealth.

*Names in bold indicate presenters
The evaluation of genetic testing: what is the right outcome measure?

Van Gool K.
Healthy decisions: integrating technology in OECD countries.

Haas M., Fiebig D., Ching K., Hartigan L.
The impact of the supply of GPs on the utilisation of GP services in Australia.

Hall J., Fiebig D., King M., Hossain I., Louviere J.
What influences participation in genetic carrier screening for Tay-Sachs and cystic fibrosis?

Lu M.
Financial incentives and gaming in alcohol treatment.

Steurer M., Hall J.
Measuring altruistic concerns in health.

Haas M.
Discussion of Hollingsworth B. and Harris A. Prenatal population screening for Fragile X syndrome.

Viney R.
Discussion of McKee and Richardson: Reassurance, regret and uncertainty: Testing ex ante sources of (dis)utility and the wellfarist account of social welfare.

Fowler S.
Discussion of Milne R: Cost effectiveness for screening and statin therapy in clinical guidelines for cardiovascular prophylaxis.

Savage E.
Discussion of Connolly L.: Lifetime cover in private health insurance markets.

OCTOBER
11th Annual Conference of the International Society for Quality of Life Research
Hong Kong

Hall J., King M., Fiebig D., Hossain I., Louviere, J. Understanding consumer preference and measuring utility for genetic screening.

Viney R. Savage E.


Workshops
King M., Osoba D.
Interpretation and uses of health-related quality of life (HRQOL) scores in clinical practice.

Hall J., Louviere J., Viney R.
Application of discrete choice experiments to measurement and valuation of health outcome.

54th Meeting American Society for Human Genetics
Toronto, Canada

Burnett L., Warren E., Anderson R., Proos A., Barlow-Stewart K., Hall J.
Cost-effectiveness of a school-based Tay-Sachs disease and cystic fibrosis genetic carrier screening program.

Centre for Microeconomics
Melbourne, Australia
One-day workshop

Hall J., Fiebig D., King M., Hossain I., Louviere J.
What influences participation in genetic carrier testing? Results from a discrete choice experiment.
Economics PhD Conference  
Economics Division, Research School of  
Social Sciences, ANU  
Canberra, Australia  

Savage E. - Invited discussant  
Discussion of Kompal Sinha’s “Household  
characteristics and calorie intake in rural India:  
a quantile regression approach”.

The University of Sydney  
School of Health Information Management  
Sydney, Australia  

Haas M.  
Economic evaluation of health care.

University of Technology, Sydney  
Faculty of Nursing, Midwifery and Health  
Sydney, Australia  

Haas M.  
Methods used to explore health systems  
and services.

Macquarie University  
Sydney, Australia  

Viney R, Savage E.  
Testing the QALY model with experimental data.

CPA Health and Aged Care Symposium  
Sydney, Melbourne and Brisbane, Australia  

Haas M. (Sydney), van Gool K (Melbourne),  
Viney R (Brisbane). - Guest speakers  
The application of economic analysis to health  
and healthcare decision making.

University of Oxford Health Economics  
Research Centre  
Advanced methods of cost-effectiveness  
analysis course.  
Canberra, Australia  

Viney R. - Guest lecture  
QALYs Beware.

*Names in bold indicate presenters
MEMBERSHIPS
Marion Haas
Vice President, Board of Directors of FPA Health (formerly the Family Planning Association of NSW)
Secretary, Health Services Research Association of Australia and New Zealand

Jane Hall
Board Member, International Health Economics Association, 2001-3
President, Health Services Research Association of Australia and New Zealand
Academy Health International Committee
Member, Research Ethics Committee, IM- Australia
Harkness Fellowships in Health Policy: Australian representative and member of the selection committee
Member, Co-ordinating Committee for the International Program in Health Policy, The Commonwealth Fund, New York
Member, Packer Policy Fellowship Program Selection and Advisory Committees

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, Cochrane Collaboration Health-related Quality of Life Methods Group
Corresponding member, European Organisation for Research and Treatment of Cancer (EORTC) Quality of Life Group

Elizabeth Savage
Scientific Committee member, International Health Economics Association (iHEA)
Vice President, Economic Society of Australia, NSW Branch

Rosalie Viney
Member, Faculty of Business Research Committee
Executive Member, Health Services Research Association of Australia and New Zealand

EDITORIAL BOARDS
Australian Journal of Labour Economics
Australian and New Zealand Journal of Public Health
Economic Record
Health Economics
Health & Social Care in the Community
Journal of Health Services Research and Policy

JOURNAL REVIEWS
Australian Economic Review
Australian and New Zealand Journal of Public Health
Economic Record
Health Economics
Journal of Clinical Oncology
Journal of Health Economics
Journal of Health Services Research & Policy
Health & Place
Health and Quality of Life Outcomes
Quality of Life Research
The Drawing Board
Social Science and Medicine

Reviews conducted by CHERE staff for peer review granting bodies
AHMAC Priority Driven Research Program
NHMRC Project Grants
The University of Technology, Sydney is an Australian university with an international focus. CHERE contributes to this strategy by its involvement in international health policy forums and exchanges, its participation in international professional meetings and activities, and its reputation as evidenced by the international scholars and students who chose to visit.

INTERNATIONAL PROGRAM IN HEALTH POLICY AND PRACTICE
This symposium on health care policy, held annually since 1998, provides a forum for U.S. policymakers to gain an insight into international approaches to critical health care issues. It is also instrumental in promoting innovative health policy thinking and high-level policy exchanges among industrialised countries, and in building a network of international health policy experts. Professor Jane Hall attended her seventh annual International Symposium on Health Care Policy. This year’s symposium benefited from the inclusion of health policy leaders from Germany, the Netherlands and Sweden on the topic “Primary Health Care: Spotlight on Innovation and Reform”, focused on improving health care from the patient’s perspective, challenges in moving toward a patient-driven health care delivery system, and innovative approaches to addressing these challenges.

INTERNATIONAL SOCIETY FOR QUALITY OF LIFE RESEARCH (ISOQOL)
The measurement, analysis and interpretation of health-related quality of life (HRQOL) measures are important components of CHERE’s research agenda. CHERE’s HRQOL research, both applied and methodological, is relevant locally and internationally. Reflecting this, CHERE became an Institutional Member of the International Society for Quality of Life Research in 2004. CHERE made a significant contribution to ISOQOL’s 11th Annual Conference, held in Hong Kong in October 2004. With the theme ‘Harmonizing International HRQOL Research’, the conference brought together 400 international delegates from over 30 countries. Dr Madeleine King played a pivotal role as Chair of the Scientific Organising Committee. Madeleine convened and co-ordinated an international team of 44 members to invite speakers, raise funds and promote the conference.

Four of CHERE’s researchers presented a series of papers and a number of workshops. Professor Jane Hall presented a paper that determines what factors contribute to individual utility and therefore influence individuals’ participation in genetic screening, titled Understanding Consumer Preference and Measuring Utility for Genetic Screening. Ms Rosalie Viney, presented a paper titled QALYs Reflect Preferences for Health Outcomes: A Discrete Choice Experiment. In a presentation titled Quality of Life in the Two Years After Surgery for Non-Small Cell Lung Cancer, Ms Patricia Kenny also presented findings on a study that aims to describe the short and long term effects of treatment and disease on HRQOL.

In addition to her chairing commitments, Madeleine co-presented a workshop with Canadian oncologist Dr David Osoba, on the interpretation of HRQOL measures in clinical practice. Professor Jordan Louviere, together with Jane Hall and Rosalie Viney also presented a workshop titled Application of Discrete Choice Experiments to Measurement and Valuation of Health Outcome.
PACKER FELLOWSHIPS
In 2003, the Australian Department of Health and Ageing established the Packer Policy Fellowships, an Australian-American Health Policy Fellowships Program to bring Americans to Australia to research the Australian health system. This program offers a unique opportunity for outstanding, mid-career U.S. health policy researchers and practitioners to spend up to 10 months in Australia conducting original research and working with leading Australian health policy experts on issues relevant to both countries. Jane Hall served on the selection committee for the fellowships in 2003, when the first Fellows were selected, and in 2004.

THE INTERNATIONAL NETWORK FOR HEALTH POLICY AND REFORM
The International Network for Health Policy and Reform is sponsored by the Bertelsmann Foundation of Germany. Since 2002, the Network has brought together health policy experts from 16 partner institutions to report on current health policy issues and health policy developments in their countries. The main purpose of the Network is to monitor health policy processes with the aim of providing 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 2004, this involved completing two surveys covering the periods October 2003 - March 2004 and March – September 2004. The first Australian surveys covered 10 topics including the National depression Initiative, Medicare Safety Net, Queensland Health skills development centre, Coordinated care trials, health complaints, Pharmaceutical Benefits Advisory Committee outcomes, primary care collaborative program (2 reports) and remuneration for GPs (2 reports).

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

Marion Haas is CHERE’s representative in the Network, and together with Rob Anderson and Kees van Gool, prepares the bi-annual reports in March and September of each year and attends the annual meeting of the Network.
The visiting scholars program is supported by the five year NHMRC Program Grant. Visitors and topics are selected for their contribution to the research program which uses advanced economic theory and econometric modelling to understand and predict individual and household decisions about health care, and to link decision making and consequences in use and costs of health care to social welfare.

Professor Randall P Ellis was Visiting Professor at CHERE for the first semester of 2004. He is Professor of Economics at Boston University and currently a member of the Board of Directors of the International Health Economics Association. Randall is best known for his work on risk adjustment for health care funding and is arguably the world leader in this field of research. During his time at CHERE, Randall’s work focused on private health insurance. He has been made an Adjunct Professor at UTS in recognition of ongoing collaborative research and his continuing contribution to the intellectual life of the Centre.

Professor Michael Keane is Professor of Economics at Yale University. He is especially well-known in econometrics for his contributions to simulation methods for estimating complex choice models. Mike spent time working at CHERE investigating Australia’s private health insurance using earlier investigations on preferences and perceptions from a combination of revealed preference and attitudinal data in the US supplementary private insurance and drawing implications for Australia.

Associate Professor Mingshan Lu has been a visitor at CHERE since July 2004, on sabbatical leave from the University of Calgary. During her visit at CHERE, Mingshan has developed interests in private health insurance in Australia. Joint with Associate Professor Elizabeth Savage at CHERE, they have been using the Australian National Health Survey 2001 data to examine to what extent supplementary private insurance relieves pressure on Australia’s public health system. She is also examining the performance of private health funds and consumer choices in Australia, jointly with Associate Professor Elizabeth Savage and Professor Randall P Ellis (Boston University and CHERE). Their project makes use of data from the Australian Private Health Insurance Administration Council (PHIAC) and Australian Government Private Health Insurance Ombudsman (PHIO). In addition, Mingshan has developed collaboration with Professor Eddy van Doorslaer, another CHERE visiting scholar, to study whether income related health inequality increased in China over the nineties.

Dr Kathleen Montgomery is Associate Professor and Chair at the Department of Management Processes and Systems, in the Anderson Graduate School of Management at the University of California, Riverside. In 2004, Kathleen spent time with CHERE and presented a seminar titled "Understanding trust and its role in health care". Generally her interests incorporate organizational issues related to managed health care in the U.S. from the perspective of the health care professions and, in particular, physician executives. Her recent work examines trust and integrity within the context of health care.

Professor Eddy van Doorslaer, a leading authority in international comparisons of equity in health and health care, also spent a semester as a Visiting Professor at CHERE. Eddy is a Professor of Health Economics at the Department of Health Policy and Management at Erasmus University, Rotterdam, The Netherlands. Eddy continued his work on the inequalities and inequities in access and use of services in Australia.

Associate Professor Don Wright is a Research Associate at CHERE and took leave from the University of Sydney in the spring semester to pursue his interests in contracting and bargaining in the health system. His current research is modelling price setting and quality in public and private hospitals, and the effect of insurance.
DISTINGUISHED LECTURES

The Distinguished Lectures are an opportunity to present an eminent visiting scholar to a broader audience, both through attendance at the open lecture and through the publication of a CHERE monograph. Each lecturer spends some time at the Centre, sharing their expertise with staff and associates, and in many cases developing collaborative research that continues beyond the immediate period of the visit. This is an important component of our international exchange. More information about the 2004 visiting scholars can be found in the Events section of CHERE’s web site at www.chere.uts.edu.au.

VISITING SCHOLAR:  
Professor Randall P Ellis  
Professor of Economics  
Boston University

TITLE OF PRESENTATION  
Predictability and predictiveness of health care spending.

Key finding  
Insurance companies in the US have responded to adverse selection of insurance services by covering services more generously that tend to attract relatively healthy people. This can result in insurers attracting a favourable rather than an adverse selection of enrollees, and raises questions about the fairness of the subsidies to those insurance companies. 

Some evidence of similar concerns can be seen in Australia, where in recent years, health insurance plans have been introducing gym membership, sporting equipment, acupuncture and natural medicines into policies, which tend to attract relatively healthy enrollees.

ABSTRACT  
Adverse selection problems arise in health care markets when consumers or suppliers anticipate future levels of health care spending, and this knowledge affects their behaviour. The magnitude of the adverse selection problem depends on the choices available as well as on how well agents can predict their future health care spending. Predictability (how well spending on certain services can be anticipated) and predictiveness (how well the predicted levels of certain services contemporaneously co-vary with total health care spending) both matter for adverse selection incentives. A new empirical index of the direction and magnitude of selection incentives helps quantify the large selection of incentives facing various types of health care services in the US Medicare program. The implications of this finding for Australia and other countries with publicly funded health systems were also discussed.
VISITING SCHOLAR:  
Professor Michael Keane  
Professor of Economics Yale

TITLE OF PRESENTATION  
Modelling health insurance choice: inferring preferences and perceptions from a combination of revealed preference and attitudinal data.

Key finding
A standard argument for “competition” in insurance markets is that giving consumers more “choice” will enhance welfare. There is clear empirical evidence that consumer tastes vary substantially when given options for insurance policies. However, consumers have important misperceptions about insurance options and this undermines the “more choice is good” argument. Given the problems with private competition, the best way to satisfy variation in consumer tastes is for a single payer (i.e. the government) to design a menu of health insurance policy options, and to contract with providers so it can offer the whole menu to consumers.

Abstract
This paper develops an innovative approach to modelling insurance choice, using the US experience of supplementary private insurance for the elderly. US Medicare leaves many services uncovered and requires substantial cost sharing in the form of deductibles and coinsurance. As a result, many individuals supplement Medicare benefits by purchasing fee-for-service supplements, known as ‘medigap’ plans, or by joining health maintenance organizations (HMOs). This paper models choice among health plans using data from a 1988 study of the Minneapolis–St. Paul Medicare health plan market. It shows how attitudinal data can be combined with market data to provide more reliable estimates of consumers’ preferences for and perceptions of health insurance plans. This results in a better model. Quality of health plan is important in determining consumer choice. Misperceptions of cost sharing arrangements in both Medicare and supplementary insurance are common.

VISITING SCHOLAR:  
Professor Eddy van Doorslaer  
Professor of Health Economics  
Erasmus University, Rotterdam

TITLE OF PRESENTATION  
The OECD experience in the quest for equitable health care systems: lessons for Australia.

Key finding
The Australian health care system generally offers a high level of access, and treatment is very equally distributed with respect to primary care services. The risk is that, as in some other OECD countries, the Medicare objective of equal access for equal need will be compromised by the expansion of the private sector in secondary care services. To the extent that such inequalities in use may translate in inequalities into health outcomes, they appear to warrant some concern.

Abstract
Most OECD member countries have long achieved close to universal coverage of their population for a fairly comprehensive package of essential health services. There are exceptions, but in most countries, access to good quality physician and hospital services is ensured at relatively low and sometimes at zero financial cost. However, evidence suggests that this does not yet imply that people in equal need are treated equally, irrespective of other characteristics like income, place of residence, ethnicity, etc. Extensive cross-country comparative work demonstrates that in most OECD countries, some systematic, income-related deviations from this horizontal equity principle continue to exist. While it is certainly true that in most countries, people can get to see a doctor or get into a hospital when they think they need one, it is becoming more and more evident that the better-off and the less well-off generally do not use the health system in the same way. In particular, the rich tend to be more intensive users of medical specialist services than one would expect on the basis of differences in need for care. It is also evident that this phenomenon does not occur to the same extent in every country.

This paper reviews the extensive empirical evidence on the highest-income countries and the limited evidence for Australia in order to see to what extent the Australian experience fits the general picture. Does its peculiar public-private mix confirm the expectations based on the international patterns or does it rather contradict these? Has Medicare managed to meet its equity goals and if so, to what extent are these being compromised by the expansion of the private sector?
The purpose of this series is to bring guest speakers to the Centre to share their research with an interested audience, to stimulate new ideas and ways of thinking, and to explain leading research approaches. The seminars cover a broad range of health economics and health services research topics and are open to anyone interested in the topics covered.

**Combining stated and revealed preference data to construct an empirical examination of intrahousehold bargaining**
Professor Vic Adamowicz
Canada Research Chair (Environmental Economics), Department of Rural Economy
University of Alberta – Canada

**District Health Boards and Primary Health Organisations: Reforming New Zealand health care for the 21st century**
Dr Jackie Cumming, Director, Health Services Research Centre, Victoria University, Wellington, New Zealand

**Constructing a new Quality of Life questionnaire – The use of stated preference discrete choice modelling in utility elicitation**
Dr Terry Flynn, Research Associate, Health Services Research Collaboration, Bristol University

**Understanding trust and its role in health care**
Dr Kathleen Montgomery, Associate Professor and Chair, Department of Management Processes and Systems, University of California - Riverside

**Time allocation and saving in an imperfect capital market**
Professor Patricia Apps, Adjunct Professor, University of Technology Sydney; Professor in Public Economics in Law, Faculty of Law, The University of Sydney

**Illness, impoverishment and consumption shocks in China: the roles of insurance, credit and health facilities**
Professor Adam Wagstaff, World Bank: Development Research Group, and East Asia & Pacific Human Development

**Insurance and monopoly power in the provision of private hospital care**
Associate Professor Don Wright, Associate Professor, The University of Sydney; Research Associate, CHERE

**Nice solutions to a NICE problem? A UK study on the societal value of a QALY**
Professor Cam Donaldson, Centre for Health Services Research, University of Newcastle upon Tyne and the Social Value of a QALY (SVQ) Research Team

**District Health Boards and Primary Health Organisations: Reforming New Zealand health care for the 21st century**
Dr Jackie Cumming, Director, Health Services Research Centre, Victoria University, Wellington, New Zealand

**Constructing a new Quality of Life questionnaire – The use of stated preference discrete choice modelling in utility elicitation**
Dr Terry Flynn, Research Associate, Health Services Research Collaboration, Bristol University

**Understanding trust and its role in health care**
Dr Kathleen Montgomery, Associate Professor and Chair, Department of Management Processes and Systems, University of California - Riverside

**Time allocation and saving in an imperfect capital market**
Professor Patricia Apps, Adjunct Professor, University of Technology Sydney; Professor in Public Economics in Law, Faculty of Law, The University of Sydney
Underlying CHERE’s health economics and health services research is the aim of providing evidence to inform health policy and health care decision making at all levels of the system. Much of our research is directly commissioned by health care decision makers, and other research projects arise out of our collaborative links with clinicians, policy makers and funders in the health system, which result in the identification of important research questions.

Translating research directly into policy however, is a complex process. The links between research output and policy decisions are rarely straightforward. The contribution of health economics and health services research most often begins at the point where the question of effectiveness of a treatment has been identified, by focusing on the factors that motivate uptake and dissemination of health care interventions, for example in terms of incentives to providers and consumers, and barriers to utilisation. The development and implementation of health policy is complex, with many competing interests coming to bear. The process of translating the findings of health services research into health policy comes via a range of dissemination processes, both direct and indirect. These include contributing to media debate on areas of health policy, contributing to policy forums and committees addressing questions of health policy and provision of specialised advice informed by our research, to all levels of government.

CONTRIBUTIONS AND REPRESENTATIONS
Marion Haas
Chair, Research Committee of FPA Health
Jane Hall
Member, Australian Law Reform Commission, Advisory Committee on genetics, IP rights and human health
Member, Australian Medical Workforce Advisory Committee
Member, Medical Services Advisory Committee
Member, Public Health Education and Research Program Review Committee, [Australian Department of Health and Ageing]
Member, Research Ethics Committee, IVF Australia
Madeleine King
Advisor on Statistics and Outcome Measurement for the Cochrane Consumers and Communication Review Group
Rosalie Viney
Member, Economics Sub-Committee of the Pharmaceutical Benefits Advisory Committee
Education and Capacity Building
Member, National Advisory Committee on Cervical Screening
To better meet the increasing need for research skills within nursing, midwifery and health services, CHERE staff has been involved in a revision of research training in the Faculty of Nursing Midwifery and Health. Commencing in 2003, Madeleine King was part of a six-person working party that developed three new courses, with approval and accreditation now finalised. These courses included Master of Nursing (Honours), Master of Midwifery (Honours) and Master of Health Services (Honours).

During 2004, CHERE was involved in the redesign and teaching of three subjects: Health Care Research Methodology, Developing Health Care Theory and Investigating Health Care Change. These subjects replaced Frameworks for Nursing Inquiry, Qualitative Research Processes and Quantitative Research Design.

During 2004, twelve enrolled research students were taught in an intensive face-to-face mode. In the coming year, CHERE will continue their involvement through adapting and teaching these subjects for the online flexible teaching mode for 2005.

In addition, Manon Haas was the co-ordinator of Planning and Evaluating Health Services, a 500-level, postgraduate subject in the Faculty of Nursing, Midwifery and Health. She lectured in the subject along with CHERE colleagues Rob Anderson and Madeleine King. The subject had an enrolment of approximately thirty students and was taught in intensive mode over 3 days.

CHERE was responsible for the design and delivery of Health Funding Policy and Resource Management which had an enrolment of approximately 45 students undertaking postgraduate studies in Health Services Management and Nursing. The subject co-ordinator was Rosalie Viney and lecturers included Marion Haas, Jane Hall, Elizabeth Savage, Kees van Gool and Rosalie Viney. The subject material included health markets, health funding, health economics and health policy; purchasing and providing care; public and private health insurance; hospitals; pharmaceuticals; and program budgeting and marginal analysis and was delivered in intensive mode.

Sandy Fowler also lectures on the use of epidemiology to inform health decisions as part of a Postgraduate Nursing Health Promotion and Health Education course.

CHERE has made a significant contribution to a range of subjects in the Faculty of Business.

Within the faculty’s Master of Business Administration, Economics for Management was lectured by Elizabeth Savage in the summer semester and Ishrat Hossain in the autumn and spring semesters.

Miriam Steurer, Ishrat Hossain and Elizabeth Savage also lectured in Economics: Concepts and Applications in the autumn semester, which is the foundation economics subject in the UTS Master of Business Administration program.

Rosalie Viney was subject coordinator for Health Funding Policy and Resource Management for which lectures were given by Manon Haas, Jane Hall, Elizabeth Savage, Kees van Gool and Rosalie Viney.

Madeleine King co-supervised Jane Ewing in her Master of Science in Mathematics by Research, Department of Mathematical Sciences, UTS. The thesis is titled Validating a set of instruments for assessing support services for young people diagnosed with cancer or a blood disease.
Jane Hall is Director of CHERE and Professor of Health Economics in the Faculty of Business at UTS. She developed the original application for the establishment of the Centre and has served as Director since its inception. She studied undergraduate economics at Macquarie University and holds a PhD from the University of Sydney. Her current research interests focus on assessing benefits of health services which are difficult to measure and value such as the information produced by genetic screening tests, and the contribution of informal (unpaid) care. She is a member of several policy committees, including the Medical Services Advisory Committee and the Australian Medical Workforce Advisory Committee. She works with The Commonwealth Fund, a US based philanthropic foundation, on the Harkness Health Policy Fellowship Program. Jane is the president of the Health Services Research Association of Australia & New Zealand.

Marion Haas is a Deputy Director of CHERE and an Associate Professor of Health Services Research at UTS. Formerly a physiotherapist, she has a Master of Public Health and a PhD from the School of Public Health at the University of Sydney and a Graduate Diploma of Applied Epidemiology (NSW Public Health Officer’s Training Program). Her research interests include the use and application of economic evaluation, analysis of 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 a number of projects related to screening for cervical cancer and is leading two economic evaluations: newborn screening by tandem mass spectrometry and the effectiveness and cost-effectiveness of passive mobilisation following ankle fracture.

Rosalie Viney is a Deputy Director of CHERE, and a Senior Lecturer in Health Economics 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 given uncertainty in health. Her PhD thesis, submitted in 2004 investigated valuation of health outcomes for economic evaluation.

Madeleine King leads biostatistics and outcomes measurement at CHERE, and is a Senior Lecturer in Health Services Research at UTS. She has first class honours in Science from the University of Sydney, and 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 the application of discrete choice methods to consumer preferences in health. Madeleine has recently led a number of projects to develop evidence-based interpretation guidelines for HRQOL instruments. She is currently collaborating with researchers at the Universities of Leeds and Aberdeen, in association with the European Organisation for Research and Treatment of Cancer’s (EORTC) Quality of Life Group, to develop interpretation guidelines for the QLQ-C30, one of the most widely used cancer-specific HRQOL instruments.

Elizabeth Savage is Associate Professor in Health Economics at CHERE, Faculty of Business, 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. She is currently involved in projects on private health insurance, health care utilisation, GP charging behaviour, disability and informal care, welfare measurement of health care interventions, and estimation of utility functions for health care.
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 a Master of Science 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, the organisation of general practice and measuring the benefits of health surveys. He has particular research interests in primary care policy, evaluation methodology, the economic evaluation of complex interventions, screening, and issues surrounding how and why people access health services.

Kenneth Ching
Kenneth Ching was a Research Officer at CHERE during 2004. He studied at the University of New South Wales in a combined Bachelor of Economics with majors in Economics and Econometrics (Honours in Economics) and a Bachelor of Law. While at CHERE, Kenneth provided research assistance on projects including the relationship between self-assessed health and insurance and on hospital utilisation. He analysed General Practice spatial data obtained from the Health Insurance Commission and also undertook a literature review on the relationships between private health insurance and health expenditure.

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

Joanne Epp
As a Senior Researcher Officer at CHERE during 2004, Joanne investigated the drivers of future health costs in Australia, including the impact of ageing. Her focus was on the demographic determinants of health utilisation through econometric analysis of the 1995 and 2001 National Health Survey data. Prior to joining CHERE, Joanne spent 7 years as a health economist at the World Bank, based in Washington DC, where much of her time was spent on international health issues. Joanne also spent some time at the Ontario Ministry of Finance in Toronto, Canada as a fiscal economist. Joanne has a MA in Economics from the University of Saskatchewan, Canada, and is pursuing a PhD in Economics from the University of New South Wales.

Sandy Fowler
A Research Officer at CHERE, Sandy is currently working on the economic evaluation component of the NSW Cancer Council’s Prostate Cancer Care and Outcomes Study; she has also been involved in a project examining cancer care funding for the Department of Health and Ageing. She 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 worked as a Health Services Researcher in New Zealand and Indonesia.
Luke Hartigan
As a Research Officer at CHERE, Luke assisted with general research on research projects including hospital utilisation and costs. He came to CHERE after completing his Economics honours degree, and working as a tutor at Macquarie University in the area of Economic and Business forecasting.

Ishrat Hossain
Ishrat Hossain is a Post Doctoral Research Fellow at CHERE. He has an undergraduate degree in Economics from Southeastern Oklahoma State University and completed his PhD in Agricultural Economics with a minor in Statistics from Oklahoma State University (USA) in 2003. Ishrat was a Graduate Research Assistant at Oklahoma State University where his work included econometric modelling and data analysis of wheat production, livestock grazing and lease agreements. He was also involved in tutoring Mathematical Economics, Statistics and Economics during his time at Oklahoma State. During his time at CHERE, Ishrat has mainly been involved in analyzing longitudinal stated preference discrete choice data in relation to genetic screening and asthma. His work is primarily focused on modelling consumer preferences on different aspects of genetic screening and asthma management. Ishrat is also involved in teaching an MBA course, titled Economics for Management.

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.

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. During her time at CHERE, Betty primarily worked on a survey of informal (unpaid) carers regarding the care provided to palliative care patients living at home.

Miriam Steurer
Joining CHERE as a Research Officer in 2004, Miriam has a Master in Social Sciences (with an emphasis in Economics) from the Karl-Franzens University in Graz, Austria, as well as a Master in Economics from Washington University in St. Louis, USA. Prior to joining CHERE, Miriam was an Associate Lecturer at the University of New South Wales where she is pursuing a PhD in Economics. Miriam’s work at CHERE has primarily focused on analyzing the implications of altruistic preferences in health. Other projects have included a cost-effectiveness analysis of asthma medications and a survey of demand and supply driven variations in medical use.

Kees van Gool
Kees van Gool is a health economist returning to CHERE after spending 2 years working for the OECD in Paris. He has extensive experience in international, national and regional health policy research. At the OECD he was responsible for the OECD project on health-related technologies, which focused on evidence-based policy and practice in relation to integrating new technologies into health care systems. During his previous appointment at CHERE (1999-2002), Kees contributed to and managed a variety of projects including work conducted for the Victorian Department of Treasury and Finance, MBF and the Senate Community Affairs References Committee in relation to their inquiry into public hospital funding. Kees has a Bachelor of Economics and Arts (ANU) and a Master of Economics from the University of Sydney. Prior to joining CHERE in 1999, Kees completed the NSW Health Economics Trainee Program, was a senior policy analyst with NSW Health and a Graduate Administrative Assistant with the Commonwealth Department of Health and Ageing.

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 Research (SCHR), 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). At CHERE, Emma worked on three economic evaluations: prison methadone in NSW; the use of PET in the management of non-small cell lung cancer; and genetic screening.

Siggi Zapart
A Research Officer at CHERE, Siggi has a Bachelor of Psychology (First Class Honours) from Griffith University, Gold Coast. Siggi is currently working on a study to assess the costs and value associated with informal care provided to palliative care patients. Other projects include qualitative research on decision making processes relating to participation in workplace genetic screening tests and on the impact of PET on patient expectations, treatment, decision making and wellbeing. She has also been involved in developing economic evidence chapters for the ACN lymphoma and colorectal cancer guidelines. Prior to joining CHERE, Siggi was a Project Officer for the National Breast Cancer Centre where she worked on developing the Clinical Practice Guidelines for the psychosocial care of adults with cancer and projects aimed at improving the care of women with breast cancer.
Michelle Carfrae
As the Communications Manager for CHERE, 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 and the Distinguished Lecture series. In 2004, Michelle also assisted the Executive of the Health Services Research Association of Australia & New Zealand (HSRAANZ) with a variety of activities including the implementation of a member-only web based newsletter.

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.

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

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 in managing Kronos (the Centre’s staff pay system), travel arrangements and the maintenance of CHERE’s mailing list. Liz also assists the Communications Manager in the organisation of internal and external seminars and distinguished lectures.

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.

SUPPORT STAFF
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

Randall P Ellis
BA Yale University, MSc, London School of Economics and Political Science
PhD Massachusetts Institute of Technology
Professor of Economics at Boston University, Massachusetts, USA
Director of the International Health Economics Association and of the American Society of Health Economists
Associate Editor, Journal of Health Economics

Research Interests
Risk adjustment, provider response to the reimbursement system; optimal insurance; private health insurance; health plan competition; the economics of mental health; health demand modeling in developing countries; and the cost-effectiveness of cancer screening

Denzil G Fiebig
BCom (Hons) and MCom (Hons), UNSW, PhD, University of Southern California
Professor of Economics in the School of Economics, University of New South Wales
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Research Interests
Applied econometrics with emphasis on the areas of health economics and choice modelling

Alan Maynard
BA (first class honours), BPhil Hon
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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
Philippe Beutels
BSc, MSc, PhD, University of Antwerp, Belgium
Senior Research Fellow with the National Centre for Immunisation Research and Surveillance, The University of Sydney

Research Interests
The economics of vaccines, and the application of mathematical and statistical models to infectious diseases

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

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

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

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

Jordan Louviere
BA (ULL formally USL), MA (Nebraska), Certificate in Urban Transportation Planning (Iowa), PhD (Iowa)
Professor of Marketing, Faculty of Business, University of Technology, Sydney and Co-Director of the Centre for the Study of Choice (CenSoC)

Research Interests
Human judgment, decision-making and choice behaviour

Murray Smith
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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

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