About the Centre

The Centre for Health Economics Research and Evaluation is a centre of excellence in health economics and health services research. The Centre aims to contribute to the development and application of health economics through research, teaching and policy support.

Our research program encompasses theories, methods and applications of health economics particularly in the organisation and delivery of health services.

Our teaching includes introducing clinicians, health services managers, public health professionals and others to health economics, developing practical skills in health economics and health services research, and ensuring the continuing professional development of our own staff.

Our policy support covers working with policy and decision makers at all levels of the health system to ensure a more efficient and equitable health system.

The Centre is funded by NSW Health under a Research and Development Infrastructure Grant, with additional support from Central Sydney Area Health Service. It is an affiliated research unit of the Department of Public Health and Community Medicine, Faculty of Medicine, The University of Sydney.
Advisory Board

Professor John Turtle AO
Professor of Medicine
The University of Sydney

Professor John Young AO
Pro-Vice-Chancellor
College of Health Sciences
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Faculty of Medicine
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Dr Diana Horvath AO
Chief Executive Officer
Central Sydney Area Health Service

Mr Peter Burrows,
President
The University of Sydney Medical Foundation

Assoc. Professor Jane Hall
Director
CHERE
Chairman’s message

It is a pleasure to review the progress made by CHERE over the 1997 calendar year. There are two important milestones, the NSW Health infrastructure funding and the Medical Foundation Program Grant. The confirmation of CHERE’s funding under the NSW Health research infrastructure firmly establishes the role of CHERE as a research unit. Future funding, though by no means assured, is less uncertain with the commitment of NSW Health to providing research infrastructure and the establishment of the performance criteria against which CHERE will be judged.

Medical Foundation Program Grants are highly competitive. They require a research scientist and team with international standing, a coherent and important theme of research, and the capacity to deliver research results. That CHERE’s application met these criteria is an indicator of its growing national and international reputation as a centre of excellence in health economics.

Although the achievements of this year have strengthened research, this is not at the expense of policy relevance. All countries are facing similar problems in ensuring that their populations have equitable access to appropriate, effective and high quality health care at a socially acceptable and affordable cost.

Addressing these problems will require a strong research basis to inform the development and implementation of policy. I am sure that the Centre for Health Economics Research and Evaluation will continue to play a vital role in contributing to the research base and its application in policy.

Professor John Turtle
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Director’s report

This year saw CHERE settled into its new premises in Mallett St, Camperdown. Our new accommodation provides functional offices in one location, with our own meeting rooms and library collection, but most importantly an adequate working space for each staff member plus room to expand. Closer proximity to NSW Health at North Sydney has enabled the development of better working relationships with the Department, with more contact between CHERE staff and members of the Department.

The move is symbolic as well as functional. Good working space makes staff feel valued. The layout encourages team work and problem sharing. Perhaps more importantly, the sense of owning some permanent accommodation gives the Centre a feeling of being well established and optimistic about the future. 1997 has been a key year in the Centre’s development, one in which the Centre itself moved from considering itself a new centre to a greater sense of maturity. This has prompted a re-examination of the aims and strategies of the Centre.

NSW Health moved to implement its research and development strategy. Under the strategy, research infrastructure funding is given to independent research institutions or public health and health services research groups. CHERE’s funding has now been included under this program, with a three year forward commitment. Although this has not increased

the amount or the forward commitment to the support of CHERE, it has clarified the purpose of the funding. As part of the strategy, each group which receives funding is required to develop a performance agreement with NSW Health. This agreement has been finalised and focusses on the assessment of CHERE’s performance in terms of research output and relevance to the health system.

During the year, we have reviewed our research performance and goals. Health economics is relevant to so many issues and areas of research that it is easy for research effort to be widely spread across a range of topics. However, if we are to reach our goal of contributing to the development of health economics then it is important that our research program includes theoretical and conceptual research, and that it is sufficiently focussed to build cumulatively on our skills and expertise. As a result we have identified a strategic direction for our research
which builds on our existing strengths and will also guide new research in theory and methods, and inform our approach to applied projects. Our emergent research theme is valuing the benefits of health programs. This encompasses understanding what individuals value from health and health care, how such values can and should be measured, and exploring what social values are attached to these benefits. It is described in more detail in the research section of this report. This framework formed the basis of a program grant application to the University of Sydney Medical Foundation.

CHERE’s program grant application was one of four program grants awarded by the Medical Foundation. Each program grant is worth $165,000 per annum for a five year period. The program grant will fund the theoretical and conceptual work associated with our research theme. This type of theory building and testing, basic disciplinary rather than applied work, is difficult to fund given the emphasis of most funding bodies on applied and practical problem oriented research in public health and health services research. The Medical Foundation grant represents a very exciting opportunity for CHERE.

Policy support

This is the description given to working directly with policy makers and decision makers, sometimes through a formal consultation process and being represented on boards and working parties, sometimes through commissioned research. Increasingly, much of our policy support work is informal, simply discussing an issue or problem. In some instances, this will lead to a specific research project but very often it helps focus an analysis of the issue and the decision options become clear without any further research. This is a more effective and efficient way to work, both for the policy/decision maker and the researcher/adviser. But the output is far less tangible.

Policy projects undertaken in 1997 include working with the Commonwealth Department of Health on assessing the feasibility and costs of the national catch-up immunisation campaign, working with NSW Health on the costs and benefits, and financing issues associated with telehealth services, and working with Central Sydney Area Health Service to plan an evaluation of PET diagnostic technology. Work with a number of Area Health Services using program budgeting and marginal analysis as an approach to priority setting has continued.
This year I was invited to join the Steering Committee for a new International Program in Health Policy sponsored by the Commonwealth Fund of New York. The International Program is an interesting window on health policy issues in the USA, UK, New Zealand and Canada and covers a number of activities, including cross country policy research. It also includes the Harkness Fellowship, now focussed exclusively on health policy and health services research. The Fellowship program is an exciting opportunity for mid career researchers and policy analysts to further their experience in both the USA and Australia.

**Research**

The focus of our applied research is economic evaluation, the appraisal of new programs or new ways of delivering services. It is work in this area that has most prompted our investigator initiated research topics. Questions about what consumers and patients see as the benefits of health programs have led to studies of patient decision making, patient expectations and how good health contributes to people’s welfare. These research studies draw primarily on qualitative research methods. The importance of quality of life as an aspect of health outcome has instigated studies on the measurement of quality of life, the appropriate statistical methods for analysing quality of life data, and alternative methods for valuing health outcomes.

The emphasis on reducing hospital use and the concomitant increasing need for the care provided by family and friends has prompted studies into aspects of unpaid care. The observation that services are not always provided efficiently has led to consideration of the effect of financial and other incentives on how services are used and organised. The need to assess social values prompts questions about the interplay of equity and efficiency.

It is said there are three stages to any research project, getting it started, getting it finished, and getting it published. Over the year, we have concentrated on progressing a number of major projects through the second and into the third stages. Research does not finish with the final piece of data collection but requires analysis and reporting.

**Education**

1997 was the third and planned to be the final year of the PHERP specialty centre funding. During the year, the Commonwealth Department of Health and Family Services announced a one year extension to the program with a review of the specialty centres and the specialty program to be completed early in 1998.
The NSW Health Economics Training Program has continued with two new entrants to the program commencing their academic year at the beginning of 1997. There are now six economists in the training program with the four whose academic year has been completed, placed in supervised projects across the NSW health system. This has increased the need for CHERE input for supervision and co-ordination of those placements. CHERE continued to teach the health economics course in the Master of Economics at The University of Sydney.

Teaching in the Master of Public Health has also continued. There have been further developments in integrating introductory health economics with other subjects in "Approaches to public health problems". This has been well received by the students, and we have seen an increased demand for the health economics electives. All the elective subjects were offered this year. A new course in health economics for clinicians has been developed as part of the Master's level course in clinical epidemiology.

Over the next twelve months, it will be important to review our commitment of resources to teaching. The PHERP specialty centre funding in its present form will not be continued. The NSW Health performance agreement is specific in its focus on research. Meanwhile, the Department of Public Health and Community Medicine is reviewing the structure and teaching approach of its courses.

**Staff**

A new conjoint academic position was created. Marion Haas has been appointed to this position, after three years in the Centre as a senior research officer.

CHERE has welcomed two new research staff. Marian Shanahan joins the Centre from the Manitoba Centre for Health Policy and Evaluation in Canada. Ana Lowin comes to us from the UK where she worked in the London School of Economics.

Alan Shiel took leave for the second semester and resigned at the end of 1997, to pursue his post graduate studies. Alan has been with CHERE since 1991 and became a Deputy Director soon after. His contribution to the development and management of CHERE, to critical and innovative insight into research topics, and to novel and student centred ways of teaching is missed.

Lyn Cooper has left to resume her teaching career. She joined CHERE as a research officer to work specifically on the PBMA projects. She then willingly stepped into a temporary position as Centre co-ordinator and assisted us through the most challenging co-ordination task, getting the Centre moved and settled into Mallett St.
Acknowledgements

My thanks go to Professor John Turtle, as Chair of the Advisory Board, for his support, encouragement and wise counsel during the year. I am appreciative also of the help and support of all the Board members, both in those roles and in the other roles they fill, the CEO of Central Sydney Area Health Service, the Dean of Medicine, and the Pro Vice Chancellor of the College of Health Sciences.

Settling into a new organisation can be very difficult. The staff of Central Sydney have been very welcoming and helpful and I am sure that has made the transition much easier than it might have been. There are too many to name individually, but thanks to you all.

CHERE is grateful, too, to all the clinicians and policy makers who collaborate in our various projects. They are acknowledged individually in the research project reports. Most of our research would not be possible without the involvement of people, as patients, consumers and citizens. We are very appreciative of their willingness to share their views and experiences.

NSW Health has continued to be very supportive of research in general and of health economics. Our thanks go to Mr Michael Reid, Dr Tim Smythe, Dr George Rubin and Dr Andrew Wilson, Dr Michael Frommer and Mr Jim Pearse.

As Director, I owe a special debt of gratitude to the senior staff at CHERE. 1997 was a difficult year with the disruption consequent on a move, my extended absence on sick leave, and the absence of another senior staff member. Rosalie Viney, Marion Haas and Karen Gerard ensured that the Centre kept going with its established commitment to relevance, delivery of results and high quality work. My thanks go to all the staff for their continued hard work and loyalty. After all, the Centre is not represented by its letterhead, or its new offices, but by the staff and their work.

The CHERE Library
Policy support

A key role of the Centre is the provision of quality health economics policy advice to the health system. This policy support role has been achieved through a number of activities: working with clinicians and managers in the health system on practical research projects, undertaking workshops aimed at increasing the use of health economics principles in health system planning and management, undertaking research projects and consultancy projects commissioned by government, providing informal advice to all levels of the health system and through participation in working parties and committees.

The links between the policy support and research activities of the Centre are very important. The development of policy is informed by high quality research and research questions are generated by policy issues. Work undertaken with clinicians and managers in the health system to address a specific issue often leads to the joint development of a research proposal to be submitted to a peer-reviewed research granting body. A significant amount of CHERE’s work involves applying the principles of economics in the evaluation or planning of specific programs or services. Such projects are often commissioned by the NSW Department of Health, the Commonwealth Department of Health and Family Services, Area Health Services, hospitals or hospital departments.

In 1997 these projects included:

- Working with South-Western Sydney Area Health Service using program budgeting and marginal analysis to plan coronary heart disease services in the Area

- Undertaking a costing of the proposed national measles immunisation ‘catch-up’ program for the Commonwealth Department of Health and Family Services

- Undertaking research assessing potential funding models for telehealth services for the AHMAC National Telehealth Funding and Financing Options Working Group

- Working with the Royal Women’s Brisbane Hospital on the evaluation of antenatal shared care.
In 1997, staff at CHERE contributed to the following boards, working parties and committees at Commonwealth, State and Area Health Service level.

**Board**
Jane Hall  
*NSW Cancer Council Board*

**Committees**

**NSW Health**
Jane Hall  
*Health Economics Reform Committee*

Glenn Salkeld  
*Outcomes and Quality of Care Committee*

Gavin Mooney  
*Save Our Kids Smile Evaluation Committee*

Rosalie Viney, Marion Haas  
*NSW Cervical Cancer Screening Program Advisory Committee*

**NHMRC**
Glenn Salkeld  
*Advisory Committee Working Party on Colorectal Cancer Screening*

**Other**
Jane Hall  
*Steering Committee for the Evaluation of the National Mental Health Strategy, AHMAC*

Harkness Fellowships in International Health Policy, Australian representative and member of selection committee

Advisory Committee, PHERP Specialty Centre Review

Australian Medical Workforce Advisory Committee

Chair of Trustees, Public Health Association Education and Research Trust

Gavin Mooney  
*Economic Advisor, Pharmaceutical Benefits Advisory Committee*

Glenn Salkeld  
*Economics Sub-Committee, Pharmaceutical Benefits Advisory Committee*

Honorary Public Health Scientist Westmead Hospital, Western Sydney Area Health Service

Marion Haas  
*PHERP consortium visiting committee (representing NSW PHA)*

CSAHS Health Services Research Committee
Research

The major theme in our research is the development and application of the methods of economic evaluation. The most important development in economic evaluation has been the Quality Adjusted Life Year (QALY) as a measure of benefit for health programs. QALYs combine both survival and quality of life into a single measure. Research into quality of life measurement and valuation remains important and is represented in the work reported here.

But quality of life is not all that is important to consumers, providers, and funders of health care. There are other benefits that lie beyond QALYs. In many of our research projects, the importance of other aspects, such as satisfaction, choice of treatment, convenience, preferred location of treatment, are also included in assessing the benefits of programs. These disparate aspects are not readily combined into a single measure of benefit which makes it difficult to compare the overall benefits of different programs.

These problems have led many health economists to consider valuing benefits in money, using contingent valuation methods. Under this approach, the evaluator does not specify the range of benefits that can be valued; consumers can include anything that can seem important to them. Asking people to value the benefits of health programs in terms of what they would be prepared to pay for these programs presents several problems: do people understand the benefits? In a health system where people pay nothing or much less than the full costs of health care, do they know enough about costs to be able to estimate the value of any specific program? Is willingness to pay the right approach to valuing the social benefits of health programs?

The next challenge in developing and applying economic evaluation is to move beyond QALYs. This will be the focus of new research projects.
Projects

Peer reviewed grants

Long Term Intervention with Pravastatin in Ischaemic Heart Disease (LIPID)
LIPID is a randomised controlled trial of 8000 patients. Its aim is to determine whether HMG-CoA reductase inhibitors reduce coronary heart disease mortality in post MI or unstable angina pectoris patients. An economic evaluation has been incorporated into the trial as a sub-study. As well as the considering the outcomes of the patients, including quality of life, this study considers the impact of the illness on carers. A questionnaire to assess carer impact has been developed and tested.

Funding source National Heart Foundation

CHERE staff Jane Hall
Sue Caleo

Collaborators Virginia Wiseman¹
Paul Glaziou²
Sarah Mulray²
John Simes²

1. DPHCM, University of Sydney
2. Clinical Trials Centre, University of Sydney

Early return to normal activity (ERNA)
This study was designed to determine whether heart attack patients at low risk of dying or having another heart attack can return to normal activities soon after being discharged from hospital. So far 132 patients have been randomised to early return to normal activities or to a six week cardiac rehabilitation program. Recruitment will continue until end of 1997. Preliminary analysis has shown no differences between the groups in terms of adverse events, quality of life or activities other than return to paid work. Those encouraged to return to normal activities returned to paid work earlier.

Funding source NHMRC

CHERE staff Jane Hall
Madeleine King

Collaborators David Ross¹
Virginia Wiseman²
Rob Denniss¹
Pramesh Kovoort¹
Elizabeth Wallace¹
Fiona Moir¹

1. Cardiology Unit, Westmead Hospital
2. DPHCM, University of Sydney
Discourse Analysis of Health Resource Allocation in the Print Media

Resource allocation issues in health are always in the news. However, to date, the public health perspective on resource allocation issues has been under-represented in the public debate in the media. However, resource allocation is fundamental to improving population health. The aim of this project is to use the techniques of content and discourse analysis to describe how resource allocation issues in health are picked up by the media and how the media shapes the stories. All articles concerning resource allocation issues in health were collected from six leading newspapers and magazines across Australia during 1996. In total, over 1100 articles were found. These are now being analysed. As well, CD-ROM technology was used to search 3 of these publications for the previous 4 years. This allows recurring themes and issues to be traced over a number of years.

Funding source PHRDC

CHERE staff
Marion Haas
Jane Hall
Rosalie Viney
Andrew Ferguson

Collaborators
Simon Chapman¹

¹. DPHCM, University of Sydney

Costs and Quality of Life in Early Stage Breast Cancer

This is a descriptive study of costs and quality of life following treatment for early stage breast cancer. The overall aim of the project is to assist clinicians and women in the choice of the best treatment for early stage breast cancer. The analysis and the writing up of the project are underway.

Funding source PHRDC

CHERE staff
Alan Shiell
Patsy Kenny
Janelle Seymour
Madeline King
Jane Hall

Collaborators
John Boyages¹
Allan Langlands¹

¹. Department of Radiation Oncology, Westmead Hospital

Research Officer Patsy Kenny working on Early Stage Breast Cancer project
Assessing Quality of Life in Cancer
This project is about the measurement and statistical analysis of quality of life (QOL). It compares two instruments used in assessing QOL, (Functional Living Index-Cancer) and the Quality of Life Questionnaire Core module (QLQ-C30) in their ability to distinguish statistically and clinically between groups of patients who differ in health status. The data collection is complete and analysis is underway.

Funding source  PHRDC Scholarship, NHMRC

CHERE staff  Madeleine King

Collaborators  Annette Dobson

1. Centre for Clinical Epidemiology and Biostatistics, University of Newcastle

Clients’ Choice Treatment Decisions in Breast Cancer
This project is a qualitative assessment of clients’ perceptions of the treatment selection process. The client group is a sub-sample of 40 women who have been treated for early stage breast cancer and who participated in a larger quantitative study. They were interviewed in order to understand more fully their experiences of the decision process, their preferences for participation in treatment decisions and their information needs. Writing up is underway.

Funding source  NSW Cancer Council

CHERE staff  Patsy Kenny
Alan Shiell
Sue Cameron

Collaborators  Sue Quine

1. DPHCM, University of Sydney
Effectiveness of External Hip Protectures in Preventing Hip Fracture

CHERE is involved in a project evaluating a randomised trial of hip protectors for older women at risk of fractured hip. Recruitment is underway. Within the project, a valuation study and a costing component are being developed.

Funding source  NHMRC

CHERE staff  Glenn Salkeld
Janelle Seymour

Collaborators  Ian Cameron¹
Sue Kurrl¹
Robert Cumming²
Sue Quine²

1. Aged Care & Rehabilitation Service, Hornsby Hospital
2. DPHCM, University of Sydney

Randomised Trial of Home Hazard Reduction For The Prevention of Falls

This is an economic evaluation of a randomised controlled trial of home hazard reduction for the prevention of falls. The intervention involves an assessment by an occupational therapist of environmental home hazards and facilitation of any necessary home modifications. A falls surveillance system will be used to monitor the occurrence of falls during the one year follow up period. Changes in health status over time will be measured using the SF36 instrument.

Funding source  PHRDC

CHERE staff  Glenn Salkeld

Collaborators  Robert Cumming¹
Margaret Thomas²
George Szonyi³

1. DPHCM, University of Sydney
2. Health Promotion Unit, CSAHS
3. Geriatrician, CSAHS

Rosalie Viney, Marian Shanahan and Marion Haas
Other research in progress

Patient Expectations of the Process and Outcomes of Health Care
Measuring "patient satisfaction" is an important part of understanding how the consumers of health care evaluate the process and outcomes of care. What actually contributes to satisfaction is not well understood. In this study, patients at Westmead Hospital who are undergoing gynaecological surgery are participating in "before and after" in-depth interviews about their expectations of and satisfaction with the process and outcomes of their health care experiences. It is hoped that the results of the study will add to our knowledge of the benefits beyond health status (non-health benefits) which may accrue to patients as a result of care.

Funding source CHERE

CHERE staff Marion Haas

Evaluation of the Non-Health Related Costs and Benefits of Health Care Interventions
The aim of this project is to investigate how the health and non-health related aspects of screening decisions impact on utility. The first stage will involve the development and empirical specification of a model of the decision to participate in screening tests. The model will be based on a Lancastrian approach to consumer theory, where the utility function is modelled as a function of the underlying characteristics of goods.

Funding source CHERE

CHERE staff Rosalie Viney
Economic Evaluation of Extended Treatment of Hepatitis C with Interferon
This is a reworking of an earlier evaluation using more recent epidemiological data about the natural history of the disease and more recent trial data about the effectiveness of treatment. Revised cost-effectiveness ratios are being estimated.

CHERE Staff  Alan Shiell

Collaborators  Geoff Farrell\(^1\)
               Susan Brown\(^2\)

Evaluation of PET at the Royal Prince Alfred Hospital
This project will involve assessment of the costs and outcomes of the use of Positron Emission Tomography (PET) in the diagnosis and management of a range of conditions.

CHERE Staff  Jane Hall
             Rosalie Viney
             Ana Lowin

Collaboration  Dr Michael Fulham\(^1\)

1. Director of PET Unit, RPAH

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1. Gastroenterology, Westmead Hospital
2. Director of Pharmacy, St Vincents Hospital

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Rosalie Viney, Madeleine King and Ana Lowin working on PET proposal for Royal Prince Alfred Hospital
CUA Review
In 1992 Karen Gerard conducted a study looking at the state of the art of cost-utility analysis (CUA) during the period of 1980-1991. Analysis of the 51 cost-utility studies published during this period revealed that there were a number of areas where there was room for improvement both in the methods used and the reporting of results. It was important for both health economists and users of economic evaluation information to be made aware of this finding.

With greater understanding of cost-utility analysis and the introduction of a number of guidelines for economic evaluations since 1991, it was decided that the quality of current economic evaluations could expect to improve. This study was undertaken to determine whether the quality of CUA studies published recently had improved and to gain a better understanding of the role of economic evaluation guidelines in the peer review process.

Funding Source     CHERE
NSW Health Department

CHERE Staff        Karen Gerard
                   Irene Smoker
                   Janelle Seymour

Aboriginal Health in NSW
This project is looking at how to draw up a local Aboriginal health plan in one community in NSW. It involves a self-assessed health survey of individuals in the community followed by two community meetings. These meetings are looking at how to prioritise costed and ‘benefited’ options that the community seek to have implemented.

Funding source     NSW Health Department,
                   Aboriginal Health Division

CHERE staff        Gavin Mooney

Karen Gerard, Janelle Seymour and Irene Smoker
discuss the Cost Utility Analysis project
Equity in Resource Allocation
Equity is an important objective in health service resource allocation. This project examines principles of equity, particularly concepts of vertical and horizontal equity, in terms of funding Aboriginal health services.

**Funding source**
NHMRC and Commonwealth Dept of Health and Family Services

**CHERE staff**
Gavin Mooney

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**Commissioned projects and consultancies**

**Program Budgeting and Marginal Analysis (PBMA) in South West Sydney**

PBMA is a tool to assist planning and priority setting using an economic framework. It involves identifying according to programs what resources are being used where (program budgeting) and then deciding whether the movement of resources between sub-programs would result in better overall outcomes (marginal analysis). In SW Sydney Area Health Service, PBMA is being used to assist the design and implementation of the Health Improvement Plan for Coronary Heart Disease.

**Funding source**
South Western Sydney Area Health Service

**CHERE staff**
Rosalie Viney
Marion Haas

**Collaborators**
Maurie Breust¹
Liz Kristensen¹
Kim Foulds²

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¹ Division of Planning, South Western Sydney Area Health Service
² Health Economics Trainee, NSW Department of Health
PBMA for Central Coast Mental Health Services

This project is supporting an advance in the use of program budgeting and marginal analysis on the Central Coast. A project team locally is looking at how best to prioritise in these services on the basis of cost and benefit information.

**Funding source** Central Coast Area Health Service

**CHERE staff** Gavin Mooney

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**Economic Evaluation of TB Screening**

The aim of this project is to assess the relative cost-effectiveness of different screening strategies for TB. The strategies compared were population screening and targeted screening for children of different ages. Preliminary analysis has revealed that screening Year 8 students is more effective and less costly than screening Year 1 students. Targeted screening prevents approximately 94% of cases and is more cost-effective than population screening.

**Funding source** Community Health Services, Central Sydney

**CHERE staff** Jane Hall Health Services

**Collaborators** John Slater¹ Dr Garth Alperstein²

1. Health Economics Trainee, NSW Department of Health
2. Community Health Services Central Sydney

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*The Immunisation team,*

*Paul Scuffham, Ana Lowin, Jane Hall*
Equity and Aboriginal and Torres Strait Islander Health Services
This project examines resource allocation, in terms of both efficiency and equity, at the level of individual Aboriginal communities; across Aboriginal communities; and between Aboriginal and non-Aboriginal communities.

Funding source
Commonwealth Department of Human Services and Health

CHERE staff
Gavin Mooney

Collaborators
Tropical Public Health Unit (Cairns)
NSW Aboriginal Health Resource Co-operative
Virginia Wiseman¹
Stephen Jan¹

Development of Local Aboriginal Health Plans With Aboriginal Health Resource Committee (AHRC)
In liaison with the AHRC this project is examining ways of assisting in the development of Aboriginal health plans in communities in NSW.

Funding source
NSW Health Department

CHERE staff
Gavin Mooney

Collaborators
Virginia Wiseman¹
Stephen Jan¹
Aboriginal Health

¹. DPHCM, University of Sydney

Richard De Abreu Lourenco and Rosalie Viney discuss health insurance issues
Shared Care Project
The program evaluated antenatal care for shared care and clinic patients during 1996 at the Royal Women's Hospital Brisbane. CHERE was involved with the economic components of the project which compared the costs of antenatal care for shared care and clinic patients and also estimated the potential cost-shifting from State to the Commonwealth Government.

Funding source  Commonwealth Department of Human Services and Health - the Ambulatory Care Reform Program

CHERE staff  Sue Caleo

Collaborators  Margaret Wall

1. Commonwealth Department of Health and Family Services

Costing of National Measles Elimination
‘Catch up’ Program
This project is to provide the costs of immunisation of both secondary and primary school children in Australia and will include the logistics of delivery, vaccines, staff involvement and education promotion.

Funding source  The Commonwealth Department of Health and Family Services

CHERE staff  Sue Caleo

Jae Hall
An Economic Impact of Psychotherapy
Psychotherapy appears to reduce the total cost of care for patients with a borderline personality disorder. In this study the cost of psychotherapy is estimated and compared with the costs of treatment patients were receiving before prior to the study.

Funding source  Department of Psychological Medicine (Westmead Hospital)

CHERE Staff  Sue Caleo
             Jane Hall

Program Budgeting and Marginal Analysis in Macquarie Area Health Service
This is an area wide priority setting exercise in the west of NSW being undertaken in conjunction with the Area Executive and various officers of the service.

Funding source  Macquarie Area Health Service

CHERE Staff  Gavin Mooney

Collaborators  Virginia Wiseman
              John Stephenson

1. DPHCM, University of Sydney
2. Macquarie Area Health Service

Meeting to discuss Program Budgeting and Marginal Analysis (PBMA) with NSW Health
Telehealth Options for Funding and Financing

A number of potential models for funding and financing Telehealth in Australia were examined and recommendations made based on a set of pre-determined criteria.

**Funding Source**  
AHMAC National Telehealth Funding and Financing Options Working Group

**CHERE Staff**  
Rosalie Viney  
Marion Haas

Priority Setting and Setting Principles for Purchasing

In the wake of a number of studies involving program budgeting and marginal analysis this project is looking at whether it is possible to draw up principles for the basis of 'purchasing' health services and also whether weights can be attached to the principles involved. It appears that there is more to health services than simply health maximisation and the project hopes to tease out what other factors policy makers consider to be relevant.

**Funding Source**  
SA Health Commission

**CHERE Staff**  
Gavin Mooney
Education

CHERE has a strong commitment to providing education and training in health economics. In 1997 staff were involved in a broad range of education and training activities for both economists and non-economists in the health sector. CHERE is the national specialty centre for health economics under the Public Health Education and Research Program of the Commonwealth Department of Health and Family Services, and the teaching activities of the Centre have been supported by this program over the past three years.

The teaching and training activities of the Centre are undertaken at three levels. The first is aimed at providing familiarity with the principles and practice of health economics to enable people in the health system to be skilled consumers of the health economics literature, particularly the economic evaluation literature, and of health economics advice. In 1997 CHERE’s activities at this level included the health economics teaching undertaken in the core of The University of Sydney’s Master of Public Health degree, and in a number of other courses at the University. Staff at CHERE also organised and participated in a number of health economics workshops. The second level is more focused and specialised education that enables people to undertake some straightforward analyses and use health economics in their policy and planning work. Training at this level has included the development of a number of electives within the Masters of Public Health, including a new elective which was approved at the end of 1997, Principles of Microeconomics. CHERE staff have also been involved in supervising a number of post-graduate students in public health and related areas at The University of Sydney and other Universities who are undertaking economic analyses as part of the research components of their degrees.

The third level is the development of specialised skills in health economists, and is largely undertaken through the NSW Health Economics Training Program and through professional development of staff at the Centre. Several of the Centre’s staff are enrolled in PhDs and other higher degrees.
Health Economics Training Program

Since 1995, CHERE in conjunction with NSW Health Department, has offered traineeships in health economics. These are targeted at economic graduates who wish to pursue a career in health economics.

Health Economics trainees Kees Van Gool and John Bridges who began their training program in 1997, Karen Gerard Program Co-ordinator, Richard De Abreu Lourenco and Irene Smoker who commenced their training program in 1996.

This innovative scheme comprises one year of postgraduate study and two years of experiential training. Currently one trainee has successfully completed training this year and is employed by NSW Health. Three trainees are developing competencies by undertaking placements within CHERE, NSW Health Structural and Funding Policy Development Branch and the Planning Unit of South Western Area Health Service. A further two trainees are completing a Masters of Economics at The University of Sydney, specialising in the theory of health economics.

Teaching and training
University of Sydney
CHERE contributes to training in the Master of Public Health, in the Department of Public Health and Community Medicine; in the Master of Economics in the Department of Economics; in the development of the new Graduate Medical Program in the Faculty of Health Sciences. The following courses were offered:

- Approaches to Public Health Problems: Introducing health economics, Master of Public Health, co-ordinator: Alan Shiell

- Clinical Economics, Master of Medicine (Clinical Epidemiology), co-ordinator: Rosalie Viney
• Political economy of health,
  Master of Public Health,
  co-ordinator: Alan Shiell

• Key issues in health economics,
  Master of Public Health,
  co-ordinator: Glenn Salkeld

• Economic evaluation,
  Master of Public Health,
  co-ordinator: Glenn Salkeld

• Economics, values and public health,
  Master of Public Health, co-ordinator: Jane Hall

• Health economics, Master of Economics,
  Gavin Mooney

• Evaluation of health care,
  Graduate Diploma of Applied Science
  (Health Information Management),
  Marion Haas

**Post graduate training**
During 1997, the following staff were enrolled in higher degrees:

Patsy Kenny
Master of Public Health, University of Sydney

Madeleine King
PhD, Medical Statistics,
University of Newcastle

Marion Haas
PhD, Public Health, University of Sydney

Alan Shiell
PhD, Economics, University of Sydney

Glenn Salkeld
PhD, Public Health, University of Sydney

Rosalie Viney
PhD, Economics, University of Sydney

Sue Calco
Master of Commerce, University of NSW

Janelle Seymour
Master of Public Health, University of Sydney

**Thesis passed by CHERE staff**
MPH (Treatise) - Patsy Kenny

**Fellowships and scholarships received by CHERE staff**
PHRDC Scholarship - Janelle Seymour
Students under supervision
The following students have been supervised by CHERE staff during 1997:

Department of Public Health and Community Medicine, University of Sydney

*MPH Students*  
Rick Newton  
Sue Brown  
John Birrell  
Paula Convery  
Megan Gardiner  
Alix Goodwin  
Susan Johnston  
Patsy Kenny  
Michelle McLennan  
Jenny Neimeyer  
Janelle Seymour  
Kathy Christie  
Sonia Wutzke

*PhD*
Glenn Salkeld  
Marion Haas  
Allison Shorten

University committees
CHERE staff were also involved with a number of committees within The University of Sydney.

Jane Hall
- *Departmental Management Advisory Committee, Department of Public Health and Community Medicine*
- *External Affairs Committee, Faculty of Medicine*
- *Research Committee, Department of Public Health and Community Medicine*
- *Research Committee, Faculty of Medicine*
- *Sub-dean for research, Edward Ford and Mallett Street Precinct, Faculty of Medicine*
- *University Promotions Committee, Faculty of Medicine*
- *University Appointments Committee, Faculty of Medicine*
- *Selection Committee, Department of Public Health and Community Medicine at Westmead Hospital*

Gavin Mooney
- *Board of Post-Graduate Studies, Faculty of Medicine*
- *Departmental Management Advisory Committee, Department of Public Health and Community Medicine*
- *Chair, Post Graduate Panel, Department of Public Health and Community Medicine Centre for Values, Ethics and the Law in Medicine, Faculty of Medicine*

Other universities
University of Newcastle
Sharon Wiley - Master of Nursing

Australian Catholic University
Andrew Hahn - Master of Public Health

Rosalie Viney
- *MPH Teaching, Assessment and Curriculum Committee, Faculty of Medicine*
Publications

Peer reviewed

Gerard K, Brown J, Johnston K.
The UK Breast Screening Programme: How does it reflect the Forrest recommendations? *Journal of Medical Screening*, 1997; 4:10-15.4

Glaziou P, Simes R, Hall J, Donaldson C (on behalf of the LIPID study group).
Design of a cost effectiveness study with a randomised controlled trial: the LIPID study for secondary prevention of IHD. *Controlled Clinical Trials*, 1997; 18: 464-467

Hall J, Himpson S.
The costs and value of unpaid health care. *Health and Social Care in the Community* (forthcoming)

Hall J, Viney R and De Abreu Lourenco R.

Jan S, Mooney G.
Cost utility and varying preferences for health, *Health Policy* (forthcoming)

Jan S, Mooney G.
The outcomes of health promotion: are QALYs enough? *Health Promotion Journal of Australia*, 1997; 7:88-90

Johnston K, Brown J, Gerard K, Morton A.

Millar P, Lewis D, Parkin D, Gerard K.

Mooney G, Jan S.


Mooney G, Irwig L and Leeder S.

Mooney G.

Mooney G.
Beyond health outcomes: the benefits of health care, *Health Care Analysis*, (forthcoming)
Mooney G.
‘Communitarian claims’ as an ethical basis for resource allocation in health care; Social Science and Medicine (forthcoming)

Scott A, Shiell A.
Analysing the effects of competition on general practitioners’ behaviour using a multilevel modelling framework. Health Economics (forthcoming)

Scott A, Shiell A.

Seymour J, Newell D and Shiell A.

Shiell A, Hawe P and Seymour J.
Values and preferences are not necessarily the same. Electronic Health Economics Letters, 1997; 1:1-6

Shiell A, Hawe P, Seymour J.
Values and preferences are not necessarily the same. Health Economics, 1997; 6:515-518

Shiell A.
Health outcomes are about choices and values: an economist’s perspective on the health outcomes movement, Health Policy, 1997; 5:5-15

Shiell A, Jorm L, Carruthers R, Fitzsimmons G.
The cost-effectiveness of measles outbreak intervention strategies, Australian and New Zealand Journal of Public Health (forthcoming)

Wiseman V, Mooney G.
Burden of illness estimates for priority setting: a debate revisited. Health Policy (forthcoming)

Non-peer reviewed articles

Gerard K.

Haas M, Mooney G, Viney R, Cooper L.
Program Budgeting and Marginal Analysis in NSW. NSW Public Health Bulletin, 8(10):81-83

Hall J, Caleo S.
Managed Care. Health Economics Review, Newsletter of the Centre for Health Economics Research and Evaluation
Books
Mooney G and Scotton R

Book chapters
Donaldson C, Mooney G.

Hall J.

Hall J.

Hall J.

Hall J.

Mooney G.

Mooney G.
Communitarianism and Health (Care)
Economics, in Quality and Inequality: What Care, What Costs, Whither Health?
Barer M, Getzen T, Stoddart G (eds), Wiley, Toronto, 1997

Mooney G, Jan S, Wiseman V.
Economic issues in Aboriginal health care.
In the Economics of Australian Health Policy, G Mooney and R Scotton (eds), Allen and Unwin, Sydney (forthcoming)

Mooney G.
Economics in Health Policy. In the Economics of Australian Health Policy, G Mooney and R Scotton (eds), Allen and Unwin, Sydney (forthcoming)

Shiell A, Salkeld G.

Viney R.
Commissioned reports

Caleo S, Hall J.
Measles Elimination: Costing of a National Measles Immunisation ‘Catch Up’ Program. Interim Report to the National Centre for Disease Control.

Caleo S, Hall J.
Measles Elimination: Costing of a National Measles Immunisation ‘Catch Up’ Program. Final Report to the National Centre for Disease Control.

Mooney G, Haas M, Viney R, Cooper L.
Linking health outcomes to priority setting, planning and resource allocation. Report to the NSW Department of Health on the application of PBMA in NSW.

Viney R, Haas M.
Current and proposed funding and financing arrangements for Telehealth. Report to the National Telehealth Funding and Financing Options Working Group.

Wall M, Caleo S.

CHERE discussion papers and project reports

Hall J, Viney R and Wiseman V.
“Unorthodox, troublesome, dangerous and disobedient”: a feminist perspective on health economics. Discussion Paper 33.

Mooney G, Haas M, Viney R, Cooper L.
Linking health outcomes to priority setting, planning and resource allocation. Project Report 1.

Viney R, Jan S, Haas M.
Delivery of less urgent ambulatory care in a hospital setting. Project Report 2.

Ivers R, Palmer A, Jan S, Mooney G.
Issues relating to access to health services by Aboriginal and Torres Strait Islander people, Series of Papers in Health Economics and Equity in ATSI Health, 1/97, Department of Public Health and Community Medicine, University of Sydney.

Jan S, Mooney G.
The notion of need applied to resource allocation in Aboriginal and Torres Strait Islander health, Series of Papers in Health Economics and Equity in ATSI Health, 2/97, Department of Public Health and Community Medicine, The University of Sydney.
Mooney G, Jan S.
The application of the Principle of vertical equity to the funding of Aboriginal and Torres Strait Islander health services, Series of Papers in Health Economics and Equity in ATSI Health, 3/97, Department of Public Health and Community Medicine, University of Sydney.

Kenny P, Quine S, Shiell A, Cameron S.
Participation in treatment decision making by women with early stage breast cancer: a qualitative approach. Report to NSW Cancer Council, August.
Conference papers, seminars and other presentations

Gerard K.
The NSW Health Economists Training Program, presentation to the delegation of Chinese health care practitioners, February.

Hall J.
Health economics and its practical applications, presentation to the delegation of Chinese health care practitioners, February.

King M.
Hierarchical Linear Models Applied to Longitudinal Quality of Life Assessment, Hierarchical Modelling in Epidemiological Data Analysis - A two day workshop at the Department of Public Health and Community Medicine, University of Melbourne, February.

Mooney G.
PRIORITY setting in health care, Inaugural Invited Lecture to the Overseas Graduates, Department of Community Health, University of New South Wales, February.

Mooney G.
Program budgeting and marginal analysis, Planning Conference, Macquarie AHS, Dubbo, February.

Mooney G.
The economics of ethical decision making, Workshop on Ethical Decision Making in Cancer Services, NSW Cancer Council, February.

Viney R.
Introduction to health care evaluation, presentation to the delegation of Chinese health care practitioners, February.

Viney R, Haas M.
Program Budgeting and Marginal Analysis, South Western Sydney Area Health Service Coronary Heart Disease Working Party, March.

Viney R, Hall J, Haas M.
Participation in screening: towards a wider examination of benefits and costs, NSW Genito Urinary Oncology Group, March.

Hall J.
The Role of Managed Care in Australia. IIR Conference. Competition in Health Care. April.

King M.
Hierarchical Linear Models Applied to Longitudinal Quality of Life Assessment, Medical Psychology Unit, Royal Prince Alfred Hospital and University of Sydney, April.
Mooney G.
Changing the basis for priority setting in health care, Department of Social Medicine, University of Tromso, Norway, April.

Mooney G.
Claims: a basis for priority setting in health care? Department of Public Health, University of Aberdeen, April.

Viney R.
Current Issues in Health Insurance, Royal Australian College of Medical Administrators, April.

Viney R, Haas M.
Issues in the economic evaluation of telemedicine services. NSW Health Clinical Evaluation Workshop for Telemedicine Project Managers, April.

Hall J.
The Real Costs of Screening. Family Planning Association Annual Conference. May.

Mooney G.
The economics of drug therapy, Annual Conference of Australian and New Zealand Psychiatrists, Sydney, May.

Mooney G.
Addressing equity in Aboriginal health services, Social Policy Research Unit, University of New South Wales. Invited Seminar, May.

Viney R, Hall J.
Pharmacoeconomics: new opportunities or new limits for health economics, Department of Pharmacy, University of Sydney, May.

Gerard K.

Mooney G.

Mooney G.
Priority setting in health care: a health service nightmare but an economist’s dream, Australian College of Health Services Executives Conference, Adelaide, July.

Viney R.

Viney R.
Prostate Cancer: What is important from an economics perspective? Inaugural National Meeting of the Genito-Urinary Oncology Group, July.
Haas M.
From the patients’ perspective: investigating cancer patients’ expectations of care. Westmead Scientific Week Allied Health Symposium, August.

Hall J, Viney R, Haas M.
How can we evaluate genetic testing? Public Health Association One Day Seminar on the Public Health Implications of Genetics, August.

Gerard K.
Utility Based Quality of Life Measures. The Drug Information Association Workshop, International Policies in Health Economics: State of play and Future Directions for Pharmaceuticals, Cairns, September.

Haas M.
Economics and planning for health improvement. Seminar in Aged Care and Rehabilitation. Bankstown-Lidcombe Hospital, September.

Hall J.
Evaluating the benefits of screening programs. Commonwealth Department of Health and Family Services, September.

Hall J, Caleo S.
Feasibility and costs of a national measles immunisation catch-up program. Westmead Hospital, September.

Cromwell D, Viney R, Halsall J, Hindle D.
When casemix meets health outcomes: mapping Oregon classes to AN-DRGs. Managing and Measuring Health Outcomes: From Policy to Practice, October.

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Guests and staff enjoy lunch prior to a CHERE seminar

Haas M.
Cancer patients’ expectations of care. Gynaecological Oncology Seminar. Westmead Hospital, October.

Mooney G.
The minimally decent samaritan or the good South African: Equity in South African health care, Cape Town University, South Africa, October.

Shiell A.
Plenary Speaker ‘Practical applications of health utility measures - whose values?’ Australian Health Outcomes Collaboration. October
Barden P, King M, Harnett P, Moore H, Stuart-Harris B.
It is possible to use Quality of Life assessments in individual patient care? Clinical Oncology Society of Australia (COSA) 24th Annual Scientific Meeting, Hobart, November.

Haas M.
CHERE's experience with PBMA. NSW Health Workshop 'Some PBMA Applications in NSW Area Health Services, November.

Hall J.
Health economics and clinical practice.
St Vincents Hospital Grand Ward Round, November.

Hall J.
PBMA an overview. NSW Health Workshop 'Some PBMA Applications in NSW Area Health Services, November.

King M, Dobson A.
Sources of Variability in Quality of Life, Clinical Oncology Society of Australia (COSA) 24th Annual Scientific Meeting, Hobart, November.

King M, Dobson A.
Responsiveness of Two Quality of Life Measures (FLIC & QLO-C30), Clinical Oncology Society of Australia (COSA) 24th Annual Scientific Meeting, Hobart, November.

Miller RM, King M, Butow PN, Dunn SM, Brown JE.
Psychological adjustment to cancer in the last year of life in metastatic melanoma patients, Clinical Oncology Society of Australia (COSA) 24th Annual Scientific Meeting, Hobart, November.

Mooney G.
Priority setting in health care: problems with burden of illness, Priority Setting Conference, Canberra, November.

Mooney G.
Alternative approaches to priority setting, Conference of Women’s and Children’s Hospitals, Randwick, November.

Mooney G.
Markets or communitarian preferences for health care: should we settle for a minimally decent Samaritan's view of health care?
Department of Public Health and Community Medicine, University of Sydney. November.
**CHERE seminar series**

De Abreu Lourenco R.

King M.
Hierarchical linear models applied to longitudinal quality of life data. February.

Foulds K, Smoker I.
How should we remunerate GPS? March.

Haas M.
Reporting of resource allocation issues in the media. June.

Bridges J.

Hall J, Viney R, Haas M, Gerard K.
Assessing the benefits of public health programs. August.

Hall J, Haas M, Viney R.
Why people seek genetic testing? August.

Gerard K, Smoker I.
CUA Review: State of the Art Mark II. October.

Kenny P.
Participation in treatment decision making by women with early stage breast cancer. November.

Foulds K.
Setting priorities in coronary heart disease: Application of PBMA. December.

*CHERE Seminars - Jim Pearse (NSW Health) presents a seminar on ‘Product Costing in NSW Public Hospitals’*
Staff

Academic staff

Jane Hall is Director of CHERE and Associate Professor in the Department of Public Health and Community Medicine. Her undergraduate studies were in economics and she holds a PhD in health economics. She is interested in the development of methods of economic evaluation and sees genetic testing as a specific case new methodological approaches are needed. Whilst primarily a health economist, she is also involved in broader aspects of public health research and policy. She sits on a number of committees and working parties, with her most recent appointment being to the Board of the NSW Cancer Council.

Karen Gerard is a Principal Research officer at CHERE and a Senior Lecturer at the University of Sydney in the Department of Public Health and Community Medicine. Karen has a MSc in Health Economics from the University of Newcastle upon Tyne, U.K. Her research interests include outcome measurement and valuation, economic evaluation methods and practice, priority setting, theories and analysis of equity and social welfare; evaluation of antenatal day care and benefit assessment of screening programs. She has responsibility for co-ordinating the NSW Health Economics Training Program; co-ordinating the Principles of Microeconomics course for the Master of Public Health and developing research as well as supervising research staff.

Marion Haas is a Deputy Director and Principal Research officer at CHERE. She has a Master of Public Health from The University of Sydney and completed her Public Health Officer training prior to joining CHERE in 1994. Her research interests include the application of economics and economic
evaluation to health policy and health services research, the use of qualitative methods in health services research and issues of understanding and describing outcomes of health care from the patient’s perspective. She is currently enrolled in a PhD examining the concepts underlying consumer appraisal of health care from economic and sociological perspectives.

Gavin Mooney is Professor of Health Economics at The University of Sydney in the Department of Public Health and Community Medicine. He also holds visiting appointments at the University of Tromso in Norway and Victoria University in New Zealand. His main research interests lie in Aboriginal health, equity and priority setting. At a conceptual level, Gavin is currently examining health care from a communitarian stance. He has just co-edited a book on the economics of the Australian health care system.

Rosalie Viney is a Deputy Director and Principal Research officer at CHERE, and a lecturer at The University of Sydney in the Department of Public Health and Community Medicine. She has a Masters of Economics from the University of Tasmania. Her research interests include health financing and delivery arrangements, resource allocation and priority setting, the interface between research and policy, and decision making under uncertainty in health. Rosalie is enrolled in a PhD in the Department of Economics at the University of Sydney.

Research staff
Madeleine King joined CHERE in 1991. As the Centre’s statistician, Madeleine has worked on many of the Centre’s projects. She is currently completing her PhD on quality of life in cancer, having won a scholarship from NHMRC. The last phase of her PhD has focussed on the analysis of repeated measures and the responsiveness of health status.

Andrew Ferguson is a part time research assistant at CHERE. He holds a commerce degree from the University of New South Wales and is currently completing his honours year at the University of Technology. His research interests include text and discourse analysis. During his time at CHERE, Andrew has worked on the media project with Marion Haas.
Patsy Kenny joined CHERE in 1990 as a research officer. She worked as a registered nurse before completing the BA in Government and Political Economy at the University of Sydney. In 1997, Patsy submitted her treatise for the Master of Public Health at The University of Sydney. Her treatise used qualitative methods to examine patient participation in treatment decisions for early stage breast cancer. Her other research areas of interest include quality of life in early stage breast cancer, evaluation of midwifery care and the incorporation of the work of unpaid carers into the evaluation of health services.

Sue Caleo is a research officer. She trained originally as a pharmacist and came to health economics by way of a Graduate Diploma of Science and research into pharmacy practice. She is developing her skills in economics through part time study for a Master of Commerce. Sue has worked on a number of different projects at CHERE, including measles immunisation.

Ana Lowin is a research officer at CHERE. Ana has a MSc in Health Economics from the University of York in England. She came to CHERE in 1997 from the London School of Economics, where she worked on issues of the economics of mental health. Since joining the CHERE team, Ana has been involved in research of vaccination strategies for Australia and evaluation of advanced diagnostic imaging tools.

Marian Shanahan arrived at CHERE in December 1997. She was previously at the Manitoba Centre for Health Policy and Evaluation (MCHPE) in Canada for four years following the completion of a Masters in Economics at McMaster University. At MCHPE, Marian worked on several health service costing projects. These involved working with case weights, hospital finance data and large administrative data sets.

Research associates

Glenn Salkeld is a lecturer in health economics in the Department of Public Health and Community Medicine, University of Sydney. He has a Diploma in Health Economics from the University of Tromso, MPH (University of Sydney) and is currently studying for a PhD in health economics at the University of Sydney. Glenn is a graduate of the Australian College of Health Service Executives training scheme, has also completed an NHMRC Public Health Training Fellowship
in health economics. His research interests include the economics of screening, process utility, cost-effectiveness analysis, economic evaluation and health care policy, quality of life in older people, non expected utility theory.

Support staff

Sylvia Bowring is the administrative assistant and is the first point of contact at CHERE. Sylvia assists the Centre’s co-ordinator with administrative tasks including the distribution of Commonwealth Fund Harkness Fellowship information packages, promotion of the Centre’s seminar series, the updating and dissemination of CHERE’s discussion papers and reports as well as providing secretarial support to the Director.

Lyn Cooper became the Centre’s co-ordinator in September 1996, and played a major role in the organisation of CHERE’s move to Mallett Street. Prior to this she was employed as a research assistant at CHERE, working on the PBMA project, the costing of tissue and organ donation as well as the piloting of surveys designed to more accurately record the numbers of Aboriginals and Torres Strait Islanders accessing health services. Lyn left CHERE at the end of the year to pursue her teaching interests.

Liz Chinchen is a qualified librarian and joined the team in July, 1997 as the Centre’s Information Officer. In this role, Liz is responsible for the management of the Centre’s library which consists of a large number of books, reports and discussion papers and journal articles. Liz also works closely with the researchers, undertaking literature searches as well as locating and providing information as required.

Trainees

Richard De Abreu Lourenco is in the second year of the Health Economics Training program. He completed his honours in Masters of Economics at The University of Sydney in 1996. Since then, he has spent his first placement at the Structural & Funding Policy Branch of NSW Health, working on a variety of projects including work related to the negotiation and maintenance of the Medicare Agreement.

John Slater is the first of the NSW Health Economics Trainees to complete training. He has an honours degree in Economics from the University of New England, and a Graduate Diploma in Health Economics and Evaluation from Monash University. During his final placement at Central Sydney Area Health Service Planning Unit, he has researched the costs incurred in providing inpatient services within the specialty of cardiology.

Kim Foulds is a Health Economics Trainee in the second year of the program. She holds degrees in Medicine and Economics from The University of Sydney and an honours degree in Economics from Macquarie University.
Following the completion of her masters and an orientation period at CHERE, she spent the latter half of 1997 working at South Western Sydney Area Health Service on the program budgetting and marginal analysis component of the Health Improvement Plan for Coronary Heart Disease.

**Irenie Smoker** is a Health Economics Trainee and is currently in her second year of the program. She has a degree in Economics from The University of Sydney and in the first year of the programme, completed a Master of Economics at The University of Sydney. During 1997, Irenie spent her first placement at CHERE where she conducted an evaluation of cost-utility studies. She spent her second placement at the NSW Health Department working in the Structural and Funding Policy Branch.

**John Bridges** completed the first year of the NSW Health Economics Training Program this year. John has been awarded a Bachelor of Economics with honours from the Australian National University, Canberra and a Masters of Economics with first class honours from The University of Sydney. John’s main interests to date has been a theoretical analysis of heroin use in Australia, using a rational addiction modelling technique.

**Kees Van Gool** is in his first year of the training program and is currently completing the Master’s of Economics at Sydney University. Prior to joining the training program, Kees worked at the Commonwealth Department of Health and Family Services in Canberra where he worked on the Coordinated Care Trials, the 96/97 budget pathology reforms and public health infrastructure. He has a Bachelor of Economics and Arts from the Australian National University, Canberra.
Professional activities

Memberships

Australian Health Economics Society (AHES)
Jane Hall, Rosalie Viney, Karen Gerard, Gavin Mooney, Janelle Seymour, Glenn Salkeld, Alan Shiell

Public Health Association (PHA)
Jane Hall, Rosalie Viney, Marion Haas, Patsy Kenny, Sue Caleo

International Health Economics Association (iHEA)
Jane Hall, Marion Haas, Marian Shanahan, Alan Shiell, Gavin Mooney, Janelle Seymour, Glenn Salkeld

International Society of Clinical Biostatistics
Madeline King

Statistical Society of Australia (NSW Branch)
Madeline King

Clinical Oncology Society of Australia (NSW)
Madeline King

International Society for Quality of Life Research
Madeline King

European Society of Psychosocial Oncology
Madeline King

Pharmaceutical Society of NSW
Sue Caleo

Canadian Health Economics Research Association
Marian Shanahan

Australian Library and Information Association (ALIA)
Liz Chinchen

Australasian Epidemiological Association (AEA)
Marion Haas

Health Economics Study Group, UK
Jane Hall, Karen Gerard, Ana Lowin, Alan Shiell
Reviews conducted by CHERE staff for:

- Health Policy
- Health Care Analysis
- Health Economics
- Journal of Health Economics
- European Journal of Public Health
- Social Science and Medicine
- Australian and New Zealand Journal of Public Health
- Pharmacoeconomics
- Journal of Health Services Research and Policy
- Medical Journal of Australia
- International Journal of Health Promotion

Editorial roles by CHERE staff for:

- Health and Social Care in the Community
- Journal of Health Economics
  Australian and New Zealand Journal of Public Health
- Asia, Australian and New Zealand, Health Policy including special issue
  ‘Health Outcomes and Health Policy’
- Social Science and Medicine including international special issue
  ‘The Ethics of Epidemiology’
- International Journal of Health Planning and Management including special issue
  ‘The Economics of Indigenous Health’
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