

Health Economics Unit

Welcome to the summer edition of HEUnews!

I know the phrase 'summer edition' will rightly be received with guffaws of questioning laughter – "really?" – so amid thunder, lightning and potential for floods – here is our latest news. Everyone is busy! This issue highlights the research within the Unit in the Cardiovascular area, a prominent stream of research for the last few years and one where applied work is also exploited for methodological developments (see page 2). Another highlight has been the first advisory group meeting for the ERC funded Economics of End of Life Care project led by Jo Coast which I was privileged to be asked to Chair (more inside).



Many of us in the Health Economics Unit have just returned from a very enjoyable and stimulating HESG meeting hosted by HERC in Oxford. Emma Frew was one of the plenary speakers discussing the future challenges for health economics and she also suggested that capacity building for the discipline would do well to target undergraduate economics students and consider economics undergraduate internships. At HEU we are trying to lead by example and this summer we are delighted to welcome five undergraduate/graduate economist interns who are working alongside different projects within the Unit. Finally, and still on the capacity building note, we are

expanding and are delighted to announce five new research posts based on applied and methodological projects to be advertised imminently.

Enjoy the Olympics (and the sunshine if you can find it.....)!

Tracy Roberts

Head of Unit

What's new in HEU...

ECHE conference: the Unit was delighted to have a number of abstracts accepted for oral presentation at the forthcoming European Conference on Health Economics in Zurich in late July. Presentations from members of HEU will include three presentations from doctoral students: **Sabina Sanghera** discussing welfarism, extra-welfarism and willingness to pay; **Lazaros Andronis** talking on analytical approaches to priority setting in research; and **Tom Keeley** presenting a review of evidence on the social value of health. Staff presentations will include **Hareth Al-Janabi** providing evidence on the detrimental impact of being a main, rather than a secondary, carer, and **Raymond Oppong** reporting on a study to explore HRG tariffs for paediatric care in High Dependency Units.

New posts: HEU is seeking to recruit FIVE able health economists, at researcher level grade 7 ideally (or Grade 6 if suitably enthusiastic and able applicants are more appropriate for this level), to complement its existing and expanding team. These posts, which provide exciting opportunities for early career health economic researchers, build upon recent substantial investment from the University into the Unit, allowing release of core research money to facilitate an expansion to the team with the addition of new staff. Two of these new posts are primarily supported by specific projects funded as part of the NIHR Programme Grants for applied research. The three other new posts are supported by the Unit's core NIHR grant. The posts are suitable for Doctoral Researchers who have recently submitted or are close to submission. Please contact Helen Evans on 0121 414 7694 for details.

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Cardiovascular research

Cardiovascular (CV) research within the Unit covers a number of aspects of the disease including prevention, screening, treatment and rehabilitation. The successful relationship with leading researchers in CV disease has led to the Unit's involvement in a five year NIHR-funded programme of work entitled "Optimising the diagnosis and management of hypertension in primary care through self monitoring of blood pressure", led by Professor Richard McManus from the University of Oxford, with **Sue Jowett** and **Pelham Barton** from the Unit as co-investigators. The work began in February 2012 and



Cristina Penalzoza, Sue Jowett and Pelham Barton

aims to look at the role of self-monitoring of blood pressure in screening for hypertension, assessing cardiovascular risk and achieving blood pressure targets, all with the aim of reducing morbidity and mortality from CV diseases such as stroke and heart attack. The health economics component of the work concentrates on decision modelling to answer the questions "What is the most cost-effective method of hypertension screening and CV risk assessment? And "Is the management of hypertension using self-monitored blood pressure cost-effective compared with usual care?"

A further area of ongoing CV research is the "Optimisation of the Management of Stroke and Transient Ischaemic Attack (TIA)" project, undertaken as part of the NIHR funded Birmingham and Black Country CLAHRC. This work aims to improve the acute management of people with TIA and stroke in Birmingham through identifying and breaking down barriers to timely and effective treatment, to improve patient outcomes from stroke and to avoid further strokes. The modelling of acute stroke, led by research fellow **Cristina Penalzoza**, has completed its first stage of analysing 12 months of stroke patient data, and data collection is ongoing for the next 12 months. The first set of results have been fed back to participating trusts and disseminated at UK Primary Care and Stroke conferences, with journal papers in progress.

Economics of End of Life Care

This four year ERC funded project began in April 2011 and is addressing methodological issues associated with economic evaluation of end of life care. Led by Professor **Jo Coast**, the project team is made up of researchers from the University of Birmingham (**Phil Kinghorn** and **Rosanna Orlando**) and the University of Technology Sydney (Terry Flynn). Crucial to the project is collaboration with Marie Curie Cancer Care.



Members of The EconEndLife Advisory Group

Over the four years, six areas of work will be completed:

1. Stakeholder interviews will explore the question of at what point an economic evaluation should switch to considering end of life as part of the evaluative context.
2. A think aloud study will be conducted to assess the construct validity of the ICECAP Supportive Care Measure.
3. Best Worst Scaling and DCE will be used to elicit values for ICECAP-SCM from the general population. The issue of anchoring will also be explored.
4. For his doctoral thesis, **Alastair Canaway** will explore the possibility and appropriateness of capturing family benefits for inclusion within economic evaluation, in the context of end of life care.
5. Rosanna Orlando has submitted a PhD proposal relating to the fifth area for research, exploring methods for weighting measures of living, dying and family impact across the end of life continuum.
6. The sixth task will explore decision rules for end of life care. The work will investigate views about this issue in a focus group setting with policy makers and members of the public.

On 10th May 2012, one year into the project, researchers from across the UK (and Australia) gathered in Birmingham for the first Advisory Group meeting. The research team would like to thank the Advisory Group for their valuable feedback and suggestions.

Details about the project and the ICECAP-Supportive Care Measure can be found at www.birmingham.ac.uk/ICECAP.

Seminar Series

The Health Economics Unit runs a monthly seminar series at which speakers from around the UK and Europe presented their work.

Recent speakers have included: Professor Aki Tsuchiya, University of Sheffield, talking about using discrete choice experiments with duration to value health states, focussing particularly on a study that had used the new EQ-5D-5L; Helen Dakin University of Oxford, speaking about the economic analysis of factorial randomised controlled trials and Paula Lorgelly, Monash University, who presented work on the impact of obesity on health state utilities.

Dates and speakers have been allocated for the new seminar series which starts in September 2012. Details of these will be available in the next edition of HEUnews.

Pelham's Pen

An economist, a clinician, and a statistician are on a train from London to Edinburgh. Just after the train passes Berwick, they see a black sheep out of the window.

"Ah," says the economist, "all sheep in Scotland are black."

"No," says the clinician, "all we can really say is that some sheep in Scotland are black."

"No," says the statistician, "all we can really say is that at least one sheep in Scotland is black on at least one side."

Have you heard...

...about the future of health economics

At the end of June, Dr Emma Frew was invited to speak at the plenary session of the 40th anniversary meeting of the Health Economists' Study Group (HESG), held at the University of Oxford. The theme for the session was "Our critics say that, over the last 40 years, health economics has developed into a blend of bad economics, bad statistics, and bad epidemiology. What should we do to avoid a dismal end for the cheerful face of the dismal science?" Emma was one of four speakers who contributed to the plenary; the session was chaired by Professor Cam Donaldson.

Emma's talk focused first on the major achievements within economic evaluation in the last 10 years, before considering the challenges that remain and how the research agenda should look for health economists over the next 40 years. Important areas identified were the need for:

- greater understanding of the trade-offs between improving health and a fairer distribution of health, so as to develop an analytical framework that incorporates both efficiency and equity;
- an analytical framework that allows evaluation of interventions with intersectoral costs and benefits;
- the inclusion and measurement of implementation costs in economic evaluation;
- a greater influence for health economics at the local decision making level.

Emma also discussed the shortage of health economics capacity in the UK and outlined recommendations for increasing capacity by methods such as incorporating health economics topics in undergraduate economics degrees and funding for economics undergraduate internships.



Staff news...

One of our past students, Kacey Goodrich (class of 2010), recently had a paper based on her MSc dissertation accepted for publication in *Value in Health*. The paper "Inclusion of informal care in applied economic evaluation: a review" demonstrates that carer costs and outcomes, although rarely considered, are an important determinant of the cost-effectiveness of healthcare interventions. Kacey and co-authors, Hareth Al-Janabi and Billingsley Kaambwa, also provide some suggestions in their paper as to how informal care could be considered more routinely in economic evaluation. We are delighted that Kacey's work is to be published, and as a unit, are keen to encourage as many of our Masters students as possible to publish their work in peer-reviewed journals.

In May 2012 Jo Coast gave an invited presentation at a conference on multidimensional measurement of poverty. The conference was held in Campidoglio in the heart of Rome, and included speakers from across Europe and North America. Jo presented work on the use of the capability approach in health economics, and particularly the development of the ICECAP instruments, in a conference that included a variety of approaches and that had a truly multi-disciplinary feel.

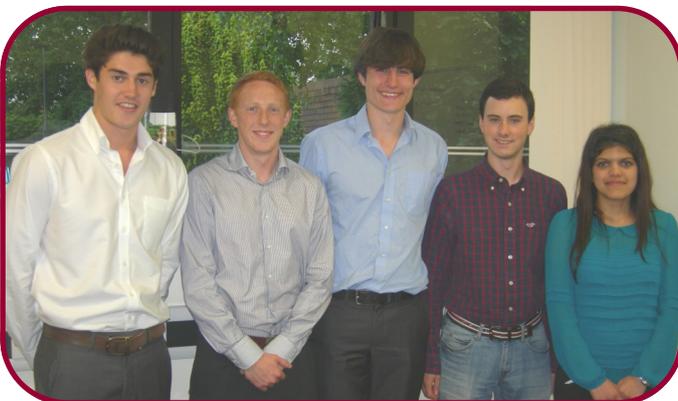


Tracy Roberts and some of her former colleagues (of 15 years ago!) at the National Perinatal Epidemiology Unit (NPEU) in Oxford recently had good news of a successful collaboration. The Speed of Increasing Feeds Trial (SIFT) is a multicentre RCT assessing the impact of the rate of feeding on pre-term infants and will draw on the Unit's previous experience of research into costs and effects of testing and treating pre-term birth. The economic researcher supported by this NIHR-HTA funded study will be based in Birmingham but working with colleagues at the NPEU and its other collaborators. Hopefully this will be the first of many successful collaborations with the NPEU.

Capacity building news...

Summer Internships

We are pleased to welcome our first cohort of summer interns to the Health Economics Unit. Joseph Griffin, Daniel Haynes and Callum Hodge from the University of Birmingham, and Javier Igartua and Ankira Patel from the University of Warwick, were successful applicants from a strong field of undergraduate economics students from local universities. The key motivation for these internships is to present undergraduate economics students with the opportunity to observe and experience working life in an academic health economics department with the intention of stimulating interest in a career in health economics. The internships will last for four weeks during June and July, and comprise work on a variety of projects, alongside attendance at seminars and other research events. Amongst other things, interns will assist with reviewing and summarising



Joseph, Daniel, Callum, Javier and Ankira

scientific evidence and entering and analysing survey data. The internships will provide practical experience of working in a research setting and the opportunity to discuss careers in health economics and academia.

MSc Health Economics & Health Policy and associated short courses.

The MSc HEHP is ideal for new graduates hoping to pursue a career in health economics or for those currently working in the health care sector who wish to develop skills in health economics. The course explores the key principles and theories upon which health economics is based as well as developing practical skills for the conduct of empirical work. **For 2012 a new development in conjunction with the Department of Economics will be the option of a core module in Econometrics.** The MSc provides a programme of carefully developed modules, with the following modules also provided as individual short courses:

- Introduction to Health Economics
- Policy and Economics of Health Care Delivery
- Economic Evaluation in Health Care
- Modelling for Health Economics

To learn more about the MSc or about the short courses, visit <http://www.birmingham.ac.uk/healthconomics>, contact Helen Evans on 0121 414 7694 or email healthconomics@contacts.bham.ac.uk

Selected recent publications

Trapero-Bertrana M, **Mistry H**, Shen J, Fox-Rushby J. A systematic review and meta-analysis of willingness to-pay values: the case of malaria control interventions. *Health Economics*, 2012, DOI: 10.1002.hec.2810

Sutton AJ, House T, Hope VD, Ncube F, Wiessing L, Kretzschmar M. Modelling HIV in the injecting drug user population and the male homosexual population in a developed country context. *Epidemics*, 2012, 10.1016/j.epidem.2011.12.001

Brealey S, **Andronis L**, Dale V, Gibbon AJ, Gilbert FJ, Hendry M, Hood K, King D, Wilkinson C. The effect of waiting times from general practitioner referral to MRI or orthopaedic consultation for the knee on patient-based Outcomes. *The British Journal of Radiology*, 2012, DOI: 10.1259/bjr/12729937

Roalfe AK, Mant J, Doust JA, **Barton P**, Cowie MR, Glasziou P, Mant D, McManus RJ, Holder R, Deeks JJ, Doughty RN, Hoes AW, Fletcher K, Hobbs FDR. Development and initial validation of a simple clinical decision tool to predict the presence of heart failure in primary care: the MICE (Male, Infarction, Crepitations, Edema) rule. *European Journal of Heart Failure*, 2012 (advance access), 10.1093/eurjhf/hfs089

Konstantinou K, Beardmore R, Dunn KM, Lewis M, Hider SL, Sanders T, **Jowett S**, Somerville S, Stynes S, AWM van der Windt D, Vogel S, Hay EM. Clinical course, characteristics and prognostic indicators in patients presenting with back and leg pain in primary care. The ATLAS study protocol. *BMC Musculoskeletal Disorders*, 2012, DOI: 10.1186/1471-2474-13-4

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The views expressed here are those of the authors and not necessarily those of NIHR.