CHE
Centre For Health Economics

Health Economics *News*

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Welcome to the CHE Newsletter

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Courses and Workshops

Upcoming 2022 short courses:

Online Courses in Decision Modelling for Health Economic Evaluation

Foundations: May 2022
Advanced: June 2022

More details here www

Athena SWAN Silver Award

Hospital report cards: quality competition and patient selection

Project Team: Peter Sivey (CHE), Yijuan Chen (Australian National University)

Many governments, including here in the UK, publish information about hospital quality, including mortality rates, readmission rates, or patient satisfaction scores for certain procedures. These published measures are often called hospital 'report cards'. Such reports often aim to improve hospital quality by guiding patients to visit higher quality hospitals and stimulating competition between hospitals. The idea is that, for certain types of operations, hospitals will strive to increase their quality of care to attract more patients and increase revenue. This type of model is only relevant when hospitals are paid per patient treated, termed as 'activity-based funding' or 'Payment-by-Results' in the UK.

An important problem with hospital report cards is that it may be possible for hospitals to improve their quality reports not only by genuinely improving patient care, but by changing the mix of patients who they treat for the procedure which is reported on. This unintended consequence of report cards is called 'patient selection'.

In this study, we developed the first theoretical model to show how hospitals choose between genuine quality improvement and patient selection when the government publishes hospital quality measures through report cards. We find that, in our model, hospitals always increase quality and only sometimes engage in patient selection. Patient welfare improves when quality improves but falls when patient selection happens, as some patients are untreated. Report cards are more likely to increase patient welfare when quality scores are appropriately risk-adjusted, where hospitals' treatment decisions are thoroughly audited (so the cost of selecting patients is high), and where the cost of increasing quality is low.

Read the full journal article here: www

The sensitivity of hospital coding to prices: evidence from Indonesia

Research Team: Martin Chalkley, María José Aragón (CHE), Budi Hidayat, Royasia Viki Ramadani (Universitas Indonesia)

One of the concerns around paying hospitals a fixed price for each patient they treat in a given category (called Diagnosis Related Groups – DRGs) is that they may then choose to put more patients into higher paying categories. Intuitively, the larger the difference in price between high- and low-paying categories the more of a risk this will be. This study uses novel data from a newly introduced payment system in Indonesia, in which price differences between 'complex' and 'simple' patients were changed. We find that there was indeed a statistically significant effect (albeit small) of these price changes on the way in which patients were categorised. This is important because it indicates that, by choosing prices carefully, those who are responsible for managing healthcare might be able to avoid excessive treatment in the 'complex' category. However, there is also a risk if price differences are deliberately limited, with this as the intention, that there may then be a need to increase prices generally – to ensure that the costs of treating patients are covered.

More details here: www

New reporting guidelines for health economic evaluations published: CHEERS 2022

Mike Drummond

The reporting of economic evaluations is of increasing importance, given their growing influence in health technology assessments (HTAs). Professor Michael Drummond from CHE was co-chair of the Task Force that developed the new Consolidated Health Economic Evaluation Reporting Standards, CHEERS 2022. The guidelines are primarily intended to help researchers reporting economic evaluations for peer-reviewed journals, but it can also help peer reviewers and editors assess them for publication.

The CHEERS 2022 Explanation and Elaboration Report, replaces previous guidance and is an update of the previous ISPOR Task Force efforts. The updated CHEERS also considers the increased role of stakeholder involvement in interpreting economic evaluations, including patients and the public. It applies to any form of intervention intended to improve the health of individuals or the population, whether simple or complex, and without regard to context (such as health care, public health, education, social care, etc.). The Task Force anticipates that CHEERS may also be helpful to HTA bodies seeking guidance on reporting, as there is an increasing emphasis on transparency in decision-making.

ISPOR has dedicated a special website to CHEERS where the Task Force report, interactive checklist and other resources can be found. A guide to CHEERS for patient representatives and organisations is in preparation and will be posted on the website shortly.

News from CHE

PhD Opportunity
We are looking for exceptional students to apply for funded PhD opportunities at the Centre for Health Economics (CHE).Closing date Friday 15 April 2022.

CHE researchers contributed to the Virtual ISPOR Europe 2021 conference held 30th November - 3rd December. More details here.

Peter Sivey has been appointed an Associate Editor of Health Economics.

The Winter 2022 HESG meeting was hosted by the University of Leeds, 5-7 January. CHE staff attended to present, discuss, and chair papers and posters. Further details here.

In January, **Paul Revill** presented at YorkTalks, a popular annual showcase for some of the most innovative and inspiring research and researchers at York University.

Ana Duarte has been nominated as a member of one of the NICE Technical Appraisal Committees.

Maria Goddard has been invited to join the International Scientific Advisory Board of the Alliance for Cancer Early Detection.

See our website for full details of CHE staff presentations and visits. www

More news about CHE can be found here www on our website.

The cost effectiveness of ecotherapy as a healthcare intervention: separating the wood from the trees

Project Team: Sebastian Hinde, Laura Bojke (CHE), Peter Coventry (Dept of Health Sciences, York)

Internationally, shifts to more urbanised populations, and resultant reductions in engagements with nature, have been contributing factors to the mental health crisis facing many developed and developing countries. Facilitated therapeutic interventions based in a natural setting, broadly termed ecotherapy, are often accessed by people with common mental health problems. However, they constitute a very small part of patient care, with most being provided by charities outside of NHS care pathways. Furthermore, the lack of evidence about the potential costs and benefits of ecotherapy has made it difficult to offer robust assessments of its value to commissioners of mental health services. Through a collaboration between the Mental Health and Health Economics themes of the NIHR Applied Research Collaboration (ARC) Yorkshire and Humber, we explored the cost-effectiveness of ecotherapy as a healthcare intervention. We determined that there is the potential for ecotherapy to be cost-effective for people with mild to moderate common mental health problems, but significant further research is required. Furthermore, nature-based interventions, such as ecotherapy, also confer potential social and wider returns on investment, strengthening the case for further research to better inform robust commissioning.

Read full paper here: www

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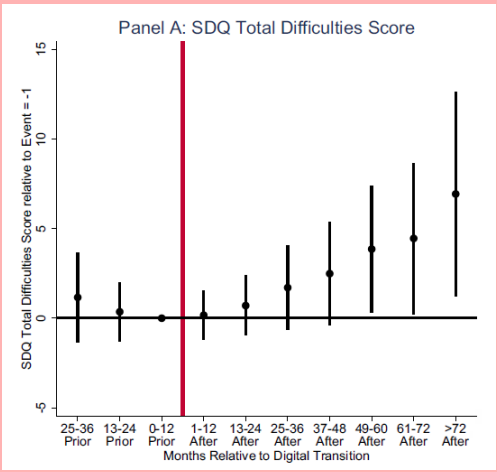
The effect of TV viewing on children's obesity risk and mental well-being: evidence from the UK digital switchover

Project Team: Marc Suhrcke (CHE), Adrián Nieto (Luxembourg Institute of Socio-Economic Research)



TV viewing (and similar screen-focused behaviours) tend to get a bad press in terms of the harm it might do to children and adolescent well-being. Demonstrating a causal relationship remains challenging, however. We use exogenous variation in the entry date of the digital television transition in the UK to explore the effect of screen-based activities on obesity and mental well-being for children. The digital transition that occurred in the UK between 2008 and 2012 forced (in stages) every television transmitter to stop broadcasting an analogue signal and start transmitting a high power digital signal. As a result, the number of available free television channels increased from 5 to 40, leading to a rise in television viewing time.

Using an event study model, we find that - right after the introduction of digital television - there is a strong increase in children's mental health total difficulties score (TDS), and this effect increases over time (see figure). We also find suggestive evidence that children's body mass index (BMI) could have increased because of the digital transition. Underlying the net effects appear to be decreases in participation in social and physical activities.

Despite the strong emergence of Youtube, Netflix et al., TV viewing continues to matter for children these days: as of 2018, children in the UK still watched a total of 13.25 hours per week. In addition, the boundaries between TV viewing and Youtube et al are fluid, suggesting that the results might carry over to other media.

Read the full journal article here: www

CHE Publications November 2021 - February 2022

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